

Shelby County Emergency Medical Services



Standard Operating Guidelines

Revised March 2012

Shelby County Emergency Medical Services

Organizational Flow Chart

County
Judge/Executive

EMS Fiscal Court Committee

Chief of Operations

Deputy Chief of Operations

Shift Captain

Shift Sergeant

Paramedic

EMT

All Non-certified Personnel

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

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Mission Statement

Shelby County EMS is committed to being a leader in Emergency Medical Services and to providing our community with excellence in pre-hospital care. We strive to value our staff and patients; maintain and promote the highest standards of our profession; support illness and accident prevention; manage our resources effectively and work collaboratively with our colleagues in health care and emergency services.

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 100 Introduction

Purpose **This policy will outline the intent of the SCEMS Standard Operating Guidelines.**

100.01 **Introduction**

The Standard Operating Guidelines of Shelby County EMS contains the general policies, guidelines, rules and regulations governing the operation of the Department. It has been published for the information and guidance of EMS members, as well as institutions outside of the department, who need to coordinate their relationship with EMS on a regular basis.

100.02 Policies are guides to action, and sometimes exceptions must be made in specific cases. Infrequent exceptions do not invalidate the basic policy. Request for an exception to a policy may be made through the chain of command to the Chief of SCEMS. If there is a situation that needs immediate attention or action, the Shift Supervisor in charge of the situation should evaluate the facts involved and take those steps necessary to handle the situation in a reasonable and prudent manner.

100.03 Occasionally policies need to be changed to reflect changes in the department or its operations. Suggestions for such changes should be submitted in writing and forwarded through the chain of command in a timely manner. The Shift Supervisor will review all suggestions and make recommendations to the Deputy Chief. The final authority to change a policy of SCEMS lies with the Chief, who will present the change to the County Judge Executive and Fiscal Court for approval.

100.04 All members will be given access to the required policies, procedures and protocols. These policies will be provided to all new members during the initial orientation and as updates are required. Each member will receive a written copy when any update is required and they will provide a signature of receipt. Electronic copies will also be made available.

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
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Implementation Date 09 /19/ 2011

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SOG # 200 Professional Conduct; Ethics and Standards

Purpose To set guidelines for the conduct of SCEMS personnel and to assure that SCEMS personnel portray a high degree of trust and competence to public and professional contacts.

200.01 UNBECOMING CONDUCT:

Any breach of peace, neglect of duty or any conduct on the part of any member, whether within or out of the boundaries of Shelby County, which tends to undermine the good order, efficiency or discipline, or which reflects discredit upon SCEMS or any member thereof, even though these offenses may not be specifically outlined, shall be prohibited conduct.

200.02 No member shall threaten or assault any other member. Members who aid, abet or incite any altercation between members shall be held responsible along with those actually involved.

200.03 No member of SCEMS shall refuse any emergency run.

201.01 CONDUCT TOWARD THE PUBLIC:

Members shall meet the public with professional courtesy and consideration. Questions will be answered in a civil and courteous manner. Members will use proper grammar and English, avoiding slang, derogatory expressions and profane or abusive language while talking to the public. Members shall be orderly, attentive, respectful and shall exercise patience and discretion in the performance of their duties. They shall give all authorized information to persons requesting it and shall give their name and title if requested.

201.02 **CONGREGATION OF SCEMS UNITS:**

Units shall not congregate in public places so as to cause public complaint or reflect inefficiency.

202.01 **COMPLAINTS**

The following procedure will be used to document complaints.

- Complaint will be taken by a supervisor only.
- An investigation will be started by the supervisor on shift during the time of the incident.
- A resolution of the complaint will be forward for review.
- There will be feedback for those involved.
- Chief or Dept. Chief will review finding and solutions to the complainant.
- The complaint and final findings shall be placed in the personnel file for future reference.

203.01 **CUSTOMER SERVICE PHILOSOPHY:**

It shall be the duty of every member to promote good public relations by providing a high level of professional service in every contact with citizens and healthcare professionals. It is the mission of SCEMS to provide the patients/ customers that are served by SCEMS with the best pre-hospital care possible. Avoidance of conflicts should be the goal of every SCEMS member. A professional presence is required of all SCEMS personnel, even if hospital personnel, family members or neighbors may not respond appropriately. If after explaining SCEMS policy, no solution has been reached, the crew should act in the best interest of the patient and contact the supervisor on duty.

204.01 **PROFESSIONAL CONDUCT – MAJOR OFFENSES:**

Members may be subject to dismissal if they knowingly promote, encourage or engage in, or publicly endorse, condone or advocate conduct which involves:

- a) Harassment, intimidation, or terroristic threatening of any person or group, whether it is by use of force or violence or otherwise, on the basis of race, religion, nationality or ethnic background, or by any reason. See Administrative Code.
- b) The use of force, violence, or other tactics to achieve social or political ends, or for any purpose in violation of the law.

- c) Any other like conduct or activity to that is set forth in “a” and/or “b” which:
 - 1. Is inconsistent with the member’s duty and responsibility to SCEMS and to the public,
 - 2. Would adversely affect public confidence in SCEMS,
 - 3. Would result in internal discord, adversely affect member morale, or retard the efficiency of any public service,
 - 4. Otherwise would interfere with, impair, or prevent SCEMS from carrying out its duties and responsibilities to the public.

205.01 **PROFESSIONAL CONDUCT MINOR OFFENSES**

Members may be subject to progressive discipline in incidences of but not limited to:

- a) Tardiness
- b) Incomplete documentation
- c) Failure to complete assignments
- d) Citizen/ facility complaints

206.01 **PROGRESSIVE DISCIPLINE**

Minor offenses will result in discipline that is progressive in nature. Offenses that are considered major offenses or not outlined here will not necessarily follow the progressive discipline procedure and may result in suspension/ termination for the first offense. The steps of the progressive discipline process will be removed one year from the infraction date but maintained in the personnel file. Suspension may also occur at any time dependant on the offense. The following is provided as a guide through the progressive discipline phase.

First Offense	Verbal Warning (Documented)
Second Offense	Written warning
Third Offense	One day suspension (24 hours)
Fourth Offense	Three Day Suspension (72 hours)
Fifth Offense	Ten day Suspension (240 hours)
Sixth Offense	Termination

206.02 Shift Captains will issue discipline that is considered minor in nature. Verbal and written warning forms will be signed by the member and Shift Captain issuing the warning and forwarded to the Deputy Chief of Operations. Offenses that involve suspension will automatically involve

the Chief of SCEMS. All disciplinary records shall be maintained by the Shelby County Director of Human Resources.

207.01 **MEMBER GRIEVANCE OF CORRECTIVE ACTION**

A member charged with a Major Offense may grieve the applied discipline to the Director of Human Resources, Deputy County Judge or County Judge Executive within ten calendar days of becoming aware of the discipline. The SCEMS Chief will be made aware that the member intends to grieve the discipline in this fashion.

208.01 **NON -DISCRIMINATION**

No member shall knowingly become a member of or otherwise join, affiliate, or associate themselves with any individual, group, club, society or organization of any type whose goals, objectives, aims, or activities involve conduct described in and prohibited by this section. Any member who knowingly becomes a member or otherwise joins, affiliates, or associates with such an individual, group, club, society or organization may thereby be subject to dismissal or other appropriate discipline. No member will discriminate against any individual, patient or member. Examples of this include but are not limited to: Race, gender, religious or political affiliation, nationality or sexual orientation.

209.01 **SOLICITATION OF OUTSIDE ASSISTANCE:**

Members shall not request the aid of any member of Fiscal Court to intercede for them in promotions, dismissals or disciplinary actions.

210.01 **POLITICAL ACTIVITY:**

The appointment and continuance of personnel as members of the department shall depend solely upon their ability and willingness to comply with the Kentucky Administrative Regulations regarding their certification and licensure as well as compliance with the rules of the department and Shelby County Government. Employment shall not be a reward for political activity or contribution to campaign funds.

210.02 No member shall be forced to pay or collect any assessments made by political organizations, contribute to political campaign funds or to be active in politics.

210.03 A member's political activity, both on and off duty shall be regulated by the current Shelby County Government policies and procedures.

211.01 **CHAIN OF COMMAND:**

Members shall recognize and respect the chain of command in all official correspondence and communications. In certain instances the immediate supervisor may assume the responsibility of bypassing the chain of command as a means of expediting the arrival of a communication to its ultimate designation. In doing so he/she must be prepared to justify the departure from normal procedure.

212.01 **CONDUCT TOWARD COMMANDING AND SUBORDINATE OFFICERS:**

No member shall at any time be insubordinate or disrespectful to any member. Members shall treat supervisors, subordinates and associates with respect. They shall be courteous and civil at all times. When on duty and particularly in the presence of others, members will be referred to by title. Members shall not use derogatory or critical language regarding an order or instruction issued by a supervisor. Any supervisor of SCEMS has command authority over any member of lesser rank concerning department matters. Decisions regarding medical treatment shall be made by the highest medical authority at the scene.

213.01 **OBEDIENCE TO ORDERS/ UNITY OF COMMAND**

Members shall obey the lawful orders of a supervisor at all times. Should an order conflict with one given previously by another supervisor, or with any departmental order, the member to whom the order is given shall respectfully call attention to the conflict. If the supervisor giving such an order fails to eliminate the conflict, the last order given shall be followed and the responsibility shall fall upon the supervisor who issues the conflicting order.

214.01 **QUESTIONS REGARDING ASSIGNMENTS:**

Members in doubt as to the nature or details of their assignment shall seek such information from their supervisors by going through the chain of command.

215.01 **MANNER OF ISSUING ORDERS:**

Orders from Supervisors shall be in clear, understandable language, civil in tone and issued solely for the purpose of achieving the goals and objectives of the service.

216.01 **UNJUST, IMPROPER OR UNLAWFUL ORDERS:**

Members who are given non-medical orders which they believe are unjust or contrary to procedures must obey the order to the best of their ability and then appeal the matter through the chain of command. No member is required to obey any order which is contrary to federal law, state law or local ordinance.

217.01 **CREDENTIALS**

Pursuant to Kentucky Administrative Regulations (KAR), all SCEMS members must keep all credentials current. This includes, but is not limited to the following certifications:

Emergency Medical Technicians:

- Kentucky Drivers License
- Kentucky Emergency Medical Technician certification
- American Heart Association BLS Healthcare Provider
- Prehospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS)

Paramedics:

- Kentucky Drivers License
- Kentucky Paramedic certification
- American Heart Association BLS Healthcare Provider
- American Heart Association Advanced Cardiac Life Support (ACLS)
- American Heart Association Pediatric Advanced Life Support (PALS)
- Prehospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS)
- Neonatal Resuscitation Program (NRP)

It is up to each individual member to ensure that his or her certifications are renewed as appropriate, and copies of current certifications and licenses forwarded to the Deputy Chief of Operations for filing.

218.01 **KNOWLEDGE OF LAWS AND REGULATIONS:**

Every member is required to establish and maintain a working knowledge of all laws and ordinances applicable in his/her area of jurisdiction and the procedures of the department. In the event of improper action or breach of discipline, it will be presumed that the member was familiar with the laws and procedures.

219.01 **MEDICAL CONDUCT:**

Members shall stay within guidelines set forth by the Kentucky Board of Emergency Medical Services, the State Cabinet for Human Resources, departmental policies and procedures, adopted protocols set forth by the Medical Director and radio orders received from Medical Control.

219.02 Members will not be responsible for medical actions taken prior to their arrival on the scene or after their termination of treatment of the patient, provided proper written documentation exists.

219.03 Failure to turn in run forms or other required documentation and/or falsifying medical information, will result in disciplinary action.

220.01 **REPORTING VIOLATIONS OF LAWS, ORDINANCES OR PROCEDURES:**

Any member having knowledge of another member violating laws, ordinances, or procedures shall report same in writing to the Chief through the chain of command. If the member believes that the information is of such gravity that it must be brought to the immediate attention of the Chief, the official chain of command may be bypassed.

221.01 **SECURITY OF DEPARTMENTAL RECORDS:**

No person shall enter record files or computer data without the authority of the Chief or his/her designee. A current roster containing the names of the personnel authorized in the record files shall be maintained by the Chief.

221.02 Members shall not give or make a copy from the records of the department, nor permit such records to be removed or destroyed from any building or office of the department, except by the permission of competent authority, established procedures or due process of law. No member shall knowingly reveal contents of records to unauthorized persons.

222.01 **DUTY TO MAINTAIN RECORDS:**

All members whose duties require them to maintain departmental records shall do so in accordance with the provisions of the law and established procedures. Release of records, reports, or patient information concerning activities of SCEMS will be released only through the Chief or his/her designee.

222.02 The SCEMS records and reports are confidential and shall be released only with the permission of the Chief or his/her designee.

222.03 Dispatch Records- Audio tapes and recordings of 911 calls will be kept for a minimum of two years. Backup tapes will be produced daily. The Computer Aided Dispatch records will be maintained indefinitely. Requests for dispatch records will be forwarded to the Director of Shelby County Central Dispatch.

222.04 Patient Care reports- A copy of the Patient's Medical Care Record will be left at the receiving health care facility at the time that the patient is delivered. Medical care records will be maintained for a period of five years after the date of the run. In the instance of the treatment of minors, those records will be kept until the patient reaches eighteen years of age plus five years. They will then be forwarded to the County Judge Executive's Office for storage and disposal according to Kentucky Board of EMS guidelines.

222.05 Financial Records- Will be kept according to the Kentucky Department of Library and Archives, Public Records Division. Financial statements and budget request files will be kept for five years. Journals and ledgers will be maintained for eight years. Personnel records will be kept for five years after termination. All audit reports, financial reports and statements will be maintained indefinitely.

222.06 Vehicle and equipment maintenance- Will be kept for the life of the vehicle. In the event of refurbishment they will be maintained for the life of the ambulance patient care compartment. These records will be maintained by the SCEMS mechanic.

- 222.07 Quality Assurance records will be maintained by the Quality Assurance Officer. These records will be maintained for a period of time to include two recertification cycles (Four years)
- 222.08 Unusual Incidents- Administrative Incident reports will be kept for a minimum of five years.
- 222.09 Safety/ Ambulance Accidents- Will be kept indefinitely. This will allow for trending as well as to serve in the event of delayed litigation.
- 222.10 Compliance Program Documentation- Records involving member medical surveillance will be kept for a minimum of thirty years after termination of employment. Other compliance documentation will be kept for the period of time outlined by the overseeing agency.
- 222.11 Member Health- Will be kept for 30 years after member separation. See OSHA 29 CFR 1910.120
- 222.12 Customer Comments- Will be kept for a minimum of one year.
- 222.13 Training Records- Will be kept for a minimum of two recertification cycles (four years). Records that demonstrate completion of specific programs will remain in the member's training file indefinitely. Records of drivers training will be maintained for a minimum of five years.
- 222.14 Certification and Credentialing- Will be kept for a minimum of one certification cycle prior to the current certification of credential.
- 222.15 If an inquiry is made by an authorized agent of an insurance company, information about the time of the run, location, or any other non-patient information may be released by the SCEMS Billing Specialist.

223.01 **DATA BACK UP**

All electronic data will be backed up every week night. This back up will be at an offsite location that compresses and encrypts the data. These offsite systems will also have battery backup. Electronic data backups will be under the supervision of the Shelby County IT providers.

224.01

TRUTHFULNESS:

All members are required to speak the truth at all times, whether under oath or otherwise. Members shall not make false reports or knowingly enter, for any department record, inaccurate, false or improper information.

225.01

SMOKING AND SMOKELESS TOBACCO:

Smoking and use of chewing and smokeless tobacco or other tobacco products is prohibited while engaged in the care and transport of a patient. The use of any tobacco product in the vehicle will be prohibited. Smoking is prohibited in any Shelby County facility or entranceway. Smoking will only be allowed in designated areas.

226.01

CONSUMPTION OF INTOXICANTS OR DRUGS:

No on duty member is permitted to consume intoxicants. Prescription drugs may be taken, under physician guidance, if it does not impede the member's ability to safely perform their duties.

226.02

Off duty members may not consume intoxicants when in uniform or any part of the uniform. Members may not consume intoxicants off duty to the extent that such consumption renders them unfit for their next tour of duty.

226.03

Any member reporting for duty in an intoxicated condition shall be immediately requested to have a breath analyzer/ blood test and be suspended from duty by the supervisor. In addition, the Chief will be notified and an Administrative Incident Report completed.

227.01

INTOXICANTS OR ILLEGAL DRUGS ON DEPARTMENT PREMISES:

No member shall bring any intoxicant or illegal drug into any department building, vehicle, or area, nor permit same to be brought therein.

228.01

ACCEPTANCE OF REWARD, GIFTS, FEES, GRATUITIES AND LOANS:

No member shall accept any reward, gift, fee, gratuity, loan, token or money for favors provided as an inducement to perform or refrain from performing any official act; nor shall any member engage in any act of extortion or other means of obtaining money or other items of value through their position.

229.01 **PHYSICAL FITNESS FOR DUTY:**

All members shall maintain proper physical condition in order to be able to perform their assigned duties. An annual physical shall be completed by the member at the department's cost.

230.01 **SLEEPING ON DUTY:**

Since SCEMS shifts are based on 24 hours, members are allowed to sleep. Sleeping is not allowed anywhere in the station except in the bunk room.

231.01 **CIVIL ACTION: SUBPOENAS:**

Members shall not give any written or recorded statement based on their official activities unless they are under subpoena to do so for the taking of a disposition or other official hearing. This does not prohibit giving oral unrecorded answers to questions from attorneys or other persons properly interested and seeking basic information. Members are under no obligation to give statements regarding civil cases unless subpoenaed. At no time may the rendering of oral recorded statements violate the confidentiality of records of SCEMS.

232.01 **MEMBERS CHARGED WITH A CRIME:**

Members summoned to district, circuit or other court, or before any judge concerning matters in which they or other members may become a defendant in a criminal case, must report the facts in detail to their supervisor at once for transmission through the chain of command. Also notification will be made to the Kentucky Board of Emergency Medical Services to any charges covered under state regulations.

233.01 **DEPARTMENTAL INVESTIGATIONS: TESTIFYING**

Members are required to truthfully answer questions or render reports and relevant statements in a departmental investigation when so directed by the Chief.

234.01 **RECOMMENDING ATTORNEYS / PHYSICIANS:**

No member, while on duty, shall recommend or suggest to any patients the name of any attorney, counsel or physician.

235.01 **PROBLEM RESOLUTION**

In the event that the member feels that an action, policy or procedure is unfair, the following steps will be taken.

- a) Reporting- The issue will be immediately brought to the attention of the member's immediate supervisor. If the issue involves the immediate supervisor, the member will notify the involved supervisor that they intent to present the matter to the Chief or Deputy Chief of SCEMS.
- b) Investigation Process- The Chief or Deputy Chief will conduct an investigation of the situation and all supporting documentation will be collected. The Chief or Deputy Chief may assign an impartial Supervisor to assist in the investigation if necessary.
- c) Decision Making Process- All supporting documentation and the findings of the Investigation process will be submitted to the Chief of SCEMS. The Chief may consult with available resources (ex. Director of Human Resources, County Judge Executive, etc.) to facilitate an accurate and fair decision.
- d) Member Feedback- The member will receive feedback on the manner in a timely fashion on conclusion of the investigation. Corrective measures to assure a safe and fair work environment will be completed.

236.01 **WORKPLACE VIOLENCE PREVENTION**

SCEMS is committed to preventing workplace violence and to maintaining a safe work environment.

- All employees, including supervisors and management should be treated with courtesy and respect at all times.
- Employees are expected to refrain from fighting, "horseplay," or other conduct that may be dangerous to others.

- Firearms, weapons, and other dangerous or hazardous devices or substances are prohibited on any Shelby County property.
- Conduct that threatens, intimidates, or coerces another employee, a patient, or a member of the public at any time, including off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual's sex, race, age, or any characteristic protected by federal, state, or local law.
- All threats of (or actual) violence, both direct and indirect, shall be reported as soon as possible to the Shift Captain, Deputy Chief or Chief.
- Even without a specific threat, all employees should report any behavior they have witnessed that they regard potentially threatening or violent or which could endanger the health or safety of an employee.
- An incident report shall be completed any time there is actual or a threat of violence. Employees are responsible for making this report regardless of the relationship between the individual who initiated the threatening behavior and the person or persons being threatened

SCEMS will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as is practical in order to maintain workplace safety and the integrity of its investigation.

Members determined to be responsible for threats of (or actual) violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.

SCEMS encourages employees to bring their disputes or differences with other employees to the attention of their Shift Captain or other member of management before the situation escalates into potential violence.

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 300 Treatment and Transport of Patients

Purpose: To assure that all patients receive the most professional and competent medical care possible.

300.01 RESCUE / EXTRICATION:

The highest ranking or senior SCEMS personnel and the fire departments highest ranking Officer on the scene shall conduct the efforts of the rescue / extrication together. SCEMS shall maintain memorandums of understanding with fire districts to provide extrication per KBEMS regulations.

300.02 DRAWING BLOOD SAMPLES:

Personnel shall not draw blood solely at the request of a police officer for use as evidence. Any such request should be referred to the hospital emergency department where the patient is transported.

300.03 PERSONAL PROPERTY OF PATIENTS:

When possible, personal property should be left on / or with the patient or patients family. Prior to departing the hospital, the ambulance should be checked for any other personal effects and disposed of properly. If the crew should later discover that personal property has been left in the ambulance, they should contact their shift supervisor. The supervisor may, at their discretion, allow the crew to return the property while on duty. If property is discovered in the ambulance at the beginning of the shift, the next shift supervisor must be notified. The supervisor will determine the last crew to use the ambulance. It will then become the responsibility of the crew that violated the property disposal procedures to provide a written explanation of the incident. In the event that the patient is dead on arrival at the scene, personal property / effects shall be turned over to a police officer or the authorized representatives of the Shelby County Coroner's office.

301.01 **DECEASED ON ARRIVAL;**

When SCEMS arrives on the scene and the patient appears to be dead, the following guidelines shall be used in making any final determinations:

In instances of trauma, the patient is:

1. PULSELESS
2. APNEIC
3. ABSENT BLOOD PRESSURE
4. NO CORNEAL REFLEX
5. NO PUPILLARY REFLEX

In instances of medical cardiac arrest, asystole in two leads is also required.

Should the above guidelines be met, the SCEMS personnel shall call for the Coroner. Police shall also be notified and requested to respond to the scene if foul play is suspected. SCEMS personnel must remain on the scene until released by a supervisor, police officer, or coroner.

301.02 A run form will be filled out on the deceased person with as much information as possible, i.e. name, patient medical history, signs of morbidity, temperature, color, and other medical data surrounding the death should be included in the documentation.

301.03 SCEMS shall not transport a corpse under normal circumstances unless requested by the Shelby County Coroner's Office and only after the post-death investigation is completed.

302.01 **MEDICAL COMMAND AND CONTROL**

Medical control on the scene of emergencies will be the responsibility of the highest ranking paramedic on the scene.

The SCEMS paramedic on the scene is in charge of the medical emergency, unless a physician takes formal control. If this occurs, the paramedic is to contact medical control immediately and advise the medical control physician of the circumstances. If after proper identification, the paramedic or EMT relinquishes the medical control of a patient to an intervening physician and the treatment of the patient

differs from SCEMS protocols, the physician should agree to accompany the patient to the hospital.

If an intervening physician is present and on-line medical direction does exist, the on-line physician is ultimately responsible. If there is a disagreement between the physicians, the paramedic / EMT should take orders from the on-line physician and place the intervener physician on the radio with the on-line physician. The on-line physician has the option of managing the case alone, working with the intervener physician, or allowing the intervener physician to assume full responsibility for the patient.

- 302.02 The shift supervisor will continue to be in overall charge of personnel and their actions.
- 302.03 If a paramedic and an EMT are riding together as a crew, the paramedic shall remain in medical control regardless of the seniority of the EMT.
- 302.04 If two EMT's or two paramedics without rank are riding together the senior EMT or paramedic will be in control of the medical emergency and will be held responsible for the actions of the crew at the emergency scene.

303.01 **PSYCHIATRIC PATIENTS:**

SCEMS will make psychiatric patient runs when requested to do so by the patient, patient's family, social services, guardian, or SC law enforcement.

- 303.02 Refer to KRS 503.100 for additional responsibilities of crew.

503.100 Prevention of a suicide or crime.

- (1) The use of physical force by a defendant upon another person is justifiable when the defendant believes that such force is immediately necessary to prevent such other person from:
 - (a) Committing suicide or inflicting serious physical injury upon himself; or
 - (b) Committing a crime involving or threatening serious physical injury to person, substantial damage to or loss of property, or any other violent conduct.
- (2) The use of deadly physical force by a defendant upon another person is justifiable under subsection (1)(b) only when the defendant

believes that the person whom he seeks to prevent from committing a crime is likely to endanger human life.

(3) The limitations imposed on the justifiable use of force in self-protection by KRS 503.050 and 503.060, for the protection of others by KRS 503.070, for the protection of property by KRS 503.080, and for the effectuation of an arrest or the prevention of an escape by KRS 503.090 apply notwithstanding the criminality of the conduct against which such force is used.

Effective: January 1, 1975

History: Created 1974 Ky. Acts ch. 406, sec. 35

304.01 **TRANSPORTATION OF PRISONERS:**

Prisoners under arrest do not retain the right to designate the hospital to which they will be taken. Kentucky State Police, Shelbyville PD, Shelby County SO and Simpsonville PD cases and Shelby County Detention prisoners will go to Jewish / Shelbyville unless otherwise advised by the appropriate department or medical protocol. The Kentucky Correctional Institute for Women will go to Baptist Northeast in LaGrange unless otherwise advised by an appropriate correctional officer or KCIW nursing personnel. A sworn officer must accompany all prisoners.

305.01 **TRANSPORTATION OF MINORS:**

Unless emancipated, no patient under the age of eighteen (18) may refuse treatment or transport, nor may they sign a form refusing treatment or transport. Patients under the age of eighteen (18) will be transported to the facilities providing the appropriate level of care for the illness or injury or an appropriate facility designated by the family or legal guardian.

306.01 **PATIENT RESTRAINT**

Restraint of patients that are a danger to themselves or others shall be conducted as outlined in the "Restraint Protocol- Prehospital" in the Shelby County EMS Medical Protocols.

306.02 When transporting a patient on any SCEMS stretcher, **all** of the restraint straps should be used. This provides four sets of straps and includes the chest harness straps. The chest harness straps shall not be wrapped or tied under the stretcher. If a stretcher is found to be missing any portion of the restraint system it shall be reported to the Shift Captain for immediate replacement.

307.01

CONSENT FOR TREATMENT / RIGHT TO REFUSE:

In the event a patient or his/her legal guardian refuses treatment or transport, the SCEMS crew shall inform the responsible parties of the risks involved should treatment or transport not be completed. The patient or his/her guardian should be requested to sign the refusal form. In the event a patient or legal guardian refuses to sign a refusal of treatment or transport form, the crew shall document on the run form that the patient and or guardian refused to sign and have the notation signed by a third party.

307.02

A problem arises in the field with either patient consent or refusal, and the crew can not reach a satisfactory solution, the shift supervisor, or Chief will be contacted immediately. All personnel should review their actions in accordance with KRS 214.185 and KRS 304.40-320.

214.185 Diagnosis and treatment of disease, addictions, or other conditions of minor.

(1) Any physician, upon consultation by a minor as a patient, with the consent of such minor may make a diagnostic examination for venereal disease, pregnancy, alcohol or other drug abuse or addiction and may advise, prescribe for, and treat such minor regarding venereal disease, alcohol and other drug abuse or addiction, contraception, pregnancy, or childbirth, all without the consent of or notification to the parent, parents, or guardian of such minor patient, or to any other person having custody of such minor patient. Treatment under this section does not include inducing of an abortion or performance of a sterilization operation. In any such case, the physician shall incur no civil or criminal liability by reason of having made such diagnostic examination or rendered such treatment, but such immunity shall not apply to any negligent acts or omissions.

(2) Any physician may provide outpatient mental health counseling to any child age sixteen (16) or older upon request of such child without the consent of a parent, parents, or guardian of such child.

(3) Notwithstanding any other provision of the law, and without limiting cases in which consent may be otherwise obtained or is not required, any emancipated minor or any minor who has contracted a lawful marriage or borne a child may give consent to the furnishing of hospital, medical, dental, or surgical care to his or her child or himself or herself and such consent shall not be subject to disaffirmance because of minority. The consent of the parent or parents of such married or emancipated minor shall not be necessary in order to authorize such care. For the purpose of this section only, a subsequent judgment of annulment of marriage or judgment of divorce shall not deprive the minor of his adult status once obtained. The provider of

care may look only to the minor or spouse for payment for services under this section unless other persons specifically agree to assume the cost.

(4) Medical, dental, and other health services may be rendered to minors of any age without the consent of a parent or legal guardian when, in the professional's judgment, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.

(5) The consent of a minor who represents that he may give effective consent for the purpose of receiving medical, dental, or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor's parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor.

(6) The professional may inform the parent or legal guardian of the minor patient of any treatment given or needed where, in the judgment of the professional, informing the parent or guardian would benefit the health of the minor patient.

(7) Except as otherwise provided in this section, parents, the Cabinet for Health Services, or any other custodian or guardian of a minor shall not be financially responsible for services rendered under this section unless they are essential for the preservation of the health of the minor.

Effective: July 15, 1998

History: Amended 1998 Ky. Acts ch. 426, sec. 402, effective July 15, 1998. --

Amended 1988 Ky. Acts ch. 283, sec. 2, effective July 15, 1988. --

Amended 1974

Ky. Acts ch. 74, Art. VI, sec. 107(1) and (13). -- Amended 1972 Ky. Acts ch. 163,

paras. (1) to (6). -- Created 1970 Ky. Acts ch. 104, sec. 1.

308.01

MANDATORY REPORTING

All required reporting events will be conducted by personnel in a timely fashion. Examples of these include but are not limited by:

Kentucky Board of EMS

Kentucky Board of EMS Requires that the agency or individual will report incidences of certified/ licensed personnel involving: misdemeanors, felonies and substance abuse.

SCEMS Medical Director

The Medical Director of SCEMS maintains final authority in the medical issues of the service. Some examples of necessary reporting include, but are not limited to: medication errors, patient untoward effects, hospital/ physician disputes, quality assurance Issues, education/ training issues, etc.

Kentucky Department of Public Health

Any communicable disease as outlined in 902 KAR 2:050 must be reported through the Kentucky Department of Public Health. The SCEMS personnel involved will contact the SCEMS Infection Control Officer to assure that reporting requirements are met.

Adult Protective Services

With suspicion or evidence of abuse/ neglect or domestic violence exists; SCEMS personnel will contact Central Dispatch to have the police sent to the location. Every effort shall be made to provide for the safety of the individual. The Department of Social Services/ Adult Protective Services shall be contacted prior to going available from the event. This will be done through dispatch and on a recorded line.

Child Protective Services

With suspicion or evidence of abuse/ neglect exists; SCEMS personnel will contact Central Dispatch to have the police sent to the location. Every effort shall be made to provide for the safety of the child. The Department of Social Services/ Child Protective Services shall be contacted prior to going available from the event. This will be done through dispatch and on a recorded line.

309.01 **REFUSAL OF CARE**

SCEMS personnel will not recommend refusal of appropriate treatment or transport to patients. In the event that a patient is refusing care and or transport against medical advice, the SCEMS crew will:

1. Confirm that the patient is alert and oriented to person, place, time and event.
2. Explain the potential consequences of refusal of care.
3. Conduct as thorough of a patient assessment as possible.
4. Have the patient sign the refusal of care portion of the SCEMS run sheet. If possible, have a witness sign the refusal. If the patient refused to sign the release attempt to have a witness sign to verify the refusal.

5. Instruct patient that they can always request EMS back if conditions change. Make efforts to see if the patient will be alone or if someone will remain with them.
6. Document the run carefully on the SCEMS run sheet. Include steps that were taken to convince the patient of the need for transport as well as instructions given.

310.01

SCHOOL BUS ACCIDENTS/ MINOR ACCOUNTABILITY

Incident involving school busses and large numbers of minors will occur. Treatment and accountability of these minors should be conducted using the following guidelines:

1. Any injured child will be evaluated and transported by SCEMS. See SOG # 800 Mass Casualty and Disaster Triage Plan
2. If capable, the Shelby County School bus driver will start the Shelby County Public Schools accountability form (triplicate document) and a command representative will start to the scene from the school. This individual will be identified by an orange command type vest and have appropriate identification.
3. An additional bus will be started from the school to allow for rapid segregation and transport of non –injured students.
4. SCEMS will take a copy of the Accountability form and attach will the EMS run sheet.
5. If additional information/ contact is needed after the event, a member of the Shelby County School Board will be contacted for follow up.

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 / 19 /2011

Review Date / /

By _____

By _____

SOG # 400 Use of Service, Response and Command Vehicles; Fleet / Driving Safety Program

Purpose: The purpose of this policy is to outline the procedures to be followed by EMS personnel while operating any motor vehicle in their official capacity. In order to reduce or prevent vehicle accidents, this policy will apply to all members of Shelby County Emergency Medical Services.

400.01 **GENERAL**

All members must be at least eighteen (18) years of age, be physically capable and must possess a valid Kentucky operator's license prior to operating any vehicle issued to Shelby County EMS. Members shall notify the Chief and/or Designee of any changes that may affect either his/her legal or physical ability to drive a Department vehicle and continued insurability. Drivers of emergency vehicles must have at least two (2) years of non emergency driving experience.

400.02 Any member operating a SCEMS vehicle will exercise due diligence to operate the vehicle safely. The member will also be responsible for any driving infractions incurred while operating said vehicle. All members will be subject to annual operator's license checks conducted by the Human Resources Department of Shelby County Fiscal Court.

400.03 Members shall take precautions to avoid any/ all appearance of impropriety when using Department vehicles. Appropriate conduct and courtesy shall be used at all times. Each member shall comply with all traffic laws while operating a SCEMS vehicle and while operating non SCEMS vehicles in an official capacity.

400.04 Under no circumstances shall a member operate a department vehicle, or personal vehicle for official purposes, while the member is physically, medically or emotionally impaired.

- 400.05 Members shall report any accident involving a department vehicle to the Chief and/or designee, regardless of damage or lack of injuries. Such reports must be made as soon as possible and no later than twenty-four (24) hours after the accident. Members are expected to cooperate fully with authorities in the event of an accident. However, they should make no voluntary statements other than in reply to questions of investigating officers. For further information on accidents involving department vehicles, see policy on Vehicle/Unit Accident Reporting.
- 400.06 All occupants of an SCEMS vehicle shall wear seatbelts at all times that the vehicle is in operation except as permitted herein. The only exception being when the EMT or Paramedic in the rear of the Ambulance must remain unbelted in order to render treatment to a patient. All patients will be secured with a seat belt if upright. Stretcher patients will be secured completely with all three sets of stretcher straps and the chest harness per the manufacturer's recommendation.
- 400.07 Whenever the vehicle fuel level falls below $\frac{3}{4}$ tank, the member driving it at that time shall be responsible for refilling the fuel tank. Fuel will be provided at the department's expense.
- 400.08 Members shall immediately report any mechanical problems to the EMS mechanic. These will be written on the SCEMS Vehicle Work Order sheet and faxed to the mechanic. The original will be placed in the work order book for confirmation of repairs. If in the member's best judgment, a vehicle is unsafe, it will be removed from service immediately. The EMS mechanic is responsible for the maintenance of all SCEMS vehicles. (see also SOG 402.08).
- 400.09 The EMS mechanic shall maintain records on each vehicle. These will include the Vehicle Work Orders, APM 3000, BPM 3000 sheets along with any applicable maintenance records.
- 400.10 All SCEMS vehicles will drive with headlights on at all times.
- 400.11 There will be no smoking in any department vehicle at any time.
- 400.12 **Transport of Non-Injured Family Members**-SCEMS will transport the patient's non injured family members to the hospital using the following criteria:
- a. Individual is 18 years of age

- b. Sufficient seat belts exist
- c. In the best judgment of attending EMS personnel, it will not interfere with patient care.

400.13 **Transport of Children** Will be conducted using the following criteria

- a. Sick or injured children will be secured and treated appropriately as a patient.
- b. Non sick or uninjured children will be properly restrained in an age appropriate child carrier or the child safety seat provided in the SCEMS ambulance captain's chair. Upon arrival at the hospital, the hospital staff should assume responsibility for uninjured minors and the transfer of responsibility appropriately documented on the EMS run report.

400.14 Cell Phone usage- Refer to Electronics Policy

401.01 **SERVICE VEHICLES**

Service vehicles are to be used for official department business only.

401.02 The member using the vehicle shall be responsible for cleaning the vehicle.

401.03 If a member needs to use a service vehicle for Department business after hours, he/she must obtain written permission from the Chief and/or designee if feasible.

402.01 **RESPONSE/COMMAND VEHICLES**

The Chief and/or designee, under the authority granted by the Fiscal Court, will assign response vehicles to paramedics who reside within Shelby County. Abuse or misuse will subject the paramedic to disciplinary action and loss of use of issued vehicle.

402.02 Paramedics WILL be permitted to use/drive their SCEMS vehicle within Shelby County. If paramedics have passengers in their vehicles, they shall follow the policy on Emergency Vehicle Response for responding to emergency calls and all passengers shall adhere to all any policies involving riding in Fiscal Court owned vehicles (wearing seat belts etc.)

- 402.03 Paramedics WILL be permitted to use/drive their vehicles out of the County if on EMS department official business or attending an approved EMS department training course. (Approved training course is one that has been approved by the Chief and/or designee for the paramedic or to attend).
- 402.04 Paramedics SHALL NOT be permitted to use/drive their SCEMS issued vehicle out of the County for personal reasons/benefits. If a paramedic must operate an issued vehicle out of the county for a personal emergency or any other reason, the paramedic shall provide written notice to the Chief and/or designee within 24 hours of using the vehicle for such reasons. Any exempt members may utilize their issued vehicle as outlined by the Shelby County Judge Executive.
- 402.05 Paramedics who have vehicles issued to them are responsible for upkeep, cleaning, maintenance of the vehicle and all equipment that is SCEMS property.
- 402.06 No alterations shall be made to the issued vehicles (in appearance, mechanical or equipment) without prior written authorization from the Chief or designee.
- 402.07 Each paramedic shall prepare a written inventory of all personal equipment or items contained in the vehicle and submit it to the Chief or designee.
- 402.08 Each paramedic is responsible for all preventative maintenance. (Tire inflation; tire rotation, windshield wipers, windshield fluid, checking fluids etc.)
- 402.09 Any purchases made for the vehicle shall have the unit number on the ticket/purchase order and the ticket/receipt/invoice shall be turned in to the EMS mechanic. The mechanic will then make a copy for the vehicle file and turn in the original for payment.
- 402.10 All other maintenance or repairs besides that addressed in 402.08 will be reported to and performed by the EMS mechanic as outlined in the vehicle's preventative maintenance schedule. (Oil changes, brakes etc) If the EMS mechanic is not able to repair the vehicle it will be his responsibility to make arrangements to have vehicle repaired.
- 402.11 The Chief and/or designee will conduct monthly inspection on all issued paramedic vehicles. The Deputy Chief and/or designee will inspect the Chief's vehicle monthly.

- 402.12 Members shall keep a maintenance and fuel log on the vehicle. This log will be provided by EMS.
- 402.13 In the event of a prolonged absence (two weeks or greater) the paramedic shall secure his/ her vehicle at the nearest EMS Station and inform the Chief and or designee of their status.
- 402.14 Each member who responds in an EMS vehicle shall be responsible for completing all documentation including the patient care report and, if applicable, the SCEMS Off Duty Response Form at the conclusion of each run.

403.01 **PERSONAL VEHICLE EMERGENCY RESPONSE**

The provisions and requirements of the Kentucky Revised Statutes 189.910- 189.950 with regard to the members' use of red lights and sirens on members' personal vehicles shall be followed at all times. A Fulltime or Part-time member of Shelby County EMS may equip his/her vehicle with emergency warning equipment upon receiving written permission from the Chief of the Department and upon complying with all requirements outlined in this policy. In addition, the member must meet the eligibility requirements as outlined in this policy. Permission to mount and use emergency warning equipment on his/her personal vehicle(s) is a privilege granted by Shelby County EMS. Any misuse of the equipment shall result in disciplinary action and or loss of the privilege as determined by the Chief and/or designee.

- 403.02 All EMS members responding to a dispatched SCEMS run will proceed to the EMS station or incident scene in vehicles with emergency warning equipment as outlined in KRS 189.920 and shall respond on an emergency basis unless otherwise directed by Central Dispatch, or a Supervisor.
- 403.03 Members driving vehicles that are not equipped as outlined in KRS 189.920 shall respond to the nearest EMS station on a non-emergency basis. These vehicles that are not equipped shall not be considered emergency vehicles and members responding in those vehicles shall obey all traffic laws and regulations as outlined in the KRS.
- 403.04 Before responding on an emergency run, members shall be aware of the nature and location of the incident.

- 403.05 Only authorized personnel shall respond directly to the scene on an emergency incident.
- 403.06 Responding members will attempt to park their vehicles in the safest manner possible. Members responding to incidents on the roadway will wear ANSI Class 2 or 3 visibility vests as outlined in 23 CFR 634.
- 403.07 Members shall utilize emergency warning equipment only within the geographic boundaries of Shelby County, Kentucky.
- 403.08 All members of Shelby County EMS shall not respond on an emergency basis when family and/or friends in the vehicle with them. When responding with family and/or friends and / or any other non emergency responder in the vehicle the member must respond in a non-emergency basis. Any member may respond on emergency basis with other emergency responders in the vehicle.
- 403.09 On conclusion of a response involving a personal response vehicle, all appropriate patient care documentation will be completed as well as the SCEMS Off Duty Response Form.
- 403.10 Members failing to comply with the provisions set forth in this policy shall be subject to disciplinary action.

404.01 **EMERGENCY VEHICLE PERMIT ELIGIBILITY REQUIREMENTS**

- Applicants must be at least eighteen (18) years of age and have met all other requirements outlined in this policy in order to apply for an Emergency Vehicle Permit with Shelby County EMS.
- 404.02 All applicants applying for an Emergency Vehicle Permit must have satisfactorily completed the Basic Defensive Driving Program as developed and approved by the Chief or Designee.
- 404.03 All applicants must submit proof of vehicle insurance and must continue to maintain this coverage while they are in the possession of the Emergency Vehicle Permit. Each permit holder must maintain insurance coverage that meets the minimum requirements as required by the Commonwealth of Kentucky.
- 404.04 Prior to issuance to a first time applicant, and prior to the annual renewal of a permit previously issued, each applicant's/ permit holder's vehicle must pass a vehicle inspection conducted by the Department Safety Officer or Certified Defensive Driving Instructor. This inspection shall include a review of the general safety condition of the vehicle, in

addition to reviewing the emergency warning equipment to determine if it continues to meet the minimum requirements as set forth in the KRS and this policy.

404.05 If a permit holder changes vehicles or desires emergency equipment on a second vehicle, the requirements of 404.03 and 404.04 shall be met and proof thereof provided prior to the issuance of the second Emergency Vehicle Permit. Permits are not transferable.

404.06 Renewal Permits will be issued in July of each year to those members who meet the training and vehicle inspection requirements as outlined in this policy.

405.01 **DRIVERS TRAINING REQUIREMENTS**

Shelby County EMS will provide all members with a Basic Defensive Driving Program that shall include both classroom and practical instruction. The goal of this program shall be to instruct the member in vehicle handling characteristics, defensive driving, collision avoidance, skids, and laws/policies regarding emergency vehicle response and operation.

405.02 Shelby County EMS will offer Defensive Driving Review Sessions each year following the initial Basic Course. This four (4) hour review session will deal with topics involving various aspects of emergency vehicle operation. All members must obtain a minimum four (4) hours of Defensive Driving Education annually. Kentucky Association of Counties (KACo) will make recommendations on what driving course to use.

406.01 **ROLLOVER PREVENTION**

All emergency vehicles are subject to rollovers, but ambulances are particularly vulnerable because of its centers of gravity. The simplest method of prevention is to slow down. Excessive speed greatly reduces the ability to control the vehicle on curves or when making evasive steering moves. Excessive speed increases the likelihood that the weight will shift and cause the vehicle to become uncontrollable.

Another leading cause of vehicle rollover is over steering after dropping off the road surface onto the shoulder of the road. Over steering will cause the vehicle to roll over by causing the weight to severely shift from one side to the other and/or by the vehicle tires gripping the road at an excessive angle once brought back off of the shoulder.

406.02

Recommendations to prevent rollover:

1. Take your foot off of the accelerator and allow the vehicle to slow down gradually. Do not attempt to steer back at speed or under acceleration.
2. Do not apply full braking! Use soft application of the brakes, natural deceleration and downshifting to bring the vehicle to a safe speed or complete stop.
3. Under soft shoulder conditions feather the accelerator to help maintain control of the vehicle while slowing.
4. Once the vehicle has been stopped or been brought down to a safe speed, gently steer the vehicle back onto the road surface using a lower gear and/or feathered acceleration to assist in overcoming the surface drop off or soft shoulder.

407.01

EMERGENCY RESPONSE PROCEDURES

The driver of the emergency response vehicle is responsible for its safe operation at all times. The driver shall maintain positive control of the vehicle and drive in a defensive manner at all times. The provisions as outlined in this policy shall not relieve any operator of an emergency vehicle of an emergency vehicle from his/her responsibility of exercising due regard for the safety of all persons on the highway. These provisions will not protect the driver from the consequences of his/her reckless disregard for the safety of others. Drivers that choose to disregard the provisions as outlined in this policy may be held personally liable for their actions and subject to departmental discipline

407.02

Drivers may exceed the posted speed limit by 15 mph or less, under the following conditions:

1. When using caution and due regard for the safety of all persons and property;
2. When weather and time of day permit the driver's visibility to clearly identify and avoid potential traffic problems within his/her anticipated path of travel.

407.03

Drivers of emergency response vehicles shall bring the emergency vehicle they are driving to a complete stop under the following circumstances:

1. When directed by law enforcement officer;
2. Red traffic lights;
3. Stop signs;
4. Negative right-of-way intersection;
5. Blind intersection;

6. When the driver cannot account for all lanes of traffic in an intersection;
7. When other intersection hazards are present;
8. When encountering a stopped school bus with flashing lights the driver shall not proceed until eye contact with bus driver is made and directed to proceed;
9. When approaching an unguarded railroad crossing;
10. Or any other potential hazards or adverse conditions.

- 407.04 Drivers shall reduce the speed of his/her vehicle sufficiently at ALL intersections. The vehicle shall be under complete control and shall be driven at such speed that it can safely be stopped to avoid an accident should another vehicle or pedestrian enter the intersection. Emergency vehicle drivers shall yield to any vehicle already in any part of the intersection. EMS operators shall realize that the "Right of Way" must be granted by the other driver(s), and is not always given.
- 407.05 Drivers shall operate his/her vehicle under emergency conditions only when audible and visual warning signals are operating. During emergency operations, headlights will be on low beam. High beam lights may only be used at night on open roads, and shall be dimmed for opposing traffic, as required by law. Drivers shall not respond on an emergency basis when any part of his/her warning equipment is inoperable.
- 407.06 Drivers shall be alert for other responding personnel and apparatus. The right of way for two (2) responding emergency vehicles shall be as follows:
1. Vehicle having the right of way by traffic control devices;
 2. Vehicles that will be traveling through an intersection without negotiating any turns will have preference over vehicles having to turn;
 3. Vehicles negotiating a right hand turn at an intersection will have preference over a vehicle turning left;
 4. The first vehicle in the intersection shall have the right of way.
- Drivers shall not use unsafe driving practices to take advantage of this rule.
- 407.07 Drivers following another responding vehicle shall allow sufficient distance between the vehicles to stop safely should the leading vehicle stopped abruptly. Drivers should be aware of the possibility that motorists may pull into his/her path after yielding to the leading vehicle(s).

- 407.08 Drivers shall not overtake or pass other responding emergency vehicles, unless they have received special instruction from the lead vehicle instructing them to pass. In all cases, the driver shall pass on the left side of the vehicle, using caution.
- 407.09 Drivers shall reduce his/her speed when approaching a curve, hill, narrow or winding roadway, or when any special known hazard exists, especially when visibility is reduced or limited for any cause.
- 407.10 Drivers shall not travel on the left side of the median strip or center dividing line, unless necessary due to congested traffic. If necessary, drivers shall exercise caution, and shall travel at a speed not to exceed 10 mph.
- 407.11 Drivers shall pass on a motorist's left side when overtaking and passing, except when the motorist has stopped to turn at an intersection, or when the motorist has pulled to the extreme left and indicated awareness of the emergency vehicle's presence. Drivers may then pass on the right side, but shall exercise caution.
- 407.12 Drivers shall slow down well in advance of an emergency scene, so as not to endanger personnel, equipment and bystanders already on the scene.
- 407.13 Drivers shall not exceed the posted speed limit (25 mph) while driving in an active school zone. An active school zone shall be defined as an area marked and designated as a school zone, during the normal hours of operation. Drivers shall exercise caution for children ANY TIME they are driving in a school zone or in the area of children.

407.14 RESPONSE CODES:

The SCEMS will have four types of authorized responses to dispatched runs.

INSERVICE RUNS:

The unit will respond to the scene without lights and siren, obeying all traffic regulations. The unit may be reassigned by dispatch to any other need.

CODE 1 RUNS:

The unit will proceed in as timely manner as possible. However, no lights or siren will be used and all traffic regulations will be obeyed.

CODE 2 RUNS:

The unit will proceed in a manner where the emergency lights are only used. This will be in a patient transport situation only where the siren may raise the anxiety level of the patient, thus becoming detrimental to the patients well-being. This shall be the exception and not the rule.

CODE 3 RUNS:

The unit shall proceed as authorized by the KRS 189.940. All emergency equipment, lights and siren will be used at all times when operating in code 3.

407.15 DETERMINATION OF RESPONSE TO HOSPITAL

The unit transporting the patient shall decide what code will be used enroute to the hospital. This decision will be based solely on the patient's condition as determined by the attending paramedic or technician.

407.16 WEIGHT RESTRICTIONS

Shelby County EMS will follow Title 49 Code of Federal Regulation 383.3 Section D for all vehicle weight restrictions.

407.17 ESCORTING VEHICLES:

If more than one unit is used on a response, the unit carrying the patient shall proceed to the hospital by the code that the Technician or Paramedic who is attending the patient determines appropriate. The remaining unit will not escort the primary unit. If further assistance is needed by the primary ambulance, dispatch will step the reserve unit up to Code 3 by request of the Technician or Paramedic on the primary unit. If the vehicle is to be left at a scene it will be parked in a safe location and locked. Escorts by Law Enforcement vehicle will follow the same safety measures outlined in SOG 407.

407.18 BACK UP RESPONSE:

When a unit is sent as a back-up, the code of the back-up unit shall be the same as the original responding unit, unless otherwise designated by the primary ambulance.

407.19 VEHICLE FAILURE DURING SHIFT:

If a vehicle becomes inoperable during a tour of duty from equipment failure, mechanical problems or damage from an accident or incident, the crew must notify dispatch and a supervisor immediately. A vehicle repair form will be completed by the reporting member and forwarded to the EMS mechanic. The supervisor will then direct what course of action will be taken.

407.20 REQUEST FOR WRECKER SERVICE:

If a wrecker will be needed for assistance or for towing a county owned vehicle, the crew will contact dispatch. Dispatch will contact the wrecker service, Deputy Chief, or Chief of SCEMS. All departmental vehicles will be towed to the EMS Headquarters unless instructed differently by the Chief of SCEMS.

407.21 UNIT READINESS:

It will be the responsibility of the crews to restock, clean and refuel the unit after each run if necessary. In the event of a late run, a truck status report shall be given to the on-coming crew for immediate attention. This is to assure that the unit is properly supplied and ready for a response.

408.01 **BACKING VEHICLES**

Due to the high incidence of backing related incidents, the following guidelines should be used:

1. If you can avoid backing, do so.
2. Never be in a hurry when backing.
3. If there is no spotter available.
 - a. Reconsider backing up. Is it really necessary?
 - b. Make a reasonable attempt to get someone to act as a spotter.
 - c. If a spotter cannot be obtained, get out of the unit and walk around the unit completing a "circle of safety" and survey the backing area before proceeding to back unit, being sure to check overhead clearance.

408.02

DRIVER RESPONSIBILITIES

1. Bring the unit to a complete stop.
2. Roll window down completely.
3. Make a visual and verbal contact with the spotter. If you cannot see or hear the spotter, do not backup.
4. Driver and spotter must establish and continue eye contact in the left rear view mirror at all times.
5. Drivers must have a thorough knowledge of spotter hand signals. (See SOG 408.03)
6. The spotter hand signals to the driver indicating that it is safe to begin backing.

408.03

SPOTTER RESPONSIBILITIES

1. 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 for overhead clearance.
2. Communicate any observed hazards to the driver.
3. Place yourself eight (8) to ten (10) feet to the left rear of the unit.
4. Establish visual and verbal contact with the driver and continue eye to eye contact in the left rear view mirror at all times.
5. Be familiar with hand signals before allowing backing maneuvers to begin.
 - a. Stop- Both arms held stationary. Palms out
 - b. Proceed- Both arms bent at elbow in repetitive motion.
 - c. Left/ right- Both hands pointing
6. Stop the driver if any hazards are observed or if you are uncertain of the direction that the driver is maneuvering.

409.01

ACCIDENTS INVOLVING DEPARTMENT VEHICLES

All vehicle accidents involving Department vehicles shall be reported to Central Dispatch immediately after the accident. The report shall include the following:

1. The Vehicle number
2. The exact location of the accident
3. An indication of the need for medical assistance
4. An estimate of the extent and nature of vehicle damage and/or injuries
5. An indication as to whether or not the vehicle is drivable.

409.02 When the accident involves a member's personal vehicle while on official duty, the member may not be able to contact Central Dispatch by radio. In this case, the member should contact Central Dispatch by telephone as soon as possible and report the above information.

409.03 Based on the information given to them, Central Dispatch will:

1. Dispatch any medical assistance needed
2. Notify the appropriate Police Department
3. Notify the Chief and/or Designee

409.04 Where the Shelby County EMS vehicle may be at fault or if serious vehicle damage, injury or death has occurred as a result of the accident, the Chief will notify the following:

1. Shelby County Judge Executive
2. Kentucky OSHA

410.01 **ACTIONS TO BE TAKEN BY PERSONNEL INVOLVED IN THE ACCIDENT**

Initiate appropriate medical care as needed including informed refusal of care.

Do not discuss the accident with anyone other than EMS and Police Department representatives. DO NOT admit any guilt of fault involving the circumstances of the accident.

Do not remove the vehicle unless it is creating a traffic hazard or under direction of law enforcement

1. Obtain witnesses' names, addresses and phone numbers.
2. Remain at the scene until permission to leave is secure from both Police and EMS Department representatives.
3. Unless medical care is needed, the driver will proceed to SCEMS Headquarters for completion of documentation and incident report.
4. Upon completion, the accident report and all supporting documentation will be forwarded to the Shelby County Director of Human Resources for insurance purposes.

410.02 ACCIDENT INVESTIGATION

The Chief shall investigate all vehicle accidents involving Department vehicles and personal vehicles responding to emergencies. In cases involving severe or unusual injuries and/or property damage, an Accident Review Sub Committee may be selected by the County Judge Executive to investigate the accident.

410.03 All accident investigations will include separate interviews with the driver of the department vehicle or personal vehicle and all crew members. Other witnesses, both civilian and department members will also be interviewed. Names and addresses will be obtained and notes of each interview will be taken. All reports and statements will be collect before individuals are released from the scene. The SCEMS driver will complete an Incident Report prior to leaving SCEMS.

410.04 The following items should be collected at the scene by a Department representative:

1. Photographs
2. Accident statements
3. Police report number
4. Witnesses names, addresses, and phone numbers
5. Names, addresses and hospital of all injuries parties
6. Name and badge number of Police Officer investigating the accident

410.05 Any member involved in an accident, in personal vehicle or EMS vehicle while responding to an incident, will be required to immediately complete a drug and alcohol test if directed to do so by the Chief or designee. The test will be at SCEMS's expense. A Supervisor will accompany the member to the testing facility. The results will be released to the Director of Human Resources and will be distributed to the appropriate personnel.

410.06 DISCIPLINARY ACTION

In the case of charged (at fault) accidents, the driver of the EMS vehicle shall receive discipline as follows:

1. FIRST INCIDENT- that at-fault driver shall receive a letter of reprimand in his/her personnel file.
2. SECOND INCIDENT- the at-fault driver shall receive a 2 week suspension from driving.
3. THIRD INCIDENT- the at-fault driver shall be suspended pending a hearing from the EMS Subcommittee of Fiscal Court.
4. After two (2) years from the initial occurrence of the first accident, the member's record shall be cleared.

410.07 **FAILURE TO REPORT AN ACCIDENT**
Any member who fails to properly report an accident involving a EMS vehicle or falsifies such reports shall be immediately suspended pending review by the Chief.

411.01 **FUEL PROCEDURES AND CONSERVATION**

SCEMS members should refrain from unnecessary fuel/ vehicle usage (ex. unnecessary idling or running while parked at Emergency Departments, standbys, etc.). In no way should this interfere with patient care. When adjustments for coverage are made, this will be done as outlined in SOG # 1206.01 COVERAGE and the vehicle turned off if weather conditions allow.

411.02 Fuel will be acquired at Thornton's facilities. Each time a vehicle is refueled a receipt shall be printed and forwarded to EMS Headquarters and placed in the HIPPA box for secure storage. If a receipt is not printable, members shall ask that one be printed in the facility. If this is not possible, an incident report stating date, gallons of fuel, unit and crew shall be forwarded to the Chief or designee. If a vehicle's fuel card is missing it will be reported immediately to the Chief of operations.

412.01 **AMBULANCE SECURITY**

In order to insure that unauthorized persons have no access to items inside an SCEMS vehicle, all doors must be locked when not in a direct line of sight by the ambulance crew. This includes any door by which you can gain access to the inside of the ambulance. Whenever possible, automatic locking doors shall be used. When units are parked at stations, vehicle doors may be left unlocked if; the ambulance is parked inside of a locked building, or the ambulance is in the direct line of sight of SCEMS personnel.

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SOG # 500 Work Schedule and Leave

Purpose: To assure that SCEMS operates in a safe and responsible manner as well as providing an enjoyable and fulfilling work environment.

500.01 **SCHEDULE:**

Each member will be assigned to a specific schedule. This schedule will dictate the days worked and the days off. Each schedule will be identified by a different shift color. The member will be able to determine what days will be worked by referring to the monthly or yearly posted calendar.

500.02 The SCEMS workweek is Friday thru Thursday with pay on a bi-weekly basis. Each member has the responsibility to maintain a time card to record accurate work times. Any overtime worked must be explained on the overtime explanation form. All time cards are to be reviewed by the member, signed that the hours are correct and then verified by the shift supervisor. Any off duty runs reported on the time card should include the run number or run location.

500.03 Off Duty Response Forms shall be completed as soon as possible after a member responds in an off duty capacity. These forms will be forwarded to the Chief/ Deputy Chief for the purpose of equipment utilization and payroll.

500.04 Any member's schedule may be changed on a temporary or permanent basis by the Chief.

501.01 **OVERTIME ASSIGNMENT**

In an effort to provide a fair and fiscally responsible method of filling overtime, the following guidelines will be used for all scheduled overtime. All effort should be made to fill known shifts one month in advance to maximize use of part time personnel. The shift calendar will be utilized to track shift availability and coverage needs. Members may note availability on the calendar date that they are available. Only shift

supervisors will award the shift according to the guidelines outlined below and will confirm the award by initialing after the members name. Shifts will be awarded based on the following order.

1. Part Time personnel will be called on an EMT for EMT and paramedic for paramedic Basis. A call list will be maintained by the Shift Supervisors to document calls made.
2. Full time personnel that are on a "short Check" payroll period will be offered the position on an EMT for EMT or paramedic for paramedic basis.
3. The remaining full time personnel will be offered the position on an EMT for EMT or paramedic for paramedic Basis. If no EMT's are available a paramedic may fill an EMT position with the shift supervisor's approval.

502.01 **MANDATORY OVERTIME**

In the event that sufficient time is not available to fill a vacant shift (Ex. sick call) or the overtime assignment procedures outlined above were unsuccessful, a mandatory overtime will be necessary. The shift captain will maintain a list of dates in which personnel were assigned mandatory overtime. This list shall be in order of seniority and the least senior member (paramedic for paramedic, EMT for EMT) with the least amount of mandatory assignments shall be given the shift on a mandatory basis. Failure to report for a mandatory assignment shall be considered an Away Without Leave (AWOL) infraction.

502.02 At no time will any member work more than 36 hours consecutively. Any deviation from this such as in times of declared emergency will require approval from the Chief or Deputy Chief.

503.01 **TRADING DAYS:**

SCEMS personnel may trade off days at the discretion of the shift supervisor with the approval of the Deputy Chief or Chief. The trade must be completed within a given work week. Prior approval must be obtained from the shift supervisor involved. Trades requiring utilization of overtime are prohibited. If either party of the trade fails to meet the obligation of the trade then vacation or holiday time will be used.

504.01 **VACATION LEAVE:**

See Administrative Code

504.02 If a member desires to use accumulated vacation leave, a request for vacation form will be filled out and should be submitted to the shift

supervisor for approval. Requests should be made as far in advance as possible.

504.03 Vacation request will be granted on the basis of seniority for the first thirty (30) days of the fiscal year. Following that period, vacation will be handled on a first come basis. Seniority will be considered for only one vacation period per year.

504.04 Supervisors shall not approve vacation leave that may prevent SCEMS from operating properly. As a guideline, one Paramedic and one EMT may be off on vacation on any one shift. Any vacation leave of three (3) days or more must be approved by the Chief or his/her designee.

504.05 No member may intentionally take scheduled vacation time for the purpose of working additional overtime. Once vacation time has been awarded, that member is no longer eligible to work on that shift. (Ex. Taking vacation day then working overtime on that day)

505.01 **HOLIDAYS**

See Administrative Code

505.02 Any member taking off on a holiday will be using that holiday as their regular hours and not as an accrual. If the holiday falls on the members regular off day that holiday will be accrued.

506.01 **SICK LEAVE:**

See Administrative Code

506.02 24/48 shift members will be entitled to sick leave at the rate of 12 hours a month for every month employed. Forty hour members receive 8 hours a month. Sick leave may be allowed to accumulate from year to year.

506.03 The Chief, Deputy Chief and/or County Judge/Executive may request a physician's statement verifying the necessity of the member's absence. Failure to produce a physician's statement may result in the member not being awarded sick time. The member will not be allowed to return to work unless the physician's statement is received and/or approval is given in lieu of unused sick time.

506.04 Members must notify the supervisor of their intention to use sick time at least two (2) hours before their shift is to begin, if possible. This must be done before each shift that the absence will occur. Multiple

days off will need to be addressed with a supervisor for scheduling purposes.

507.01 **INJURED ON DUTY:**

See Administrative Code

508.01 **COURT DUTY:**

See Administrative Code

509.01 **MISCELLANEOUS LEAVE:**

See Administrative Code

510.01 **FAMILY MEDICAL LEAVE ACT:**

See Administrative Code

511.01 **RESIGNATION AND TERMINATION:**

Any member who plans to voluntarily terminate employment shall notify the EMS Chief at least two (2) weeks prior to the voluntary termination date. A termination form will need to be completed and turned into the Director of Human Resources.

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SOG # 600 Uniform Policy

Purpose: To provide a positive and professional appearance in all SCEMS personnel

600.01 **Introduction:**

It shall be the duty of all members of SCEMS to be attired in like fashion. Uniforms, other than those listed in this document, shall only be worn with approval of the Chief. All personnel shall adhere to the Shelby County Administrative Code of Personal Conduct. These items are the property of SCEMS and must be returned upon termination of employment with the service.

At the start of the shift, all members shall be in proper uniform, well groomed, and with due regard to personal hygiene. All members will wear full uniform on all calls and details unless otherwise directed by their supervisor.

Uniform styles will be broken down into the following:

Class A Uniform- Honor Guard and Command uniform to include coat and tie.

Class B Uniform - Standard EMS uniform. White or blue uniform shirt with metal or sewn on insignia. Navy blue EMT style pants.

Class C Uniform- Job shirt, or SCEMS issued T-shirt.

600.02 **CLASS A UNIFORMS:**

The class A uniform is issued to all Command Staff and Honor Guard Personnel. It consists of a double breasted, navy blue jacket, matching pants with yellow/ white vertical stripe and officer's cap. Insignia will be worn as follows:

White dress shirt- Will display Shelby County EMS Patches on both sleeves.

Belt- Nylon type with metal buckle

Shoes- Patent leather dress type shoe.

Dress Coat Insignia

Rank Insignia- Officers will display their rank on the upper lapel, centered $\frac{3}{4}$ Inch from edge. EMT's and Paramedics will display the round Caduceus symbol.

Name plate- Jacket or shirt. Worn centered; top stitch on left breast pocket.

County Seal Pin- Jacket or shirt. Worn Centered on right breast pocket beneath service awards.

Service stars – Worn on left lateral jacket sleeve. Each star signifies five years of service

EMS Memorial Oak Leaf- Worn on EMS jacket, centered on right side lapel. Worn by individuals that have attended the National EMS Memorial Service.

Sleeve piping- Horizontal bands around each arm at the cuff. Gold is for officers and silver for Paramedics/ EMT's. The number of bands will be broken down as follows:

- 1- Honor Guard Commander
- 2- Sergeants
- 3- Captains
- 4- Deputy Chief
- 5- Chief

Brimmed cover (Air Force style) – Navy blue with gold trim. Chief and Deputy Chief will display a white top half and officers decoration on the bill.

600.03

CLASS B AND C UNIFORMS:

Uniforms are provided for the member by SCEMS. These items are:

1. Two (2) medium blue button down shirts (short sleeve).
 - A. Part time personnel will receive one (1) pair.
2. Two (2) medium blue button down shirts (long sleeve),
 - A. Part time personnel will receive one (1) pair.
 - B. Captains, Deputy Chief and Chief will be wear white button down shirts.

3. Two (2) pairs of navy blue EMT style long pants.
 - A. Part time personnel will receive one (1) pair.
4. One (1) navy blue long sleeve "job" shirt
5. One (1) winter coat with liner
6. Two (2) navy blue short sleeve T-shirts with SCEMS logo
7. One (1) pair of steel/ composite shank work boots, black in color.
8. One (1) navy blue baseball style cap with SCEMS logo. Hats are an optional wear item. Only SCEMS Issued hats will be worn.
9. Toboggan/ watch cap- SCEMS issue only
10. Jackets- Provided by SCEMS. This is the only jacket approved for wear while on duty.

BELT:

The belt shall be black leather in color and style. It may have a buckle, gold in color. Last resort type nylon belts are acceptable.

SHOE'S/BOOTS:

Boots shall be worn while on duty. Exceptions will be made if a valid medical reason exists to limit wearing of boots and with appropriate documentation. The boots are issued through the Service. Boots must be clean and kept polished.

PATCHES:

Only the SCEMS patch may be worn on the uniform. Only SCEMS members are to wear any garment with the SCEMS patch or logo on it. SRT personnel may wear one specialty patch in place of the service patch on the right sleeve.

PERMISSIBLE INSIGNIAS:

Specialized unit or other as approved by the Chief.

NAME TAPES AND PLATES:

The uniform name tape shall consist of first initial, period, with complete last name, i.e. J. Smith. The uniform name tape shall consist of a Navy blue name tape, letters silver in color (unless an officer in which the color shall be gold). Name plates will be silver in color with black letters for EMS members. Officers will be gold with black lettering.

COLLAR EMBLEMS:

Supervisors will have a 1 inch insignia of their appropriate rank: Silver “EMS” tabs on both collars for Paramedic and EMT’s. Insignia will be worn ¾ inch from collar edge and parallel with collar stitching.

LONG UNDERWEAR:

Long underwear is permitted according to individual preference. No part of the garment will be visible outside of overlaying uniform items.

GLOVES:

Must be black in color.

SCARF:

Black in color, no ornamentation designs or excessive fringe/tassels will be permitted. The scarf is subject to the supervisors approval.

RAINCOAT:

Yellow/ reflective in color. The coat will be ¾ length with reflective stripe optional. The reflective stripe shall be silver in color, around the bottom of the coat, cape, and at the cuffs.

ACCESSORIES:

Belt holster kits: This optional item must be black in color. It should contain pertinent medical/extrication equipment and must be approved by the shift supervisor.

Radio holsters: Will be black in color.

Socks: Black socks must be worn with low cut shoes.

T- shirts: Must be worn with all uniforms. It shall be navy blue in color, with a crew type neck. The neck of the tee shirt must be visible while in summer uniform. Officers wearing white shirts shall wear a white T-shirt beneath the class B uniform.

SERVICE /AWARD PINS

Service / Award pins shall be worn on class A uniforms only. They are worn centered on the right chest above the right pocket. They will be worn in a two or three line row from left to right in the order received. If the American flag is displayed, it will be at the right, top most position. Pin categories include:

Valor- Awarded by the Chief for demonstrating a strength of mind or sprit that enables a person to encounter danger with firmness.

Heroism-Awarded by the Chief for personnel exhibiting conduct that demonstrates a selfless act to attain a noble end.

Meritorious Service- Awarded by the Chief for persons distinguishing themselves for outstanding achievement or service to SCEMS.

Lifesaving- Awarded by the Chief for service that results in a life being saved. Examples include; resuscitations that are discharged or any clear example where intervention by SCEMS personnel result in a positive outcome where the result would have normally been death.

Commendation- Awarded by the Chief of SCEMS for noteworthy actions.

Child birth- Awarded for delivery of an infant of viable age.

Line of duty injury - Awarded by the Chief for Injuries received in the line of duty. Must not be secondary to injuries received in violation of an SOG or safety policy.

Field Training Officer (FTO) Awarded to individuals who have completed the SCEMS Preceptor program and successfully precepted one student.

Special Response Team (SRT)- Awarded to members on the SCEMS Special Response Team after completion of the probationary period.

Honor Guard- Awarded to members of the SCEMS Honor Guard after completion of the probationary period.

Critical Care Paramedic- Awarded by the Chief of SCEMS for individuals that have completed a certified program and recognized by the Kentucky Board of EMS as a critical care paramedic.

601.01 **UNIFORM REPLACEMENT:**

When uniforms or equipment are damaged or worn in the course of duty, the following procedures will be followed:

- A. The immediate supervisor will inspect the damaged / worn garment,
- B. The immediate supervisor will write a recommendation to the chief or his/her designee,
- C. Arrangements will be made to provide the member with replacement items.
- D. An inventory form will be completed when the item is replaced.
- E. The uniform item will be removed from service and not utilized again.

602.01 **APPEARANCE AND GROOMING:**

Male:

Hair will be neatly trimmed and tapered to the side of the head and to the back of the neck so as not to touch the top of the shirt collar.

Hair will be neatly trimmed over the ears.

Sideburns will be neatly trimmed and will not extend below the lower opening of the ear and will not extend forward at their lowest point.

Mustaches will not extend down over the upper lip or past the top of the lower lip. They must be kept trimmed at all times.

Beards are not permitted. Additionally, personnel will report for duty clean shaven.

Cologne may be worn in moderation.

Jewelry shall not be worn in a fashion as to interfere with the efficiency of the job. Members shall not wear jewelry that creates a safety hazard

such as entanglement or interfering with personal protective equipment. No visible necklaces or bracelets will be worn while in uniform.

Ear rings or visible piercings are not permitted.

Female:

Hair will be worn secured to the top of the head or short enough as not to touch the top of the shirt collar. If bangs are worn, they must be at least one inch off of the eyebrows and no hair will be worn on the side of the face extending down over the ears.

Make-up may be worn while in uniform but it must be lightly colored and should give as natural appearance as possible.

Perfume may be worn in moderation.

Jewelry shall not be worn in a fashion as to interfere with the efficiency of the job. Members shall not wear jewelry that creates a safety hazard such as entanglement or interfering with personal protective equipment. No visible necklaces or bracelets will be worn while in uniform. Ear rings may be worn in the form of one set of post type earrings. No hoop or dangling style earrings shall be worn. Other visible piercings are not permitted.

603.01 **INSPECTIONS:**

Inspections will be conducted for all uniformed members to include, but not limited to, grooming, uniform, physical hygiene and accessory equipment. If unacceptable deviations from SOG's are discovered the member may be sent home by the supervisor either as disciplinary action or to correct the problem. It shall be the member's responsibility to report uniform needs or problems to their immediate supervisor.

604.01 **OPERATIONAL CHANGES OF UNIFORM:**

Uniform changes will be at the discretion of the SCEMS chief. All personnel will be attired in a like fashion.

604.02 Inclement weather wear will be at the discretion of the shift supervisor. This should be the exception and not the rule to the uniform policy.

- 604.03 The SCEMS issued job shirt or T-shirt may be worn after 1900 hours to facilitate response. Job shirts worn between 0700 and 1900 hours will be individual preference and only over the Class B uniform.
- 604.04 Detail uniforms will be at the discretion of the Chief or Deputy Chief. Details include: fairs, educational offerings, meetings, etc. The detail uniform will consist of the navy blue EMT style pants and SCEMS issued grey golf shirt over the navy blue T-shirt.

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SOG # 700 Hazardous Materials Incident Response Plan

Purpose: To provide a plan to respond to, operate and recover from hazardous materials events in a safe and efficient manner.

700.01 RESPONSE:

The closest EMS unit will be dispatched to the scene. When the dispatch center is notified that the emergency involves a Haz-Mat, the following actions will be taken:

- A. The dispatch center will obtain the information on the product, the amount, the nature of the incident, the weather conditions and all other information normally obtained in the triaging of a run.
- B. Dispatch will notify the on-duty supervisor, Deputy Chief, and Chief.
- C. The on-duty supervisor will make sure the Deputy Chief and Chief are notified, and decide whether to send additional SCEMS personal to the scene and/or off duty personal to the station or scene. SRT response will be at the discretion of the on duty supervisor, Deputy Chief or Chief.
- D. The on-scene SCEMS commander will remain in the command post as liaison with the on-scene fire commander.
- E. Coordinate with Shelby Task Force responders.

700.02 **INITIAL ACTIONS**

The first unit in will set a boundary to serve as the outer boundary of the warm zone. At no time will the crew enter this boundary and they will prohibit anyone else from entering.

Upon arrival of the fire department, SCEMS personnel will relay any information and confer with the on-scene fire commander. A request for SRT response will be considered and the SRT paged as necessary. The crew should then locate an area that can be used for decontamination of any exposed victims. This area should be up wind, uphill and upstream and have good drainage. The crew should contact the on-scene fire commander for a water source to decon the victims.

700.03 **PERSONNEL ACTIONS**

Personnel will prepare the on scene Med unit to transport patients after donning appropriate personal protective equipment. This will include:

- A. Remove all of patient's clothing. Decontaminate the patient appropriately and wrap the patient in plastic or body bag zipped to the neck.

All SCEMS ambulances shall have the following as equipment minimums:

- 2- Full Face APR's
- 2 - Level B/C suits
- 4 - Multipurpose cartridges for respirators
- 2 - Pair Booties
- 4 - Pair Gloves
- 1 - Plastic or body bag for wrapping the patient
- 1 – Chemically resistant tape
- 1 - DOT Emergency Response Guidebook
- 1- Pair binoculars

- B. Don Level C PPE, gloves and respirators.
- C. When there is more than one victim, each unit transporting will transport at least two victims (if patient condition allows). In the case of multiple non-stretcher patients, more than two should be transported, if possible.

700.04 **DECONTAMINATION CORRIDOR**

Use boundary tape or rope to mark off area.

Locate a water source and hose to bring water to the decontamination corridor. This may be a hose from a fire department pumper. Set up a containment area, when necessary, using pools or making a basin.

Have available water, soap, sponges, and brushes to clean victims. Also have plastic bags available to bag up victims possessions.

Stack sheets and blankets at exit area of decontamination corridor for wrapping victims.

The Haz-Mat tent can be set up if weather conditions permit and indicate.

Once decontamination starts no one should enter the corridor without proper clothing and decontamination upon leaving.

700.05 **VICTIM DECONTAMINATION**

Decontamination of victims with simple exposure or minor injuries and patient is ambulatory:

- A. Have victim come to entry point of the corridor and drop any items that they may be carrying.
 1. Outerwear
 2. Shirt or blouse
 3. Shoes
 4. Pants
- B. Have victim move into corridor and step into the containment basin. Have victim remove undergarments.
- C. Wash victim with water alone from the head down (in powder contaminates brush off all powder before washing down.)
- D. Have victims step out of pool and walk to the exit point of the corridor. Wrap victim in sheet or blanket.
- E. Send victim to transport officer as in the disaster SOP.
- F. SCEMS personnel should indicate actions verbally and minimize exposure to the patient.

700.06

NON AMBULATORY PATIENT DECON

- A. The patient should be brought to the edge of the decontamination corridor in a stokes basket or on a long spine board. The triage officer will cut away all clothing and leave the clothing in the hot zone.
- B. The patient will be carried into the decontamination corridor and placed in the retention basin. One person may have to hold the stretcher head up if the pool has already been used. The patient will then be washed with soap and water. Upon a thorough washing with soap and water the patient will then be rinsed.
- C. The patient will be carried to the exit point of the corridor. Here he/she will be covered with sheets and blankets and the transport officer will take charge of the victim.

700.07

SCEMS SUPPORT ROLES

- A. Decontamination of fire personnel. While it is the fire department's responsibility SCEMS may assist if requested and approved.
- B. Medical advice as it relates to the tactical operation.
- C. Tactical advice, where applicable.
- D. Coordination with receiving hospitals.

701.01

TRAINING

All new members of the SCEMS will receive a minimum of 8 hours of Hazardous Materials Response training, prior to responding to a Hazardous Materials incident as stated in CFR 1910.120. Members will be certified up to but not limited to the operations level training.

701.02

Any member that will be entering the hot zone area of a hazardous materials incident will be trained to the minimum of the technician level, as stated by CFR 1910.120

701.03

All members of the SCEMS will receive annual refresher training, as stated in CFR 1910.120.

702.01 **COORDINATION**

The SCEMS commander of a hazardous materials incident, shall upon confirmation of an ongoing incident, shall contact Shelby County Emergency Management if not already notified.

702.02 The Shelby County EMA shall be the agency that will furnish equipment and resources that are essential to the hazardous materials response.

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SOG # 800 Mass Casualty and Disaster Triage Plan

Purpose: To provide a policy to respond to and efficiently treat patients in mass casualty situations and non routine responses.

800.01 Occasionally incidents arise that have the ability to over whelm the available medical resources. A mass casualty situation is one in which the number of injured and the nature of the injuries greatly exceed the resources of the service. The purpose of triage in this situation is to save the greatest number of lives. The principles used in the multi-victim situation will be utilized for the mass casualty situation with the addition of survivability. There will be some victims that are so catastrophically injured that even with all the available medical help, the victims will be by-passed so that treatment can be given to those that may survive. In these instances the medical crew should quickly assure their safety, and identify and call for early, the necessary resources to mitigate the incident.

800.02 **MCI TERMINOLOGY**

Branch –Used when the number of divisions or groups exceeds the Span of Control. Report to a Director

Command Staff- Comprised of Safety, Information and Liason Officers. Report directly to the Incident Commander.

Disaster- Generally over 100 patients. May not produce patients (ex. Tornado, flood, etc.)

Division- Used to divide an incident geographically. Report to a supervisor.

General Staff- Report directly to the Incident Commander. Comprised of Operations, Planning, Logistics and Finance. Title of Chief.

Group- Used to describe a functional are of operation. Report to a supervisor.

I.C.S - Incident Command System

MCI- Mass Casualty Incident (25-100 patients)

M.P.I- Multi-patient Incident (Up to 25 patients)

NIMS- National Incident Management System

Public Information Officer- (PIO) Provide information to groups and media at the Incident Commander's discretion. Coordinate with Joint Information Centers (JIC)

Span of Control- Number of individuals that a single commander can efficiently monitor. Generally 3-7 persons.

S.T.A.R.T.- Simple Triage and Rapid Treatment

Strike Team- Set number of resources of the same type. Report directly to a leader, who normally reports to the Operations Chief.

S.O.G.- Standard Operating Guideline

Task Force- Combination of mixed resources with common communications operating under the direct supervision of a leader. Normally report to the Operations Chief.

800.03 **ICS ROLES DEFINED**

Command – Responsible for overall management of the incident. Appoints supporting positions.

Safety – Responsible for the overall safety of responders and patients. The Incident Safety Officer (ISO) has the authority to halt any unsafe activity.

EMS Operations – Responsible to carry out EMS / Medical tasks as assigned by the Incident Commander.

Finance – If required, the Finance Officer will assist Logistics and assure that monetary obligations are met.

Logistics – Responsible for providing and coordinating incoming agencies and resources.

Staging / Transport Officer – Reports to Operations. A staging area at a safe location with unrestricted access/egress will be identified. Assures that adequate units are available in the staging area and call for additional units as necessary. Ambulances should be staged in a manner that allows for rapid and direct egress from the scene. Ambulance should be loaded with patients in the most efficient manner possible, to maximize resources. The number of patients that are transported in each ambulance should be dictated by the patient load and the acuity of care required.

Triage Officer – Determines treatment and transport priority as defined by the START Method.

Public Information Officer (PIO) – This individual is designated by the Incident Commander. This individual speaks to the media in regards to the event. If PIO's from other agencies are present, every effort should be made to coordinate the release of information. The on scene agencies should speak with one voice.

800.04

PHASES OF MASS CASUALTY TRIAGE

The first phase of a mass casualty triage is a general assessment of the situation. Very little treatment is generally done during the pass through of the victims. Personnel should attempt to establish such things as:

- A. The appropriate number of victims to be evaluated and/or treated.
- B. The severity of the medical situation.
- C. The need for additional personnel and equipment.
- D. The need for other support agencies, including police and fire.

Once the above actions are complete, a closer primary assessment of each patient's condition shall be made. Initially considering the four basic aspects of patient care.

- A. Open the airway.
- B. Breathing establishment
- C. Circulation-Radial pulse, hemorrhage control
- D. Neurologic Status

Once the primary assessment has been completed, a secondary assessment is undertaken. This is generally done during a sweep through the casualty area and should appraise such things as:

- A. Consciousness
- B. Possible spinal injuries
- C. Open wounds
- D. Fractures
- E. Burns
- F. Other miscellaneous injuries and illnesses

800.05 **TRIAGE CATEGORIES**

Triage is an ongoing process with patients being re-evaluated periodically.

Immediate (red): Those patients with life threatening conditions, who if given immediate care and rapid transport will have a high probability of survival. These patients must receive first priority in treatment and transport.

Urgent (yellow): Those patients with catastrophic injuries, but are not in imminent danger of losing life or limb. These patients, with appropriate care and transport, will have a very high probability of survival even though there is a delay in transport. Patients that have major injuries that will have a poor probability of survival will be included in this category.

Non-urgent (green): Those patients with localized and/or minor injuries that will not deteriorate if only given minimal care.

Dead / Expectant (black): Those patients that are unresponsive, have no pulse and have fixed pupils. No attempts of resuscitation should be made unless all patients in the immediate and urgent areas are cared for.

For chemical emergencies white tags may be employed after dry decontamination and light blue for wet decontamination.

800.06 **CONSIDERATIONS**

- A. The first stage of triage and primary assessment remains the same as for multi-patient situations.

B. During the second stage of assessment the patient's survivability will be estimated. This may include:

- i. Age
- ii. General health
- iii. Physical condition of the patient
- iv. Available resources present
- v. Anticoagulation or bleeding disorders
- vi. Burns
- vii. Time sensitive extremity injury
- viii. End stage renal disease requiring dialysis
- ix. Pregnancy > 20 weeks gestation
- x. EMS provider judgment

C. Some of those patients who have a low probability of survival are:

- i. Severe head injuries with open fractures and brain tissue exposed.
- ii. Body wide third degree burns.
- iii. Crushing or penetrating trauma to the chest.
- iv. Massive abdominal wounds.
- v. Multiple system injuries to patients in poor health.

800.07

INCIDENT COMMAND

In the event that additional resources will be needed that are not readily available (3 or more ambulances, extrication, air ambulance etc.), the first responding Med unit will advise Central Dispatch of the formation of Incident Command. One member of the initial EMS crew will advise that they will be assuming command along with a location designator (ex. I64 Command). A 360 degree scene survey will be initiated. An EMS Operations supervisor should be requested to respond to the scene. As soon as possible, a scene description and call for necessary resources will be made. Specialized resources such as Hazardous Materials, Light/Heavy rescue, and Utility resources should be requested. If the event escalates and personnel are available, positions in the ICS such as Safety, Operations and Logistics shall be filled. The transfer of command may be initiated as additional personnel arrive on scene. If possible this should be conducted in person and only after an appropriate briefing has occurred. A Chief Officer should be notified at the discretion of the Shift

Captain. Examples necessitating notification include: 3 or more ambulances, member injury, equipment damage or failure etc.

800.08 **SPECIAL RESPONSE TEAM RESPONSE**

Upon receipt of a MCI, the supervisor on duty has the authority to recognize the need for immediate assistance and request a SRT callout.

Upon arrival at the scene SRT personnel shall report to the command post and await instructions from the supervisor commanding the incident. SRT personnel are to assist in the operation already in progress not commandeer the operation. SRT personnel should, however be expected to fill in roles as Triage Officers, Transport Officers, Logistics Officers, etc. as needed by the Incident Commander.

At large incidents, i.e. those lasting over several days, SRT personnel may be rotated through positions on the scene, thereby reducing fatigue and allowing for periods of rest. It should be the responsibility of the Operations Officer to coordinate crew assignments. The presence of a Safety Officer during these extended operations should be considered. Over head teams should be considered by the SRT Commander.

The SRT Training Officer should ensure that SRT Specialists are kept up to date on triage procedures and practices as well as training on specific MCI / Disaster problems.

800.09 **MORGUE**

The morgue area is for victims who die in treatment. It is not to be used for those deceased prior to EMS arrival. These individuals should remain as found for investigative purposes by law enforcement personnel or until released by coroner's office personnel.

800.10 **COMMUNICATIONS**

Communications will be coordinated through The Shelby County Central Dispatch Center. All communications should be in a calm, clear and concise manner. The use of "10" codes should be discouraged to facilitate communication between responding agencies. Communication between agencies will be coordinated through the

incident command system. Mutual aid frequencies may be used for inter-agency communication. The communications center will conduct notifications and audits of receiving hospitals in regards to the number of patients that they are capable of receiving.

800.11 **EMERGENCY OPERATIONS CENTER**

Activated upon request of the EMS Operations officer, the County Judge Executive, Chief, Deputy Chief or Emergency Management official. Coordination and Management of the EOC will be by Shelby County Emergency Management Personnel.

800.12 **THE AMERICAN RED CROSS**

This agency can be contacted to assist with providing food and shelter to victims of an emergency situation. In addition, resources are available to provide food and rest resources to emergency responders.

800.13 **LANDING ZONES FOR AIR AMBULANCES**

In the event of a request for air ambulance transport, the fire department will be dispatched to establish a landing zone. These will be established within the guidelines set by the helicopter service.

800.14 **CRITIQUES / CRITICAL INCIDENT STRESS MANAGEMENT**

Critiques are a useful tool used in education and incident management. If indicated, a critique should be arranged at least forty-eight hours after the termination of the incident. This allows all individuals time to recover resources and rest. All agencies involved in the incident should be present. If the possibility of personnel stress or duress exists, a critical incident stress debriefing may be indicated. It should be recognized that critical incident stress debriefings are an effective way to reduce personal and professional stressors and ultimately decrease emergency service "Burn Out".

800.15 **INCIDENT DRILLS**

An annual MCI drill should be conducted. This should involve the treatment and transport of large numbers of patients as well as inter agency coordination (hospitals, police, fire and other EMS agencies). These drills should include a critique with a representative from each agency involved. Strengths and weaknesses should be outlined as well

as a plan for improvement. Copies of this paper work should be filed for future reference. In addition, “table top” scenarios may be conducted to assure continued proficiency in MCI procedures.

800.16

MUTUAL AID

Mutual Aid agreement will be maintained with surrounding counties and agencies. These agreements will include indications for requests, requesting criteria, communications, liability issues, incident critiquing and fee collection. Mutual aid requests and provision will be reviewed by the Chief of SCEMS in cooperation with administration of the second agency. Examples of mutual aid requests include:

- Multi-patient / Mass Casualty events
- Excessive run volumes
- Internal Disasters
- WMD events
- Line of Duty Death
- Weather events

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SOG # 900 Quality Assurance / Quality Improvement Program

Purpose: To outline the Quality Assurance/ Quality Improvement process and assure that SCEMS policies and personnel remain in a constant state of improvement.

900.01 QUALITY ASSURANCE OFFICER:

The Quality Assurance officer is a central figure in ensuring a high quality EMS system. This individual is involved in monitoring and teaching operational concerns and medical protocols. The Quality Assurance Officer's responsibilities are as follows:

1. Involvement in new member selection
2. Involvement in field instructor QA meetings
3. Coordination of field instructor selection
4. Critique of probationary members
5. Performance of run audits
6. Coordination of investigations of incident reports involving medical problems
7. Meeting regularly with the medical director to review all member medical performances
8. Meeting regularly with the director of the service to review the medical director's recommendations and member performance
9. Any other performance of other related tasks as directed by the Chief of EMS

900.02 The Quality Assurance Officer will be appointed by the Chief of Shelby County EMS, subject to the approval of the Medical Director.

901.01 RUN FORM AUDIT:

Run form audits should be done by the QA officer in conjunction with the medical director. The goal is to have every run reviewed.

902.01 **COMPLAINTS**

Complaints from citizens, facilities, public officials and health care professionals will be handled in the following manner.

1. Report of the complaint: The event will be documented on an Administrative Incident Report. This report will include specifics of the event, witnesses, contact information and any supporting documentation.

2. Investigation: The Quality Assurance Officer will conduct an investigation of the matter and provide a report with all pertinent findings and supporting documentation to the Deputy Chief.

3. Resolution: With the findings of the Quality Assurance Officer, the Deputy Chief will contact all involved parties to disseminate findings. Any breach of medical protocols will result in review by the SCEMS Medical Director for determination of outcome. Any violations of SCEMS SOG's will result in discipline as outlined in the SOG's

4. Feedback: Every effort will be made to assure that the complaint scenario will not be repeated. The member will be given the outcome of the findings. If education is needed, the SCEMS Training Officer will be contacted for remediation. The Quality Assurance officer will maintain records of complaints. These records will be periodically reviewed for trending as well as made available to the Chief and Deputy Chief for problem resolution and discipline consideration.

903.01 **INCIDENT REPORTING**

This policy will address the procedures on receiving and filing complaints on SCEMS members.

Listed below are incidents that are required to be reported.

- Abuse to a patient or another member
- Inappropriate patient care
- Careless driving on emergency and nonemergency runs.
- Injury on the job
- Unprofessionalism
- Accident in EMS vehicle
- Equipment damaged or failure
- Vehicle failure

- Exposure to infectious diseases
- Incident that may attract media attention
- Any incident that you are asked to write a statement on for another agency
- Any incident as directed by a supervisor

The incident will be investigated by the Chief or his/her designee by interviewing all parties involved in the investigation. They will gather evidence and statements to present as needed.

All incident reports and complaints will be filed in a secured area by the Chief or Deputy Chief. Trending will be addressed as necessary.

903.01 **CLINICAL PROTOCOL REVIEW**

Clinical Protocol review will be an on-going process by the EMS Medical Director and EMS staff. At a minimum, documentation of protocol review will be maintained every two years. If new protocols are implemented within the two year period, the new protocol will be reviewed on the same date with all other protocols.

906.01 **ANNUAL PERFORMANCE EVALUATION**

All SCEMS members will have a performance evaluation done every year on their anniversary date of hire. This evaluation will cover all areas of their job from skills performance to adherence to policy. The performance evaluation will be done by the individual's immediate supervisor or the Chief or Deputy Chief and forwarded to the Shelby County Director of Human Resources

907.01 **STAFF CREDENTIALING AND REVIEW**

SCEMS has established a staffing review with input and approval from the Medical Director, Chief, Deputy Chief, and Training Officer. These standards shall review paramedic license and emergency medical technician certification, CPR Certification, Advanced Cardiac Life Support, and vehicle operators' licenses at minimum, once per year. Operators' license checks will be conducted annually by the Shelby County Director of Human Resources.

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SOG # 1000 Member Selection

Purpose: To assure that SCEMS acquires the most motivated and talented candidates possible. Also to assure that all candidates receive a fair and consistent application environment and that the appearance of SCEMS remains a highly respected one.

1000.01 **INTERNAL/ EXTERNAL JOB POSTINGS**

Internal Job Posting(s)

SCEMS is dedicated to assisting members to reach their professional goals through internal promotion and/or job opportunities. One of the tools the county makes available to members in managing their career is SCEMS internal job posting. This procedure enables current members to apply for any available position either before or at the same time the position is advertised outside of the service. Internal job opportunities will be posted at every SCEMS station on the bulletin board where all members will have equal and adequate time to view the posting(s). Job opportunities will remain posted for a minimum of 14 calendar days. Internal recruitment efforts will be posted by the Chief or Deputy Chief of SCEMS.

External Job Posting(s)

The goal of SCEMS recruitment is to attract a diverse pool of qualified applicants. Therefore when there is a need to enhance the applicant pool, or there are no internal applicants, external recruitment methods should be utilized. This can be achieved through a variety of methods, including but not limited to, advertising in appropriate publications, posting of internet bulletin boards and through professional organizations, radio, or television outlets. External recruitment efforts will be posted by the Chief or Deputy Chief of SCEMS.

SELECTION PROCESS

SCEMS is committed to equal employment opportunity. It will also continue to take active measures to embrace diversity in the member population, and it will classify positions into a structure that is internally consistent and externally competitive with industry and the regional labor market. To ensure that there is equity and a consistent application of the hiring process, the Chief and Deputy Chief of Operations must evaluate every new and vacant position(s) prior to hiring commitment or budget authorization.

The Director of Human Resources will develop a "Job Description" which properly identifies the responsibilities and qualifications for the position(s). The following information must be included in the Job Description:

- a. Level of knowledge required to meet the objectives of the job.
- b. The essential functions and expectations of the position.
- c. The degree to which the individual is expected to act.
- d. Independence and use personal judgment in the performance of essential functions.

Prior to filling vacant positions at SCEMS a hiring committee will be formed. This committee will be comprised of six appointed members. The committee will include the County Judge Executive, Director of Human Resources, SCEMS Chief of Operations, SCEMS Deputy Chief of Operations, (1) Paramedic, (1) EMT-B. This committee will be appointed by the Chief of Operations. Individuals interested in employment at SCEMS will need to apply via an application form. This form will be available at SCEMS station #1 during normal business hours, the Shelby County Judge Executive's Office or the Shelby County website. Applicants will be responsible for returning the application form by the date presented on the job posting. The application form must be turned into the Shelby County Judge Executive's Office. The job posting will include any additional information that the applicant will need to turn in with the application form.

Basic medical criteria and medical certifications will be checked by the Hiring Committee. The necessary certifications are:

1. EMT
2. EMT-P
3. ACLS
4. PALS
5. CPR

Successful applicants will be notified no later than two business days after closing of the job posting of the date and time for which the cognitive exam and physical agility will be conducted. These all shall be conducted on the same day. Candidates seeking employment will be scored based on the cognitive exam and physical agility. There will be a minimum score needed, predetermined by the SCEMS hiring committee for candidates to be eligible for an oral interview. Successful candidates will then be contacted for oral interviews. Candidates will be given a date and time for an oral interview that will be conducted by the hiring committee. The hiring committee will be responsible for narrowing candidates for employment based on the applicants past experience, test scores, and oral interview. A successful candidate will be chosen by the hiring committee for employment. Candidate(s) chosen for employment shall be required to have an oral interview with the County Judge Executive and SCEMS Medical Director prior to employment. SCEMS Medical Director shall have input on candidates chosen for employment. Candidate(s) will be contacted no later than fourteen business days by the Chief or Deputy Chief of Operations with an employment offer. This offer will be dependent on the successful completion of a pre employment physical exam conducted by Shelby Family Medicine.

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SOG # 1100 New Member Orientation and EMS Education

Purpose: To assure that newly hired SCEMS members receive quality education and a progressive start to their EMS career.

1100.01 NEW PERSONNEL ORIENTATION

The initial training of new personnel shall be in the form of an organized orientation program conducted over a minimum of sixteen (16) hours. It shall include the following:

1. Orientation Manual
2. Protocol book
3. Ambulance equipment
4. Department procedures and policies

1100.02 New members will report to the EMS training officer upon hire. New members will remain under the direction of the SCEMS Training Officer until completion of the probationary period. This will include all time in education and while riding with an approved preceptor appointed by the EMS Training Officer.

1100.03 Upon successful completion of orientation, the EMS Training Officer will appoint a preceptor to the new member.

The new member will ride as third (3rd) person on the med unit for a minimum of ten (10) patient contacts to be documented on the appropriate sheets. Upon completion of ten (10) patient contacts; The new member will ride as second (2nd) person on the med unit for a total of 120 hours with a qualified preceptor. New paramedics will ride in an EMT slot with a qualified paramedic preceptor.

- 1100.04 Upon completion of the orientation, the preceptor shall submit a letter of recommendation for release from orientation to the Chief, Deputy Chief and the Training Division.
- The new member will be notified of release or additional time requirements no less than 72 hours prior to the last day of orientation.
- All new members that require additional orientation hours must be documented on the training remediation and skills evaluation sheets by the assigned preceptor.
- 1100.05 If at any time during orientation a preceptor feels a member has provided detrimental treatment to a patient, an immediate review of the member will be made with all required documentation submitted to the Chief, Deputy Chief, and the Training Division. If detrimental treatment is believed to have occurred, the new member will be required to work in observation only until a determination is made.
- 1100.06 All new members must meet with the Medical Director prior to release from orientation. The Medical Director will be advised to address any concerns he/she may have in writing to the Chief or Deputy Chief.
- 1100.07 The new member will be required to successfully complete a driver's training course, including a minimum of 3 hours of classroom time, driver's road course, and an obstacle course, meeting the minimal requirements as listed by KAR. This will be completed no longer than 30 days from hire. The member *WILL NOT* be permitted to drive any vehicle of Shelby County EMS until this is completed.
- 1100.08 The new member will be required to successfully complete the National Incident Management System (NIMS) 0700, 0100, and 0200 prior to release from orientation.
- 1100.09 The new member will fill out a daily log and individual patient log on paperwork received on the first day of orientation. This paperwork will be forwarded to the Training Division to be placed in the members training file.
- 1100.10 The QA/QI officer will review all run reports of the new member. If deficiencies are identified, a training remediation form will be submitted to the training division.

1100.11 The Chief of EMS will make the final determination to release the member from probationary status. If a new member is unsuccessful during the six months of probation, the Chief of EMS will make the final determination to release the member from employment after conferring with the Quality Assurance and Training Officers. In this situation, the member will be laid off as an Orientation Member- "Unable to meet the standards of the job".

1101.01 **ONGOING TRAINING POLICY**

As a member of Shelby County EMS, all personnel should make efforts to attend training monthly. The trainings shall be posted no less than three (3) months prior to the course date. The Training Division shall forward documentation of attendance annually to the EMS Deputy Chief of Operations.

1101.02 All members will be required to successfully complete the National Incident Management System (NIMS) 0700, 0100, and 0200. SCEMS will provide additional NIMS mandatory programs for all appropriate personnel as required.

1101.03 Mandatory training, meetings and testing will be conducted as necessary. Mandatory programs will be authorized by the Chief or Deputy Chief. SCEMS will make every effort to give ample notice as well as multiple offerings to facilitate attendance. Failure to attend a mandatory program will result in suspension from operational status until the requirement is completed.

1102.01 **EDUCATION ADVERTISEMENT POLICY**

Shelby County EMS Training Division will announce & advertise in the following manner for all courses lasting more than six (6) classes. The policies for classes that involve more than six (6) classes are as follows:

- Announcements posted at all Shelby County EMS Stations
- Announcement posted on Shelby County website under EMS web page
- Email sent to all emergency agencies in and around Shelby County
- Advertisement in local Shelby County newspaper

The policy for classes less than six (6) classroom sessions is as follows:

- Announcements posted at all Shelby County EMS Stations
- Announcements posted on Shelby County website under EMS link

1103.01 **REMEDIAL TRAINING PROCESS**

If it is found that remedial training is required for any member of Shelby County EMS, the following policy shall be followed:

- A remediation form must be fully completed by the preceptor and Training Division.
- A meeting with the member, the Training Division, and Chief or Deputy Chief.
- The Medical Director must be notified of any detrimental actions by an member.
- Remedial training may vary from review of policy/protocols with member to required classroom on-going education at the discretion of the Training Division, Chief, and Deputy Chief.
- If on-going education is required, a follow-up with the member will be held upon completion of the education.

1104.01 **EDUCATION COMPLAINT AND GRIEVANCE POLICY**

Shelby County EMS will strive to make all educational opportunities a great learning experience. However, we understand that there may be incidents in which students may have complaints about courses or instructors. Therefore, the following complaint and grievance policy has been implemented.

1. Contact the instructor with whom you have a complaint about to try to resolve issue.
2. If an agreement cannot be reached, contact the course coordinator for a scheduled meeting.
3. If no agreement can be reached, the EMS Director of Education will be notified and schedule a meeting with the parties involved and the Chief on Shelby County EMS.
4. Finally, if no agreement can be reached, Kentucky Board of EMS will be contacted and a meeting scheduled with all parties.

5. Complaints regarding inappropriate behavior by EMS Educational staff may by-pass other avenues and report directly to the EMS Director of Education. This includes, but is not limited to sexually related issues, harassment by staff, and inappropriate language by the EMS staff.
6. All complaints must be placed in writing and thoroughly documented. This needs to occur immediately following the incident in question.

If at any time a student feels that they were not treated to the same standard as other participants in a Shelby County EMS training course, you have the right to file a grievance with Shelby County EMS & Shelby County. The following process must be used.

1. A written statement from you stating why you are filing a grievance with dates, times, and locations is applicable. Also include if there are personnel from Shelby County EMS involved in your complaint. In detail, describe your reasoning for filing the grievance and why you feel you were not treated to the same standard as others.
2. Your letter will be forwarded to the Shelby County EMS Chief and Shelby County Human Resources for evaluation. The grievant will be notified by a representative of Shelby County Government if a meeting is necessary or if a decision has been reached.

1105.01 **ANNUAL PERFORMANCE EVALUATION**

All SCEMS members will have a performance evaluation done every year on their anniversary date of hire. This evaluation will cover all areas of their job from skills performance to adherence to policy. The performance evaluation will be done by the individual's immediate supervisor or the Chief or Deputy Chief.

1106.01 **MANAGEMENT TRAINING**

The management team of SCEMS will receive initial and ongoing leadership and management training. Promotional candidates will have completed the SCEMS EMS Officer I program or equivalent. SCEMS Sergeants and Captains will receive annually two hours of continuing education in leadership techniques, management, conflict resolution, etc. The Chief and Deputy Chief will participate in the Leadership Shelby program as availability exists.

1107.01 **RETRAINING AFTER LEAVE**

In the event of an extended leave lasting ninety (90) days or more, the following procedure will be utilized to assure a safe and smooth transition back.

- Oral interview with the Medical Director
- Three person preceptorship for appropriate time as determined by the Medical Director, Chief and Training Division. During this time, all appropriate documentation and missed training will be completed.

1108.01 **STUDENTS AND OBSERVERS**

Students and observers are acknowledged to be beneficial to SCEMS as well as the community. EMT/ paramedic programs will have a completed Memorandum of Understanding with SCEMS to conduct ride time. Prior to participating in a ride along shift, the student / observer shall:

- Complete an SCEMS Ride Along Waiver
- Provide proof of Blood Borne Pathogens and HIPPA training if applicable.
- Provide proof of completion of the EMT or paramedic program if applicable.
- Provide proof of vaccination status if applicable.
- Receive a safety briefing from the SCEMS crew

1108.02 Students and observers will be expected to conduct themselves as representatives of SCEMS. Inappropriate dress or conduct will result in the individual being dismissed from ride time.

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SOG # 1200 EMS Operations

Purpose: To assure that EMS Operations occur efficiently and that any potential disruptions are prevented or minimized.

1200.01 **STAFFING**

During normal operations, each unit will be staffed with one paramedic and one emergency medical technician.

1201.01 **SCEMS FACILITY SPACE**

1201.02 SCEMS facilities shall be equipped and maintained to provide a presentable and professional environment for staff and visitors to our stations. All facility space shall be maintained in compliance with the 2006 International Property Maintenance Code.

1201.03 All facilities shall have adequate sleeping space, showering facilities, food preparation & eating space, bathrooms, vehicles and equipment areas. All areas will be maintained daily by SCEMS staff and any repairs will be made by the Shelby County Maintenance Department.

1201.04 SCEMS facilities shall be accessible for all staff, visitors, and the handicapped. All facilities' safety equipment (fire extinguishers, smoke detectors, etc.) shall be equipped and maintained under the 2006 NFPA 1 as well as the 2006 NFPA 101

1202.01 **STATION DUTIES**

Each shift has general cleaning duties to perform. The shift captain and/or sergeant may assign additional duties as needed. Consult with the shift supervisor for specific duties.

1203.01 **ANSI SAFETY VESTS**

All members operating at a traffic incident or when their assignment places them in potential conflict with motor vehicle traffic shall wear a garment with fluorescent and reflective material visible from all directions as outlined in applicable OSHA, ANSI and NFPA Standards. Any persons riding with SCEMS (students, observers, etc.) will also wear the appropriate high visibility garments.

1204.01 **AMBULANCE CLEANLINESS AND READINESS**

During each shift all medical units exterior shall be washed. The interior cab will be vacuumed and cleaned. The patient compartment shall be swept and mopped with an approved disinfectant cleaning solution.

All non biohazard trash containers will be emptied at the end of the shift.

The storage compartments both on the interior and exterior of the medical unit shall be cleaned and organized once per week.

After each patient transport the patient compartment area and or stretcher shall be cleaned with an approved disinfectant cleaning solution as necessary. After each patient transport contaminated linens shall be discarded and clean linens applied.

After transporting patients with known or possible communicable diseases, the patient compartment, stretcher, and any other areas that the patient may have come into contact with shall be cleaned with an approved disinfectant cleaning solution. Any linen and cleaning material used during transport or cleaning will be placed in a bio hazard bag or container for proper disposal.

1205.01 **EQUIPMENT CHECKS**

SCEMS ambulances will maintain minimum stocking requirements as outlined in 202KAR 7:501, Section 10. At the beginning of each shift all in service ambulances shall be checked and stocked according to the SCEMS equipment check list. All kits that are to be used for that shift are to be checked according to the SCEMS kit recommended checklist.

At the beginning of each shift all Narcotic Lock Boxes are to be checked to insure that all narcotics are present and signed off by a

paramedic on duty. In the event any narcotics are missing or have broken seals, the supervisor on duty should be notified immediately. (See Narcotic Control SOG # 2100)

At the beginning of each shift all durable medical equipment shall be inspected to insure proper functioning, this includes fixed and portable oxygen regulators, fixed and portable suction units, stretchers, stair chairs, pulse oximeters, glucometers, and EKG monitor/defibrillators.

Upon completing truck checks it should be documented on the truck check log located in the front of the unit. Any missing supplies shall be replaced. Any missing or malfunctioning durable medical equipment shall be documented on the SCEMS Incident Report form and given to the supervisor on duty.

1205.02 Daily Inspection Sheets shall be completed on each shift. These records will be maintained in the Ambulance Inspection Binder.

1205.03 Equipment Inventory Sheets will be completed weekly on Sunday. They will remain in the Ambulance Inspection Binder.

1206.01 **COVERAGE**

Station Two and Three Movement- When directed to do so by the shift supervisor or if Station One units will be unavailable for any length of time, Stations Two and Three should proceed to the appropriate stand by location to maximize coverage. Station Two will move to Frankfort Road and Oakview Drive. Station Three will move to Shelbyville Road and Scott Station Road. If necessary for fuel, supplies, etc they may proceed to a central location but should return to their standby locations in a timely manner.

Station One movement- If Station Two and Three ambulances are unavailable, Station One ambulances may stand by at the half points at the discretion of the shift supervisor.

1206.02 Interfacility and strategic care transfers will be conducted within the logistical capabilities of SCEMS and will be conducted under the supervision of the SCEMS shift captain. The following guidelines will be utilized to handle these events.

a. Two ALS units will remain in Shelby County at all times

b. No more than two inter- facility transfers will be conducted at any one time.

1206.03 If during an interfacility transfer, an emergency situation is encountered (ex. MVC) the highest ranking medical authority on the ambulance will decide which scenario requires EMS intervention. This will be based on the acuity of the transported patient vs. available information on the emergency scene. Additional direction may also be gained from the SCEMS supervisor and or Medical Control.

1207.01 **OPERATION INCLEMENT WEATHER**

The purpose of operation inclement weather plan is to provide rapid emergency medical care to the sick and injured during periods of inclement weather.

The inclement weather procedure will be implemented by the Chief or Deputy Chief of operations in his/ her absence. Shelby County Central Dispatch shall be notified of such and given EMS deployment status.

The Chief or Designee shall notify the off duty personnel to properly staff the necessary units. These units will be deployed per the Chief's discretion.

The Chief or Designee, upon receiving information that the weather situation has diminished, shall notify Central Dispatch that Operation Inclement Weather is to be terminated.

It will be the responsibility of the Officer in Charge (OIC) to notify the Chief and or Deputy Chief of deteriorating conditions and or serious weather warnings. It will be the decision of the Chief to notify the County Judge Executive of the situation and the final decision on implementation will be done by the County Judge Executive.

Upon activation, an officer will need to stay on site during the entire operations. This will typically be the OIC.

If there is a need for communications resources to be called in, the administrative assistant may be notified and requested to report to Station One.

The SCEMS mechanic shall be notified as soon as possible if units will need special attention during certain inclement weather situations, i.e. snow/ ice problems.

The determination of how many crews are to be activated will be made by the Chief and/ or Deputy Chief. The call list will be based on geographical location, with the closest resources to the affected areas being notified first.

A call will be made to the respective fire department chief and coordination will begin for the mobilization of EMS units into the fire houses.

The OIC should consider long term scheduling based on the duration of the activation. EMS station 1 will become a command post unless the County Judge Executive deems another area as such.

On-duty crews may be held over 12 hours past their scheduled time off and on-coming crews may be called in 12 hours early from the start of their scheduled times.

Communications – Upon the arrival of communication personnel, notification of SCEMS personnel should begin immediately. Upon the OIC request, the communications personnel will be responsible for answering phones, paging of personnel and assisting the Chief and/ or Deputy Chief. All supervisors will be contacted and asked to call in.

Outposts – Upon activation of the Operation Inclement Weather Plan, the second Station One unit shall be sent to Shelby County FD Station 2. Each of the additional units brought in shall be out-posted at the discretion of the Chief and /or Designee.

If more EMTs are available than paramedics, the initiation of a triage system should be used with additional BLS units posted at Station One. During Operation Inclement Weather, patients will be transported to Jewish Hospital Shelbyville. There will be no transports outside the county during the declaration of the operation. The only exceptions to this are if the patient is suffering multiple trauma injuries, in which air medical services will be utilized or obstetrical emergencies. If air medical services are not available, then Jewish Hospital Shelbyville will be contacted and made aware of the situation. The determination of transport to JHS for stabilization or transport to Louisville will be made by the physician on duty at JHS and the EMS Chief.

Designated Levels -

Level One – Should be activated during mild events in which there would be an expected increase in call volume due to weather and/or road conditions and travel may be slightly hampered. When activated, one (1) additional unit may be brought into Station One or other designated area. Fire Department will respond with EMS for assistant.

Level Two – Should be activated during moderate events in which travel would be expected to be extremely hampered and it would be imperative to strategically place ambulances in the county as to cut down on response times to patient contacts. The units will be placed according to the Chief's discretion and the Fire Department will respond with EMS. When activated, all off going crews will be required to stay on an additional twelve hours and the oncoming shift will report 12 hours early.

Level Three – Should be activated during disaster-like conditions in which travel might be extremely limited due to weather and it would be unknown to the extent the event would last. All personnel would be notified to report to EMS and may be stationed at the discretion of the chief, until the end of the event.

This guideline will be used for all severe inclement weather situations not just for snow emergencies.

1208.01 **POWER BACK UP**

Power Back up for SCEMS facilities will be in the form of battery backup units for all essential computer/ records systems. Additionally, portable generator units are available at each station to provide power for necessary computer and operational equipment. These systems should be checked monthly.

1209.01 **SUPPLY / EQUIPMENT**

To provide security for medical supplies and specifically narcotic medications, the supply room door will remained locked when not in use. All members will be issued a key to access the supply room.

1210.01 **FIRE DEPARTMENT / POLICE MEDICAL SUPPLY**

Members of Fire Departments or Police Departments that use medical supplies in the course of assisting SCEMS may be resupplied on scene if the time/ situation allows. If personnel request supply at the

main supply at Station One, an inventory control sheet will be completed and forwarded to the Inventory Control Captain.

1211.01 **FIRE SCENE SAFETY AND OPERATIONS**

When responding to fire scenes with Shelby County Fire Departments, SCEMS personnel will not make entry into any structure or environment that has not been made safe or in which an Immediately Dangerous to Life and Health (IDLH) atmosphere is present or any environment that requires personal protective equipment (PPE). Exterior assistance to the fire department will be at the discretion of fire personnel and only within the limits of available PPE. SCEMS personnel operating on fire scenes will wear identifying clothing or vest and the department issued helmet.

1212.01 **FIRE SCENE / SHELBY TASK FORCE REHAB OPERATIONS**

To ensure that appropriate rehabilitation and resources are provided for fire department or other personnel involved in strenuous activities as outlined in NFPA 1584 Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises (2008 Edition) the following guideline will be utilized.

Upon request for “Rehab” operations by the Fire Ground Commander, SCEMS will provide the nearest ALS ambulance to the scene. Unless dispatched as a structure fire or there is the potential for rescue, the ambulance will respond on a non emergency basis.

Once on scene, the ranking medical authority shall confer with the Incident Commander as to the extent/ location of Rehab needs. This individual will assume the role “Rehab” and operate on the Fire Channel. The Rehab area shall be identified and removed from hazardous atmospheres like exhaust, fumes, smoke or toxins.

If additional equipment / personnel are needed, the EMS Commander will contact the shift captain for appropriate response. At the discretion of the Shift Captain, the EMS crew may be split to respond the transport ambulance as well as SRT-1.

The following criteria should be considered in regards to extent of response:

- a. Ambient weather conditions
- b. Expected duration of response
- c. Location of ambulances in relation to Special Response Team equipment.
- d. Available equipment on SRT-1 (Misters, fans, MCI equipment, etc.)

1212.02 Rest and Recovery- Personnel entering Rehabilitation for the first time should rest for a minimum of 10 minutes or longer when practical. Personnel should rest for a minimum of 20 minutes following the use of a second thirty minute SCBA cylinder or a single 45 or 60 minute cylinder or 40 minutes of intense work without SCBA. Caffeine or tobacco products will be discouraged in rehab.

1212.03 Cooling or Warming- Personnel with heat related stress shall remove protective clothing and if applicable apply active cooling (misting fans) and/ or passive cooling to regain normal body temperature. Personnel with cold related stress shall not remove protective clothing, but add dry clothing, wrap in blankets or use other methods to regain normal body temperature.

1212.04 Rehab personnel will notify the Fire IC of any personnel judged to be at medical risk for further strenuous activity based on being outside the following criteria:

1. BP- systolic 100-160 mmHg, diastolic 50-90 mmHg
2. Pulse- 50-110 BPM or irregular without history
3. Pulse Oximetry- Above 92%
4. Respirations- >24 BPM
5. Carbon Monoxide Oximetry
 - a. Nonsmokers >5%
 - b. Smokers >8%
6. Temperature >100.5° (If available)

1212.05 Carbon Monoxide parameters- On arrival at the rehab area, a carbon monoxide (CO) reading shall be taken:

- Over 12% indicates moderate CO inhalation
- Over 25% indicates severe CO inhalation

Members with initial CO levels over 8% but below 15% will be given the opportunity to breathe ambient air for 5 minutes and CO rechecked.

- If still above 8% the member will be given oxygen by mask until the value drops below 5%.

Members with CO levels > 15% will be given oxygen by mask until the value drops below 5%

Members with CO >25% shall receive a complete medical evaluation and transported to an appropriate hospital for evaluation.

No member shall leave the rehab area until CO level is < 5% for nonsmokers and < 8% for smokers.

1212.06 Rehab treatment will be conducted per the Strenuous Activity/ Firefighter Rehabilitation portion of the Shelby County EMS Medical Protocols.

1212.07 The SCEMS Fire Scene Rehab report or Haz Mat 6 Shelby Task Force Medical Surveillance Form will be completed for personnel entering the rehab sector. A copy of this will be provided to the Fire IC/ Safety Officer

1212.08 SCEMS personnel shall complete a patient care report for any member receiving medical treatment beyond hydration, nourishment and cooling/ warming. Transporting ambulances will return to the EMS Channel for additional radio traffic.

1213.01 **INTERAGENCY COORDINATION**

It is understood that coordination with other municipal and private EMS agencies as well as other government and private agencies is essential. Participation in regularly scheduled meetings, drills and community events is emphasized. The Chief and Deputy Chief of SCEMS are responsible for maintaining and developing these relationships and developing new ones. Ongoing dialog and coordination should include but not be limited to the following:

- Municipal and private EMS agencies
- Area fire departments
- Law enforcement
- Hospitals- Kentucky Hospital Association
- Specialized Response Teams- WMD/Haz Mat 6, Shelby Task Force, Emergency Services Unit
- Kentucky Board of EMS
- North Central Health Department
- American Red Cross

1214.01 **REQUESTS FOR SERVICE**

1. For emergency requests received via phone at an EMS Station the following procedure shall be used:
2. Take caller's call back phone number, name and nature of call
3. Instruct the caller to call 911
4. Immediately call Central Dispatch and advise them of the emergency request.
5. Initiate response

1214.02 SCEMS facilities that are accessible to the public shall have signage that is clearly visible at exterior door that provides instructions for anyone seeking emergency medical care if SCEMS personnel are not present.

1215.01 **MEDICATION STORAGE**

To ensure that IV fluids and medications are not exposed to extreme temperatures, EMS units should be parked in an area that is climate controlled and sheltered from extreme weather. Temperatures in the medication compartment should be monitored daily.

1215.02 When an ambulance cannot be parked in an area that is sheltered from extreme temperatures, the ambulance shall be parked in a well ventilated area and left running. If the ambulance cannot maintain temperature control then all IV fluids and medications should be taken out of the EMS unit and stored in a secure and climate controlled area.

1215.03 The following is a list of storage temperatures per the manufacturer's recommendations for the medications carried at Shelby County EMS. If any IV fluids/medications are exposed to extreme temperatures outside of the recommendations then the medication is to be disposed of and replaced.

Normal Saline	59 – 86 degrees F
Dextrose 5%	68 – 77 degrees F
Lactated Ringers	59 – 86 degrees F
Acetaminophen	59 – 86 degrees F
Activated Charcoal	Keep from freezing
Adenosine	59 – 86 degrees F
Albuterol	36 – 77 degrees F
Amiodarone	59 – 77 degrees F
Atropine	59 – 86 degrees F
Bumex	59 – 86 degrees F
Calcium Chloride	59 – 86 degrees F
Dextrose 50%	68 – 77 degrees F
Diazepam	36 – 77 degrees F
Diphenhydramine	59 – 86 degrees F
Dopamine	59 – 86 degrees F
Duodote Injectors	59 – 86 degrees F
Epinephrine	59 – 86 degrees F
Fentanyl	59 – 86 degrees F
Glucagon	68 – 77 degrees F
Instant Glucose	Keep from freezing
Ipratropium Bromide	36 – 77 degrees F

Lidocaine	59 – 77 degrees F
Magnesium Sulfate	59 – 86 degrees F
Midazolam	59 – 86 degrees F
Morphine Sulfate	59 – 86 degrees F
Narcan	59 – 86 degrees F
Proparacaine	36 – 44 degrees F up to 77 °F for 30 days
Sodium Bicarbonate	59 – 86 degrees F
Solumedrol	66 – 77 degrees F
Thiamine	59 – 86 degrees F
Zofran	59 – 86 degrees F

1216.01 **BARIATRIC RESPONSES**

Extra weight requires extra help. Specialized resources and extra personnel are needed when transferring an obese patient from a bed to a stretcher, lowering a loaded stretcher, raising a loaded stretcher or transferring an obese patient from a stretcher to a bed. SCEMS will utilize the specialized bariatric equipment on patients that are estimated to be unsafe to move with present equipment or personnel resources or exceed the working load limit of a standard stretcher. The working load limits for the stretchers are:

1. Ferno-Washington- 650 pounds
2. Stryker- 650 pounds

1216.02 In the event of an on scene need for bariatric capability, the on scene personnel will utilize the following procedure:

1. Call for additional lift assistance from the appropriate fire department.
2. Ask that a bariatric unit respond. Bariatric equipment will be used according to the manufacturer's instructions.
3. Request additional lift assistance at the receiving facility.

1216.03 In the event of a facility need for bariatric capability, personnel will utilize the following procedure:

1. Attempt to assess the patient's weight and special need prior to transport.
2. Call for additional lift assistance from the SCEMS.
2. Respond with a bariatric unit. Bariatric equipment will be used according to the manufacturer's instructions.
3. Get lift assistance from referring facility personnel.
3. Request additional lift assistance at the receiving facility.

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 1300 Employee Health / Exposure and Infection Control Plan and Hazard Communication

Purpose: To provide a comprehensive infection control program in accordance with the Bloodborne Pathogens Standard 29 CFR 1910.1030 as adopted by 803 KAR 2:320 and 29 CFR 1910.120. This program is intended to identify possible hazards to the member and to maximize his/her protection against communicable diseases and occupational exposures.

1300.01 **REPORTING INJURIES; EXPOSURES; CONTAMINATION:**

A "Personal Injury and Incident" form must be filled out when a member is injured on duty. Additionally, if a member is exposed to a contagious disease, chemical or other hazardous material, the injured/exposed form must be completed by the shift supervisor for each exposure. The member must help complete all questions on the form and copies of the form given to the Deputy Chief and Chief before completion of the shift. Members injured while on duty or exposed to a contagious disease, chemical or other hazardous material are to be seen at an urgent care facility during normal business hours or Jewish Hospital Shelbyville emergency department. The EMS Chief/ Deputy Chief shall be contacted in such an event.

1301.01 **EXPOSURE AND INFECTION CONTROL PLAN**

Overview: SCEMS recognizes that exposure to communicable disease is an occupational health hazard inherent in the emergency medical services field. Communicable disease transmission is possible during any aspect of emergency and non-emergency response, post-response clean up, and in station response preparedness operations. The health and welfare of each and every member of SCEMS is a joint concern of both the member and the administrative staff of this service. While each member is ultimately responsible for his or her own health, the administrative staff of SCEMS recognizes a responsibility to

provide as safe a workplace as possible. It is the goal of SCEMS to provide all members with the knowledge and best available protection from occupationally acquired communicable diseases.

Definitions: For purposes of this policy, the following shall apply:

- **BLOOD** means human blood, human blood components, and products made from human blood.
- **BLOODBORNE PATHOGENS** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- **CONTAMINATED** means the presence or the reasonably anticipated presence of blood or other infectious materials on an item or surface.
- **CONTAMINATED LAUNDRY** means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
- **CONTAMINATED SHARPS** means any contaminated object that can penetrate the skin including, but not limited to IV catheters, needles, scalpels, broken glass, broken blood tubes and used syringes.
- **DECONTAMINATION** means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- **ENGINEERING CONTROLS** means controls that isolate or remove the bloodborne pathogens hazard from the workplace.
- **EXPOSURE INCIDENT** means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an member's duties.
- **LICENSED HEALTHCARE PROFESSIONAL** means the contracted Business Healthcare Provider whose legally permitted scope of practice allows him or her to independently perform the activities involved in exposure evaluations as required by Shelby County EMS and the Kentucky Occupational Safety and Health regulation.
- **OCCUPATIONAL EXPOSURE** means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an member's duties.
- **OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)** means:
 1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body

fluids in situations where it is difficult or impossible to differentiate between body fluids.

2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
 3. HIV-containing cell or tissue cultures, organ cultures, HIV or HBV containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.
- **PARENTERAL** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
 - **PERSONAL PROTECTIVE EQUIPMENT (PPE)** is specialized clothing or equipment worn by an member for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
 - **REGULATED WASTE** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
 - **SOURCE INDIVIDUAL** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the member.
 - **STERILIZE** means the use of a chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
 - **UNIVERSAL PRECAUTIONS** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
 - **WORK PRACTICE CONTROLS** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles by a two handed technique).

Implementation Outline and Methods of Compliance

Roles and Responsibilities

1. Chief of SCEMS

The Chief of SCEMS is ultimately responsible for promoting the safety and welfare of all the staff of SCEMS. The Director of SCEMS will serve as oversight for the Occupational Exposure Control Program.

2. Deputy Chief of SCEMS

The Deputy Chief of SCEMS will serve as the Program Administrator (PA) for the SCEMS Exposure Program.

3. The SCEMS Designated Health Care Professional shall be the agent(s) utilized by SCEMS for purposes of member health and safety maintenance. The emphasis for the SCEMS Health Care Professional will be to ensure that members of the SCEMS are physically and mentally capable of performing the duties associated with their job. The Health Care Professional will:

- a) Administer pre-hire and annual physical exams to all members of SCEMS; providing specific recommendations to individual members, to include prophylactic HBV immunization, to promote positive health and welfare.
- b) Administer post-exposure evaluations, treatment and follow-up examinations, in accordance with 29 CFR 1910.103(f).
- c) Provide assistance and guidance to the Exposure and Infection Control Program.
- d) Maintain patient/member confidentiality of all medical and exposure records develop and implement an OSHA approved Bloodborne Pathogens and Occupational Exposure program; to be evaluated and updated annually.
- e) Evaluate any occupational exposure to blood or other potentially infectious materials and maintain a confidential database of each occurrence.
- f) Coordinate communications between SCEMS, area hospitals, the SCEMS designated Health Professional and the SCEMS Medical Director concerning occupational exposure.
- g) Develop and implement immunization programs to include both pre and post-exposures and any records associated with these programs.
- h) Assists Training Director in development and implementation of exposure and infection control training program.

4. Supervisory Personnel

The supervisory personnel of SCEMS shall serve as the SCEMS Health/Safety Officers. The SCEMS supervisory personnel shall serve as the initial point of contact for SCEMS duty related occupational exposures to blood or other potentially infectious materials. The Health/Safety Officer will:

- a) Conduct onsite inspections of on-scene, at hospital or receiving facility and SCEMS station operations, to ensure compliance with the SCEMS exposure and infection control policies.
- b) Notify the Chief or Deputy Chief of any conditions which indicate that a health or safety hazard exists, and that requires investigation and/or actions(s) to be taken.
- c) Conduct initial accident/exposure investigation and present initial findings to the Chief or Deputy Chief in writing, by the close of the shift.
- d) Keep abreast of current developments in the field of infection control, make recommendations and assist with annual evaluation of the SCEMS Infection Control Plan.

5. Members

The SCEMS member is ultimately responsible for his/her own health and safety while working for SCEMS. To reduce the risk for exposure to blood or other potentially infectious materials, the member of SCEMS will:

1. Recognize the inherent risk for exposure to blood or other potentially infectious materials and will utilize the appropriate personal protective equipment (PPE).
2. Report any suspected occupational exposure to blood or other potentially infectious materials through the SCEMS chain of command.
3. Disclose any diagnosis of communicable disease (occupational or non-occupational) to the Chief or Deputy Chief.
4. Maintain CHS approved bloodborne pathogen certificate per KBEMS requirement

Exposure Determination:

Pursuant to 29 CFR 1910.1030, OSHA requires employers to perform an occupational exposure determination concerning which members may incur occupational exposure to blood or other potentially infectious materials. Member exposure determination is made without regard to the use of personal protective equipment. A member is considered to have an exposure when there is specific contact with the eyes, mouth,

other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an member's duties. The following is a list of the job classifications within the departments of SCEMS in which all members may be expected to incur such occupational exposure, regardless of frequency.

Job Classifications with Related Occupational Exposure

- a) Chief of SCEMS
- b) Deputy Chief of SCEMS
- c) EMS Supervisory Personnel
- d) EMT-Paramedic Personnel
- e) EMT Personnel
- f) Mechanic
- g) Student riders or observers

Job Classifications with Some Occupational Exposure

OHSA requires a listing of job classifications in which some members may have occupational exposure. SCEMS maintains no position that would be classified under this category of exposure.

Tasks and Procedures in which occupational exposure occurs

In accordance with the provisions of paragraph (c)(2)(i)(B) of CFR 29 1910.1030, the following is a list of the tasks and/or procedures that may predispose SCEMS members to blood or other potentially infectious materials:

1. Provision of medical assessment, care and/or transportation of the sick and injured to or from the scene/patient residence, treatment facility, regular or skilled nursing facilities, doctor's office or other specialty facility providing medical and/or diagnostic treatment capabilities.
2. Indirect and involuntary exposure while interfacing with other health care providers or facilities.
3. Handling, cleaning or disposal of medical equipment contaminated or suspected to be contaminated with blood or other potentially infectious materials.
4. EMS unit inspections, cleaning and restocking prior to or after an EMS call.

Methods of Compliance

Universal precautions will be observed at this service in order to prevent contact with blood or other potentially infectious materials.

Under circumstances in which differentiation between body fluid types is difficult or impossible, all blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

The engineering and work practice controls listed below shall be utilized by all members of SCEMS to eliminate or minimize the risk of exposure to blood or other potentially infectious materials. Where occupational exposure remains after institution of these controls, SCEMS members shall utilize the PPE issued by SCEMS to reduce the member's risk of exposure.

Engineering Controls

At SCEMS, the following engineering controls shall be utilized to minimize the risk of exposure to blood or other potentially infectious materials.

1. **Sharps containers-** Each SCEMS unit shall be equipped with sharps containers that are accessible from all areas in the patient care compartment. All invasive, parenteral therapy and related medical waste that contains blood or other potentially infectious material (i.e. syringes, needles, lancets, angiocaths, glass or other sharp objects), shall be placed in one of the sharps containers.
2. **Portable Sharps containers-** In addition to the fixed sharps containers located in the EMS units, SCEMS shall provide a portable sharps container to be located in each ALS kit. All sharps, as designated previously, generated while treating a patient at a scene shall be placed in one the SCEMS specified portable sharps containers.
3. **Biohazard Medical Waste Container-** Each SCEMS unit shall be equipped with one or more biohazard medical waste container and liner. All biohazard medical waste containers shall be utilized for the storage of non-sharps medical waste that contains blood or other potentially infectious material (e.g. blood soaked gauze, bandages with potentially infectious materials, suction tubing etc.) Never dispose of medical waste in any regular garbage container. Failure to comply with this policy can cause injury to other staff members not expecting to find contaminated waste in the regular garbage. Failure to comply will result in disciplinary action and possible legal actions as outlined in the SCEMS SOG's and OSHA 29 CFR 1910.1030.

Use and Maintenance of Engineering Controls

The engineering controls listed above shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. The schedule for reviewing these controls is as follows:

a. All medical waste containers, both sharps and non-sharps, shall be examined on a daily basis. All biohazard medical waste containers shall be emptied prior to shift change and as necessary throughout the course of the shift. All sharps containers (portable and wall mount), shall be examined during the morning unit inspection and after each run and will be replaced in the manner described below (paragraph b).

b. All biohazard waste will be emptied from the ambulance prior to the end of the shift. The present location for drop off of the main biohazard waste will be the ER soiled utility closet at Jewish Hospital Shelbyville.

All sharps waste containers shall be puncture resistant, labeled or color coded, leak proof on the sides and bottom and in accordance with the standard set forth in 29 CFR 1910.1030.

Work Practice Controls

At SCEMS, the following work practice controls are in effect to minimize the risk of exposure to blood or other potentially infectious materials:

1. *Hand washing*- in an effort to promote a positive and healthy environment for the patients and members of SCEMS and to reduce the risk of contamination from exposure to blood or other potentially infectious materials. Hand-washing facilities will be provided for all SCEMS members. When the provision of hand washing facilities is not feasible or readily accessible, the members of SCEMS shall utilize the antiseptic hand cleaner that is provided by SCEMS. The antiseptic hand cleaner shall be located in every ambulance in both the crew compartment and patient compartment. Members shall wash their hands (the entire skin surface to the mid forearm) and any other skin surface with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or potentially infectious material, and in conjunction with the removal of PPE. If antiseptic hand cleaners are used, hands shall be washed with soap and water as soon as feasible. Hand washing should be performed for a minimum of 30 seconds. Hand washing facilities can be found in the patient triage and treatment rooms of most receiving treatment facilities. SCEMS members are encouraged to make themselves familiar with the location of these facilities, in all work areas. Hand washing facilities at SCEMS are located in the member restroom areas.

2. *Sharps*- contaminated needles and other contaminated sharps shall not be bent, recapped or removed except as allowed by the provisions listed below and as accepted by SCEMS.

Angiocatheters/Needles

a. Recapping of contaminated needles and other contaminated sharps are permissible only when it is a required medical procedure (i.e. multi-dose syringe injections), and it is more beneficial to reuse the same equipment for multiple uses rather than starting with new sterile equipment with each treatment procedure.

b. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed scoop technique.

c. Sharps that will be reused for a specific treatment procedure shall be secured in an area out of harm's way during the interim period. Immediately or as soon as possible after use, contaminated reusable sharps shall be disposed of in an approved sharps waste container (refer to sharps engineering controls).

3. *Veinipuncture for Laboratory Specimens*

SCEMS shall not draw blood for the purpose of hospital or law enforcement laboratory specimens. Personnel can still determine glucose levels via lancet or withdrawing a small amount of blood from the angiocath.

4. *Contaminated Equipment and Work Environment*- During the course of caring for a patient, reasonable potential exists for the equipment and patient compartment work area to become contaminated by blood or other potentially infectious materials. In order to provide a safe and healthy treatment environment for the patients and members of SCEMS, the equipment and the patient compartment of the unit(s) involved on an EMS call shall be cleaned and disinfected after each patient as necessary. The following work practices shall be adhered to when cleaning the equipment and units of SCEMS.

a) Throughout the cleaning and disinfecting process SCEMS members shall utilize universal precautions and shall wear the appropriate PPE to minimize the risk of exposure and contamination by blood or other potentially infectious materials.

b) In order to ensure a clean and healthy work environment and equipment, SCEMS members shall use the cleaner disinfectant(s) supplied by SCEMS. Special attention should be given to disinfectant "kill times".

c) Any equipment that is to be cleaned and disinfected shall be cleaned in the designated areas of either SCEMS Headquarters or any receiving facilities that SCEMS transports patients to or from. Under no

circumstances shall equipment be cleaned in the kitchen or bathroom facilities or in any other living area of either the receiving facilities or stations of SCEMS.

House Keeping

SCEMS shall assure that the worksite is clean and in a sanitary condition. A written schedule of cleaning shall be maintained. All equipment and environmental surfaces shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or OPIM immediately or as soon as feasible.

Laundry

1. *Soiled Linen*- All linen used in the care and transport of the sick and injured patient is considered to be soiled with blood or other potentially infectious materials and shall be replaced with fresh laundered linen after each call. Soiled linens shall be discarded and replaced at the receiving facility. When discarding linens, SCEMS members shall utilize universal precautions and shall wear the appropriate PPE to minimize the risk of exposure and contamination by blood or other potentially infectious materials. At no time shall soiled linens be allowed to accumulate in the storage areas of SCEMS units. The off going SCEMS shift personnel shall exchange at the hospital all soiled linens that are not immediately disposed of and replaced prior to the change of the shift

2. *Soiled Uniforms*- Uniforms worn by SCEMS members are not considered to be part of the PPE provided by SCEMS therefore universal precautions along with the PPE provided shall be utilized. If during the course of treatment and/or transport of a patient, the uniform of a member of SCEMS becomes soiled with blood or other potentially infectious materials, the following procedures shall be followed.

a) All soiled and/or contaminated uniforms shall be removed immediately or as soon as feasible. In order to maintain readiness, each member shall maintain at least one spare uniform in his/her locker (provided by SCEMS).

b) All soiled and/or contaminated uniforms shall be placed in a red biohazard bag for washing and decontamination. If it is determined that the uniform is beyond laundering, decontamination and repair (e.g. the uniform integrity has been disrupted), the uniform and biohazard bag shall be disposed of in an appropriate biohazard container. Documentation of the disposal of a SCEMS member uniform shall be placed in the exposure incident report form. Documentation should correlate with the guidelines for exposure incident reporting.

c) All soiled and/or contaminated uniforms shall be laundered in a two step process, utilizing laundering facilities located at the three stations

and the SCEMS designated dry cleaning facility. Uniforms will not be laundered with other items (linens, etc.)

Uniform Cleaning and Decontamination

To effectively launder/decontaminate the soiled/contaminated uniforms the following wash procedure shall be used:

- a) Follow the machine instructions for initial start-up of the gear/uniform washing machine.
- b) To load gear/uniform washing machine:
 1. Utilizing universal precautions, remove contaminated clothing from biohazard bag and place in machine.
 2. Discard of biohazard bag in appropriate biohazard waste container.
- c) To launder/decontaminate soiled/contaminated uniforms use heavy setting (use wash cycle setting control on machine).
- d) Detergents and sanitizing agents should put in the dispensing unit where they will be dispensed automatically.

Uniform Dry Cleaning

The cleaned and decontaminated uniform shall be taken to the SCEMS designated dry cleaning facility for final laundering and pressing. At no time, should a uniform that is believed to be contaminated with blood or other potentially infectious materials be taken to the SCEMS designated dry cleaning facility prior to uniform cleaning and decontamination.

Personal Protective Equipment (PPE)- In order to reduce the potential for exposure to blood or other potentially infectious materials, SCEMS shall provide PPE *at no cost to the member*. Members shall utilize the appropriate PPE at all times while providing care and transportation of a patient or during the process of making the unit ready for the next call. Any declination to wear the appropriate PPE shall be documented and investigated by the Chief or Deputy Chief to determine whether changes can be instituted to prevent such occurrences in the future. All investigations will be documented and a report shall be submitted to the Chief of SCEMS for review and consideration.

The following is a non-inclusive list of the Personal Protective Equipment provided by SCEMS for members determined to be at risk for exposure to blood or other potentially infectious materials.

- a. Disposable latex and nitrile gloves (in a variety of sizes)
- b. Disposable APR (N95 or higher) masks
- c. Eye protection (goggles or safety glasses)

- d. Disposable infection control gowns, bonnets and shoe covers
- e. Antiseptic hand cleaner assigned to each vehicle

PPE's will be deemed appropriate and considered for approval by SCEMS only if they do not permit blood or other potentially infectious materials to pass through to or reach the member's clothes, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

All SCEMS members shall familiarize themselves with the designated SCEMS PPE and their respective locations throughout the units. PPE that have been distributed to members will be kept in a way so as to maintain the effectiveness and ready accessibility to the member. Any and all defective PPE should be brought to the on duty Supervisor for replacement and documentation in the supervisor's log. Replacement and/or repair will be at no cost to the member.

Utilization

The non-inclusive list addressed earlier shall be utilized, at a minimum, in the following situations:

1. Disposable latex or nitrile gloves- to be worn for each patient contact.
2. Disposable PFR (HEPA filtration N95 or higher) masks- to be worn with any patient suspected of having active Tuberculosis (cough, fever, night sweats, hemoptysis etc.). Also to be worn during intubations and any time splashing of blood or OPIM is anticipated. Staff are to be fit tested to determine appropriate size. A self "fit check" should be done each time a mask is put on to ensure a proper seal.
3. Protective eyeglasses or goggles- to be worn during extrications in which breakage of glass could be anticipated. Also to be worn during intubations and any time splashing of blood or OPIM is anticipated.
4. Disposable infection control gowns, bonnets and shoe covers- to be worn any time splashing of blood or OPIM is anticipated.
7. Safety helmets- should be worn whenever caring for a patient being extricated from a vehicle or whenever possibility of flying debris could cause injury.
8. Leather gloves- to be worn in the presence of glass or sharp metal.

Storage of PPE

Members are expected to have all of their PPE (including appropriate size) available on the unit he/she is assigned. Additional PPE is available on each unit.

Occupational Exposure Incident Reporting and Follow-Up

In the event a member has an exposure to blood or other potentially infectious materials, the following procedure is to be followed:

1. Immediately following an exposure:
 - a) Needle sticks and cuts should be washed with soap and water.
 - b) Splashes to the nose, mouth or skin should be flushed with water.
 - c) Eyes should be irrigated with water, saline or sterile solutions.
2. The exposed member is to report the incident immediately or as soon as feasible to the on duty shift captain (refer to the exposure incident report form).
3. The on duty Shift Captain shall gather the following pertinent information:
 - a) Events leading up to, the mechanism and any treatment rendered to the exposed member prior to notification of the shift captain.
 - b) The source individual's name, address and consent (if possible) to test his or her blood. If consent is not obtained, SCEMS shall establish that legally required consent cannot be obtained and the exposure shall be treated as an unknown (the member's blood is the only sample available for testing). When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented. When the source individual is already known to be infected with HBV or HIV, testing need not be performed.
4. The exposed member shall be referred to the designated SCEMS Health Care Professional, or his/her designee, for the initial post-exposure examination and serological testing as well as any recommended prophylactic medical treatment in accordance with the current recommendations of the U.S. Public Health Service. Subsequent post-exposure follow up examinations shall be conducted at six (6) weeks, twelve (12) weeks and at six (6) months following the initial post-exposure examination.

If the exposed member consents to baseline blood collection, but does not consent at that time for HIV serologic testing, the sample shall be

preserved for at least 90 days. If, within 90 days of the exposure incident, the member elects to have the baseline sample tested, such testing shall be done as soon as feasible.

The SCEMS Health Care Professional will make available to the exposed member the results of the member and source individual's serological results as well as applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The SCEMS Health Care Professional's written opinion and recommendations shall be made available to the member within 15 days of the completion of the evaluation.

All records of the exposure incident and medical evaluations and opinions shall be kept on file with the Shelby County Director of Human Resources.

5. A written Exposure/ Injury report from the on duty shift captain and the exposed member shall be submitted to the Chief or Deputy Chief immediately. Following the exposure incident, the Exposure/ Incident report shall be forwarded to the Director of Human Resources.

6. The Chief or Deputy Chief will conduct a formal accident/exposure investigation; the results will be available for review by the Medical Director of SCEMS and all members involved.

Member Health Maintenance

In accordance with the SCEMS SOG's, each member shall submit to an annual physical exam to ensure the member's health and safety, as well as fitness for duty. The designated SCEMS Health Care Professional will provide a statement of physical fitness to the Chief of SCEMS.

During the pre-employment physical exam and on an annual basis thereafter, each member shall be fit tested for N95 TB respirator by the designated SCEMS Health Care Professional.

Hepatitis B Vaccination

Hepatitis vaccination shall be made available at no cost to all members within 10 working days of the date of initial assignment to a shift unless the member has previously received the complete hepatitis B vaccination series; antibody-testing reveals that the member is immune or the vaccine is contraindicated for medical reasons. Participation in a prescreening program is not a prerequisite for receiving the hepatitis B vaccination series. All members have the right to decline the hepatitis B vaccination series. All members refusing the hepatitis B vaccination

series must sign the hepatitis B vaccination declination form provided at the time of his/her pre-hire as well as the annual fitness for duty exams. Members who initially decline the vaccine may later receive the vaccination at no cost. The designated SCEMS Health Care Professional will administer the hepatitis B vaccination series. If a routine dose of hepatitis B vaccine is recommended by the US Public Health Service at a future date, these booster doses will be made available at no charge

Training

As required by 29 CFR 1910.1030 and 902 KAR 20:117, all members with the potential for occupational exposure to blood or other potentially infectious materials are required to complete an OSHA bloodborne pathogen training program. The Bloodborne Pathogen Training program shall be offered at no cost to the member, as follows:

1. Unless documentation verifies current status, all new members during their orientation period.
2. Every ten years thereafter for Blood Borne Pathogens and annually for Infection control. Any members, who have received training on bloodborne pathogens and infection control shall receive training with respect to the provisions of the standard which are new or were not discussed during their original course.
3. Additional training shall be provided when changes such as modifications of tasks or procedures or institution of new tasks or procedures affect the member's occupational exposure. Any additional training may be limited to addressing the new exposures created.
4. Material appropriate in content and vocabulary to educational level, literacy and language of members shall be used.

The annual Bloodborne Pathogen and Infection Control Training Program for SCEMS members shall contain at a minimum the following:

1. An accessible copy of the regulatory text of this standard and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogen.
4. The Exposure Control Plan, i.e. points of the plan, roles and responsibilities and how the plan will be implemented, etc.

5. A list of the tasks and procedures, which might cause exposure to blood or other potentially infectious materials while on duty.
6. An explanation of the use and limitations of the control methods that will prevent or reduce exposure; including appropriate engineering controls, work practices and PPE.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.
8. An explanation of the basis for selection of PPE.
9. Information on the Hepatitis B vaccine, including information on it's efficacy, safety, method of administration, benefits of being vaccinated and that the vaccine and vaccination will be offered to all members in accordance with this plan at no cost.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
12. Information on the Post Exposure Evaluation and follow-up process following an exposure incident.
13. An explanation of the signs and labeling that will be utilized to designate a biohazard potential.

Record Keeping

All Medical and Training records shall be maintained by the Chief of SCEMS or the designated SCEMS Healthcare Professional in accordance with 29 CFR 1910.1020. These records shall include:

Medical Records

1. Member's name and social security number.
2. A copy of the member's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the member's ability to receive vaccination as required.
3. A copy of all results of examinations, medical testing and follow-up procedures as well as a copy of the SCEMS designated Health Care Professional's written opinion after an exposure evaluation.
4. A copy of the information provided to the SCEMS designated Health Care Professional.

Training Records- All training records shall be maintained for a minimum of three (3) years from the date on which the training occurred.

1. Dates of any training sessions.
2. The curriculum for the training session.
3. The name and qualifications of the person(s) conducting the training.
4. The name and job titles of all SCEMS personnel attending the training sessions.

Confidentiality

SCEMS shall ensure that all medical records required in this policy are:

1. Kept confidential
2. Not disclosed or reported without the member's expressed written consent to any person within or outside the department, except as required by 29 CFR 1910.1030 and the Right to Know Act (KRS 61.872-61.884).

Availability

1. SCEMS shall ensure that all training records required to be maintained by this policy shall be made available upon request to the Assistant Secretary and Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.
2. SCEMS training records required by this policy shall be provided upon request for examination and copying to members, a representative to the Assistant Secretary and Director of the National Institute for Occupational Safety and Health.
3. SCEMS member medical records required by this policy and 29 CFR 1910.1030, shall be provided upon request for examination and copying to the subject member, to anyone having written consent of the subject member and to the Assistant Secretary and Director of the National Institute for Occupational Safety and Health.

Transfer of Records

SCEMS shall comply with the requirements involving the transfer of member records set forth in 29 CFR 1910.1020 (h). If SCEMS ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, SCEMS shall notify the

Director of the National Institute for Occupational Safety and Health, at least three (3) months prior to their disposal and transmit them to the Director of the National Institute for Occupational Safety and Health, if required in the three (3) month period.

1302.01 **HAZARD COMMUNICATION STANDARD**

It is the intent of the SCEMS to comply with OSHA 29 CFR 1910.120, the Hazard Communication Standard. By compliance with this standard, SCEMS personnel shall be advised of the risks of hazardous materials exposure in their workplace and precautions to take around them. This standard entails the identification and listing of hazardous materials in our workplace, labeling of containers of those hazardous materials, posting of Material Safety Data Sheets for those materials, and training of personnel in the dangers of the chemicals in our workplace and the use of MSDS. Annual refresher training shall be Conducted.

Material Safety Data Sheets (MSDS)

MSDS are designed to provide specific information about the hazardous materials you work with. MSDS are kept on file in binders, which are to be kept at the following locations: Stations 1, 2 and 3 book cases in the crew lounge. Updating the MSDS's is the responsibility of the SCEMS Safety Officer, who shall distribute the MSDS that should accompany all new shipments of chemicals. If an MSDS did not arrive with the shipment, the manufacturer shall be contacted to acquire one. A master file of MSDS is kept at Station 1.

Labels

Warning labels shall be affixed to containers of regulated waste and any containers used to store, transport or ship blood or other potentially infectious material. The labels shall be fluorescent orange or orange-red with letters and symbols in contrasting color. Labels shall be affixed as close as feasible to the container by string, wire adhesive or other method that prevents their loss or unintentional removal. Red bags may be substitute for labels. The Safety Officer shall ensure that all chemicals that are distributed for use are properly labeled. These labels shall show the chemical's identity, hazard warnings, and the

name and address of the manufacturer, shipper or other responsible party. SCEMS shall assure that the labels on incoming containers are legible, not removed or defaced and in English. If there are a number of stationary containers stored in an area with similar contents and hazards, signs shall be posted to convey the hazards.

Training

All members with potential for exposure to chemicals in our workplace shall receive training on this standard. The training shall include: a summary of the standard and this written SOG, to be placed into your SOG book; a brief overview of the physical properties of hazardous materials and methods for detection; physical hazards of hazardous materials (fire, explosion, etc.); Health hazards associated with exposure to chemicals; Procedures for protection against chemical hazards and emergency response procedures; Procedures to follow while cleaning spills; and the location of MSDS's in your workplace. Any new chemical brought into the workplace shall require additional training in its safe use. The Safety Officer shall ensure that retraining is conducted when the hazard changes, when a new hazard is introduced, or when reassessment indicates a need. Input shall be encouraged from members regarding the training received, and suggestions for improving it.

Contract Members

The Deputy Chief of Operations shall be responsible for advising any outside contractors of the chemical hazards they may encounter during their work on the premises, the labeling system, safe handling, protective measures if any, and the location of the MSDS's. Each contractor bringing chemicals on site must provide the appropriate hazard information on these substances, including the labels used and the precautionary measures to be taken in working with these chemicals.

Safety Committee

SCEMS will maintain a safety committee directed by the SCEMS Safety Officer. This committee will meet at least annually. All members can obtain further information on this policy, the Hazard Communication Standard, MSDS's, and chemical information lists by contacting the Chief's office at (502) 633-5725.

Hazard Determination

Hazard determination shall be determined by the SCEMS Safety Committee in conjunction with management. This determination shall be made based on 29 CFR 1910, subpart Z, Toxic and Hazardous Substances OSHA, American Conference of Governmental Industrial Hygienists (ACGIH), carcinogens or potential carcinogens, the National Toxicity Program (NTP) and the International Agency for Research on Cancer (IARC).

SCEMS will maintain a safety committee directed by the SCEMS Safety Officer. This committee will meet at least annually. All members can obtain further information on this policy, the Hazard Communication Standard, MSDS's, and chemical information lists by contacting the Chief's office at (502) 633-5725.

1303.01 **EMPLOYEE PHYSICALS**

Annual fit for duty physicals shall be completed. To assure that this is completed; SCEMS shall utilize the following guidelines:

1. Each employee will complete an acceptable physical during their birth month. Shelby Family Medicine will be our preferred provider.
2. If you receive a physical from another agency during your birth month, it must be comparable to the SCEMS physical. The employee shall then forward a copy of the fit for duty documentation for file.

1304.01 **CIMEX LECTULANUS (BED BUGS)**

Cimex Lectularius also known as bed bugs are small wingless insects that feed solely upon the blood of warm-blooded animals. Hatchling bed bugs are about the size of a poppy seed, and adults are about ¼ of an inch in length. From above they are oval in shape, but are flattened from top to bottom. Their color ranges from nearly white (just after molting) or a light tan to within the bug's body. Because they never develop wings, bed bugs cannot fly. When disturbed, bed bugs actively seek shelter in dark cracks and crevices. Cast skins of bed

bugs are sometimes discovered. Bed bugs seek out people and animals, generally at night while these hosts are asleep, and painlessly sip a few drops of blood. Repeated exposures to bed bug bites during a period of several weeks or more causes people to become sensitized to the saliva of these bugs; additional bites may then result in mild to intense allergic reactions. The skin lesion produced by the bite of a bed bug resembles those caused by many other kinds of blood feeding insects, such as mosquitoes and fleas. The affected person should resist the urge to scratch the bites, as this may intensify the irritation and itching, and may lead to secondary infection. Physicians often treat patients with antihistamines and corticosteroids to reduce allergic reactions and inflammation. Bed bugs are not known to transmit any infectious agents.

A. Level 1 – No Physical Exposure

- 1) No physical contact to source patient and environment
 - a) Ambulatory patient is asked to wear a tyvek suit, placed in a disposable isolation bag or blanket wrapped prior to being exposed to equipment and entering the ambulance.
 - b) Ambulatory patient is asked to place his/her belongings in a trash bag prior to entering the ambulance.
- 2) Immediate identification of bed bugs
- 3) Immediate containment (packaging) and quarantine of source patient
 - a) If tyvek suits are not used, wrapping of source patient in blankets or sheets. Total wrapping should include the patient's head, but not to compromise breathing status.
 - b) Lay sheet or blankets on floor on ambulance

Decontamination Procedures

- 1) Notify the SCEMS shift captain.
- 2) Report findings by telephone to Emergency Room (ER) personnel prior to entering the ER.
- 3) Minimize the areas of potential exposure by staying in the containment area designated by the hospital.
- 4) Inspect and wipe down all suspected areas or equipment in the ambulance with Sani-wipes or alcohol.

- 5) Placed all contaminated linen in biohazard trash bag and dispose at ER in designated areas.
- 6) Personnel Decontamination is *optional based on personnel's physical exposure to source patient and environment*.
 - Take off contaminated clothing and secure in a plastic bag
 - Take a hot shower with lots of soap
 - Change into your spare uniform or hospital attire loaned by ER.
 - Wash clothing in hot water & dry in dryer

B. Level 2 – Minimal Physical Exposure

- 1) Minimal physical contact to source patient and environment
 - a) If patient is picked up outdoors and is packaged by SCEMS prior to being exposed to equipment and entering the ambulance.
 - b) If patient is picked up indoors and packaged by SCEMS prior to being exposed to equipment and entering the ambulance
 - c) If patient ambulates into the ambulance and is not handled by crew.
- 2) Immediate containment (packaging) and quarantine of source patient
 - a) Use of tyvek suits, body isolation bag or total wrapping of source patient in blankets or sheets. Total wrapping should include the patient's head, but not to compromise breathing status.
 - b) Lay sheet or blankets on floor on ambulance
 - c) Place clothing and/or belongings in trash bags for transport to disposition
- 3) Immediate notification of bed bugs identification (by ER) if crew did not witness any findings.

Decontamination Procedures

- 1) Contact the SCEMS shift captain
- 2) Report findings by telephone to Emergency Room (ER) personnel prior to entering ER.
- 3) Minimize the areas of potential exposure by staying in containment area designated by the hospital and do not wander around

- 4) Inspect and wipe down all equipment with Sani-wipes or alcohol
- 5) Placed all contaminated linen in biohazard trash bag and dispose at ER in designated areas.
- 6) Personnel Decontamination is *optional based on personnel's physical exposure to source patient and environment.*
 - Take off contaminated clothing and secure in a plastic bag
 - Change into your spare uniform
 - Take a hot shower with lots of soap
 - Wash clothing in hot water & dry in dryer

C. **Level 3- Delayed Notification & Confirmation of Multiple bedbugs**

- 1) Confirmation of multiple bed bugs on source patient and environment after transport to ER. Delayed notification from ER's based on their patient findings. Delayed identification >1 hour after incident.
- 2) Physical contact and carrying of source patient without use of any personal protective equipment
- 3) Prolonged exposure to source patient's environment
 - treating patient at the scene
- 4) Lack of quarantine precautions and spreading of bedbugs to other units, quarters or personnel.

Decontamination Procedures

- 1) Contact the SCEMS shift captain.
- 2) Notify the SCEMS mechanic for possible coordination with exterminator specialists.
- 3) Personnel must report findings to Emergency Room (ER) personnel.
- 4) Minimize the areas of potential exposure by staying in an area and not wandering around after notification.
- 5) Ambulance Decontamination
 - a) Relocate ambulance in ambulance bay away from other vehicles and personnel.
 - b) Leave all exposed equipment in the ambulance
 - c) Close and quarantine ambulance and await further instructions.
 - d) Ambulance will be decontaminated by exterminating company.

6) Personnel Decontamination

- a) Take off contaminated clothing and secure in a plastic trash bag
- b) Take a hot shower with lots of soap
- c) Change into your spare uniform or hospital attire offered by ER.
- d) Wash clothing in hot water & dry in dryer.

A. Follow-up inspection will be arranged in accordance to the exterminating company procedure. The following steps must be taken before treated areas are cleared for occupancy:

- 1) Thoroughly vacuum the treated areas
- 2) Wipe off exposed surfaces with Sani-wipes or alcohol

B. Post Decontamination Duties

- 1) Inspect and clean the interior of the ambulance with Sani-wipes or alcohol
- 2) Thoroughly inspect and clean all equipment, bags and supplies.
- 3) Clean all radio equipment handsets and microphones

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 1400 Respiratory Protection

Purpose: The respiratory protection program of Shelby County EMS shall emphasize the importance of respiratory protection for all personnel. This program will address the following areas of respiratory protection as outlined in OSHA 29 CFR 1910.134

1. Procedures for selecting respirators for use in the workplace;

a. For patients presenting with potential for infectious respiratory diseases an N-95 half face mask will be utilized. The following are examples of communicable respiratory diseases:

- i. Meningitis
- ii. Tuberculosis
- iii. Common cold
- iv. Hemorrhagic fever
- v. Rubeola (measles)
- vi. Influenza
- vii. Mumps
- viii. Fifth Disease
- ix. Pneumonia (RSV)
- x. Rubella (German Measles)
- xi. Chickenpox
- xii. Pneumonic plague

b. SCEMS will not transport chemically contaminated patients. In the event of transport of an appropriately decontaminated patient, SCEMS personnel will utilize the Scott AV2000/3000 mask with compatible cartridges during transport. Level C personal protective equipment will also be donned.

2. Medical evaluations of employees required to use respirators;

a. Medical evaluations will be conducted annually as part of the SCEMS employee physical program. This will be completed in the employee's birth month each year. The evaluation will include the Medical Evaluation Questionnaire as outlined in OSHA 1910.134 Appendix C.

b. Additional Medical evaluations will be conducted when a problem is identified or as directed by the Shelby County EMS Medical Director.

3. Fit testing procedures for tight-fitting respirators;

a. Respiratory Fit Testing will be conducted in January of every Year and in the following circumstances

1. New employee training
2. When a problem is identified
2. Significant weight gain/ loss or facial feature changes/ surgeries

b. The following protocol will be utilized for Qualitative Fit Testing

Bitrex™ (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol

The Bitrex™ (Denatonium benzoate) solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste Threshold Screening.

The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.

(2) The test enclosure shall have a 3/4 inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed

to report when he/she detects a bitter taste

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The Threshold Check Solution is prepared by adding 13.5 milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely, and is then released and allowed to fully expand.

(7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste response.

(11) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex and may not perform the Bitrex fit test.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Bitrex Solution Aerosol Fit Test Procedure.

(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure as that described in 4. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected according to section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl) solution in warm water.

(6) As before, the test subject shall breathe through his or her slightly open mouth with tongue extended, and be instructed to report if he/she tastes the bitter taste of Bitrex.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of Bitrex is detected. If the test subject does not report tasting the Bitrex, the test is passed.

(11) If the taste of Bitrex is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

c. The following will be used for quantitative fit testing- Follow manufacturers recommendation.

Portacount™ protocol quantitatively fit tests respirators with the use of a probe. The probed respirator is only used for quantitative fit tests. A probed respirator has a special sampling device, installed on the respirator, that allows the probe to sample the air from inside the mask. A probed respirator is required for each make, style, model, and size that the employer uses and can be obtained from the respirator manufacturer or distributor. The CNC instrument manufacturer, TSI Inc., also provides probe attachments (TSI sampling adapters) that permit fit testing in an employee's own respirator. A minimum fit factor pass level of at least 100 is necessary for a half-mask respirator and a minimum fit factor pass level of at least 500 is required for a full facepiece negative pressure respirator. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Portacount Fit Test Requirements.

(1) Check the respirator to make sure the sampling probe and line are properly attached to the facepiece and that the respirator is fitted with a particulate filter capable of preventing significant penetration by the ambient particles used for the fit test (e.g., NIOSH 42 CFR 84 series 100, series 99, or series 95 particulate filter) per manufacturer's instruction.

(2) Instruct the person to be tested to don the respirator for five minutes before the fit test starts. This purges the ambient particles trapped inside the respirator and permits the wearer to make certain the respirator is comfortable. This individual shall already have been trained on how to wear the respirator properly.

(3) Check the following conditions for the adequacy of the respirator fit: Chin properly placed; Adequate strap tension, not overly tightened; Fit across nose bridge; Respirator of proper size to span distance from nose to chin; Tendency of the respirator to slip; Self-observation in a mirror to evaluate fit and respirator position.

(4) Have the person wearing the respirator do a user seal check. If leakage is detected, determine the cause. If leakage is from a poorly fitting facepiece, try another size of the same model respirator, or

another model of respirator.

(5) Follow the manufacturer's instructions for operating the Portacount and proceed with the test.

(6) The test subject shall be instructed to perform the exercises as directed.

(7) After the test exercises, the test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried.

(b) Portacount Test Instrument.

(1) The Portacount will automatically stop and calculate the overall fit factor for the entire set of exercises. The overall fit factor is what counts. The Pass or Fail message will indicate whether or not the test was successful. If the test was a Pass, the fit test is over.

(2) Since the pass or fail criterion of the Portacount is user programmable, the test operator shall ensure that the pass or fail criterion meet the requirements for minimum respirator performance.

(3) A record of the test needs to be kept on file, assuming the fit test was successful. The record must contain the test subject's name; overall fit factor; make, model, style, and size of respirator used; and date tested.

4. Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;

a. For patients presenting with potential for infectious respiratory diseases (meningitis, tuberculosis, etc.) a N-95 half face mask will be utilized. These masks will be supplied on all SCEMS ambulances in small, medium and large sizes.

b. SCEMS personnel will utilize the Scott AV2000/3000 mask with compatible cartridges during transport. Level C personal protective equipment will also be donned. This equipment is kept in the black hazardous materials response bags in each SCEMS ambulance.

5. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;

a. Cleaning- The face pieces will be cleaned with soap and water per the manufacturer's instructions

- b. Disinfecting- Will be conducted with soap and water per manufacturer's instructions. One part bleach may be added to wash solution
- c. Storing- The masks will be dried and stored in the original plastic bag inside the Haz Mat bags. Care should be taken to assure that they are not compressed or other items placed on top of them.
- d. Inspecting- The masks will be inspected monthly and the mask check form completed as outlined in OSHA 29 CFR 1910.134.
- e. Repairing- Masks needing repairs will be sent to the manufacturer for appropriate repair
- f. Discarding- Any mask deemed unsafe will be immediately removed from service in a way that will leave no question as to the service capabilities.

6. Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;

SCEMS personnel will only transport decontaminated patients. Personnel will not be placed in an oxygen deficient environment. Care should be taken to allow adequate airflow in the patient care area (opening windows, negative air exhaust, etc.)

7. Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;

Training will be conducted with new employment status. The following items will be reviewed annually during the fit testing process:

- a. Biological diseases
- b. Chemical contamination

8. Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance;

- a. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
- b. What the limitations and capabilities of the respirator are;
- c. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
- d. How to inspect, put on and remove, use, and check the seals of the respirator;
- e. What the procedures are for maintenance and storage of the respirator;
- f. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators

9. Procedures for regularly evaluating the effectiveness of the program.

The respiratory protection program will be evaluated annually by the Chief and or deputy Chief.

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By _____

By _____

SOG # 1500 Health Insurance Portability and Privacy Act (HIPPA)

Purpose To outline levels of access to Protected Health Information (PHI) of various staff members of Shelby County EMS and to provide a policy and procedure on limiting access, disclosure, and use of PHI. Security of PHI is everyone's responsibility.

1500.01 **HEALTH INSURANCE PORTABILITY AND PRIVACY ACT**

Shelby County EMS retains strict requirements on the security, access, disclosure and use of PHI. Access, disclosure and use of PHI will be based on the role of the individual staff member in the organization, and should be only to the extent that the person needs access to PHI to complete necessary job functions. The HIPPA Security Officer role will be coordinated by the Chief of SCEMS. Issues involving the SCEMS Billing Office will be coordinated by the Billing Specialist. SCEMS will conduct periodic risk analysis and evaluation of policies and procedures as needed or when operational or technological changes occur to assure continued safety and compliance.

When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

Role Based Access

Access to PHI will be limited to those who need access to PHI to carry out their duties. The following describes the specific categories or types of PHI to which such persons need access.

Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
EMT	Intake forms from dispatch, patient care reports,	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Paramedic	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Billing Specialist	Intake forms from dispatch, patient care reports, billing claim forms, remittance advice statements, other patient records from facilities	May access only as part of duties to complete patient billing and follow up and only during actual work shift
Field Supervisor	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities, as well as for quality assurance checks and corrective counseling of staff
Dispatcher	Intake forms, preplanned CAD information on patient address	May access only as part of completion of an incident, from receipt of information necessary to dispatch a call, to the closing out of the incident and only while on duty
Training Coordinator	Intake forms from dispatch, patient care reports	May access only as a part of training and quality assurance activities. All individually identifiable patient information should be redacted prior to use in training and quality assurance activities
Department Managers		May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel

Access to PHI is limited to the above-identified persons only and to the identified PHI only based on SCEMS's reasonable determination of the persons or classes of persons who require PHI and the nature of the health information they require consistent with their job responsibilities.

Access to a patient's entire file will not be allowed except when provided for in this and other policies and procedures and the

justification for use of the entire medical record is specifically identified and documented.

Disclosures to and Authorizations From the Patient

You are not limited to the minimum amount of information necessary to perform your job function, or your disclosures of PHI to patients who are the subject of the PHI. In addition, disclosures authorized by the patient are exempt from the minimum necessary requirements unless the authorization to disclose PHI is requested by the Company.

Authorizations received directly from third parties, such as Medicare, or other insurance companies, which direct you to release PHI to those entities, are not subject to the minimum necessary standards.

For example, if we have a patient’s authorization to disclose PHI to Medicare, Medicaid or another health insurance plan for claim determination purposes, SCEMS is permitted to disclose the PHI requested without making any minimum necessary determination.

SCEMS Requests for PHI

If SCEMS needs to request PHI from another health care provider on a routine or recurring basis, we must limit our requests to only the reasonably necessary information needed for the intended purpose, as described below. For requests not covered below, you must make this determination individually for each request and you should consult your supervisor for guidance. For example, if the request is non-recurring or non-routine, like making a request for documents via a subpoena, SCEMS will make sure our request covers only the minimum necessary PHI to accomplish the purpose of the request. For all other requests, determine what information is reasonably necessary for each on an individual basis.

Holder of PHI	Purpose of Request	Information Reasonably Necessary to Accomplish Purpose
Skilled Nursing Facilities	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Hospitals	To have adequate patient	Patient face sheets,

	records to determine medical necessity for service and to properly bill for services provided	discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Mutual Aid Ambulance or Paramedic Services	To have adequate patient records to conduct joint billing operations for patients mutually treated/transported by the Company	Patient care reports

Incidental Disclosures

SCEMS understands that there will be times when there are incidental disclosures about PHI in the context of caring for a patient. The privacy laws were not intended to impede common health care practices that are essential in providing health care to the individual. Incidental disclosures are inevitable, but these will typically occur in radio or face-to-face conversation between health care providers or when patient care information in written or computer form is left out in the open for others to access or see.

The fundamental principle is that all staff needs to be sensitive about the importance of maintaining the confidence and security of all material we create or use that contains patient care information. Coworkers and other staff members should not have access to information that is not necessary for the staff member to complete his or her job. For example, it is generally not appropriate for field personnel to have access to billing records of the patient.

All personnel must be sensitive to avoiding incidental disclosures to other health care providers and others who do not have a need to know the information. Pay attention to who is within earshot when you make verbal statements about a patient's health information, and follow some of these common sense procedures for avoiding accidental or inadvertent disclosures:

Verbal Security

Waiting or Public Areas: If patients are in waiting areas to discuss the service provided to them or to have billing questions answered, make

sure that there are no other persons in the waiting area, or if so, bring the patient into a screened area before engaging in discussion.

Other Areas: Staff members should only discuss patient care information with those who are involved in the care of the patient regardless of your physical location. You should be sensitive to your level of voice and to the fact that others may be in the area when you are speaking. This approach is not meant to impede anyone's ability to speak with other health care providers freely when engaged in the care of the patient. When it comes to treatment of the patient, you should be free to discuss all aspects of the patient's medical condition, treatment provided, and any of their health information you may have in your possession with others involved in the care of the patient.

Physical Security

Patient Care and Other Patient or Billing Records: Patient care reports should be stored in safe and secure areas. When any paper records concerning a patient are completed, they should not be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties should have access to any paper records.

Billing records, including all notes, remittance advices, charge slips or claim forms should not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

Facility Access Controls- All SCEMS Stations shall remained locked and all computer terminals secured. Mobile Data Terminals will remained locked in the ambulance docking station when not in use. Any loss of an MDT or breach of security will be reported immediately to the on duty supervisor.

Workstation Use/ Security- Work stations will be in secured areas of SCEMS facilities. Screen savers and image restricting screens will be utilized as available.

Electronics Disposal- Electronic equipment and records will be disposed of in accordance with the Shelby County Administrative Code Electronics Policy and the Director of Human Resources.

Computers and Entry Devices: Computer access terminals and other remote entry devices such as PDAs and laptops should be kept secure. Access to any computer device should be by password only.

Staff members should be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons. All remote devices such as laptops and PDAs should remain in the physical possession of the individually to whom it is assigned at all times.

Data Back Up Plan- data will be backed up periodically by the Information/ Technology vendor utilized by Shelby County Fiscal Court.

Information System Activity Review- The Shelby County Information/ Technology vendor will report any inappropriate information activities to the Chief of SCEMS and the Director of Human Resources.

Disaster Recovery Plan- The Shelby County IT vendor will be contacted for any potential breach in the security of electronic records and direct SCEMS in the event of any Emergency Mode of Operations.

Business Associates Agreements- Business associates, vendors, training programs etc. shall provide proof of HIPPA compliance of any personnel or processes that affect the security of PHI from SCEMS.

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
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By _____

By _____

SOG # 1600 Special Response Team

Purpose: To outline the roles and responsibilities of the Shelby County EMS Special Response Team (SRT)

1600.01 **INTRODUCTION**

The following SOG is to present Standard Guidelines in the functions of the SCEMS Special Response Team (SRT) and it is understood that policies are subject to change as emergencies arise subject to the approval of the managing staff of the SCEMS SRT.

Changes in this SRT SOG may be necessary due to advancements in knowledge or as corrections to problem areas. Any policy change should be submitted in writing to the SRT Captain. Final authority for change in the SOG lies with the Chief of SCEMS.

1601.01 **SCOPE & PURPOSE**

The purpose of the SCEMS SRT is to have within the SCEMS a group of individuals who, through additional training, are prepared to handle incidents not normally found in the day-to-day operation of the SCEMS. These incidents include, but are not limited to; Hazardous Material Incidents, Confined Space Rescue, Trench Rescue, High Angle Technical Rescue, Open Terrain Search & Rescue/Recovery and Mass Casualty Incidents. The intent of the SRT is not to take the place of on-scene SCEMS units, but rather to act as a support group with specialized equipment and training knowledge.

1601.02 The SCEMS SRT is also designed to act as a support group for the Shelby County Fire Districts in instances where State Law dictates that the on-scene fire commander is the incident commander, such as in Hazardous Material incidents; the Law Enforcement Agencies of Shelby County in incidents where law enforcement officials have command; and at the request of other Shelby County public safety organizations. Requests for Mutual Aid response out of the Shelby County, Kentucky Area will be honored at the discretion of the Chief of

SCEMS or his designate.

1602.01 **TEAM PARTICIPATION**

Participation on the SRT is voluntary for SCEMS personnel. Once accepted, members will attend all SRT trainings. The SRT team will operate with 16 specialists and 2 Command Officers.

1602.02 New members will be added as vacant positions are available. When necessary the Chief will post vacant positions. Interested personnel will submit a letter of interest with all pertinent qualifications. The letter will be presented to the SRT team for recommendations and approval. The SCEMS Chief will have final approval for personnel being added to the SRT. The new member will remain on a team probationary period for six months before uniforms and equipment are issued.

1603.01 **ORGANIZATION & STRUCTURE**

The SRT will have a Chain of Command Structure for the purpose of delegation of authority in handling the daily responsibilities of the SRT. Ultimate decision as to the personnel placed in these positions will rest with the Chief of SCEMS. The Chief has final authority over the SRT, and any input or direction the Chief may have for the SRT should pass through the Operations Officers of the SRT. The operation of the SRT should fall under the jurisdiction of the SCEMS Deputy Chief.

1603.02 The **Operations Captain** of the SRT shall be responsible for the day-to-day command of the SRT. The Operations Captain should have the responsibility for personnel matters within the SRT, attending area planning meetings, and the responsibility to ensure the efficient operation of the SRT through his/her designates in appointed areas of responsibility. At incidents, he/she may function as liaison for the SRT to the Incident Commander, or as SRT Incident Commander. The SRT Operations Captain should be responsible to the Deputy Chief of SCEMS.

1603.03 The **Operations Officers** shall have the responsibility of assigning tasks to SRT personnel to accomplish readiness for incident response, including but not limited to SRT response schedules, delegation of goals to individual area Officers, attending area planning meetings, etc. At incidents, he/she may function as assigned by the SRT Incident Commander. The Operations Officers shall be responsible to the SRT Operations Captain.

1603.04 The **Training Officer** of the SRT shall be responsible for the training of SRT personnel, as well as the cross training of all SCEMS members

as requested by the Deputy Chief of SCEMS. The Training Officer responsibilities may include setting up inservice days, arranging for instructors, keeping records of training hours, and insuring that the minimum standards of training under SARA Title III, OSHA 1910.120, and as possible NFPA 471,472 & 473 are being met as they pertain to Hazmat Response Teams. The SRT Operations Captain is responsible for setting up training sessions as requested from outside public safety organizations. The Training Officer shall be responsible to the SRT Operations Captain.

1603.05 The **Logistics Officer** of the SRT shall be responsible for the specialized equipment possessed by the SRT. The Logistics Officer should test and maintain the Hazmat equipment in the SCEMS Fleet; the equipment in the SRT fleet, and through coordination with the SCEMS Mechanic and equipment managers assures the function of SRT apparatus. The Logistics Officer should maintain an updated inventory of all equipment either in storage or on vehicles, with a description and location of the equipment. The Logistics Officer should forward requests and recommendations for purchases to the SRT Operations Captain. The Logistics Officer shall utilize delegation of personnel as needed to accomplish tasks.

1603.06 The **Safety Officer** of the SRT is responsible for the safe operation of SRT Personnel as mandated by SARA Title III and OSHA 1910.120. The Safety Officer or his/her designate; should be present at all SRT functions, checking for conditions or actions that may reasonably endanger the safety of SRT personnel. The Safety Officer's decision to halt a SRT procedure's progress may not be superseded by anyone until a discussion between the Safety Officer, the Incident Commander, SRT Officer-in-Charge, and other pertinent personnel takes place to discuss alternatives to the current course of action. The SRT Officer-in-Charge may fill in the role of Safety Officer at small incidents not requiring his/her undivided attention. The Safety Officer shall be responsible for developing a standard guideline concerning on-scene personnel safety.

1603.07 A **Specialist** of the SRT is responsible for the performance of duties of the SRT. A Specialist must be a member of the SCEMS and must meet any special requirements set down for training and physical fitness as established by the Operations Officer of the SRT. During an incident, the specialist should make all attempts to properly complete

assigned tasks.

1604.01 **INCIDENT COMMAND SYSTEM**

It shall be the standard practice of the SCEMS SRT to follow the incident command system as required by OSHA 1910.120.

1604.02 It should further be the standard practice of the SRT to follow the incident command system currently recognized by the Shelby County Fire Districts and any applicable Emergency Operations Plan.

1604.03 Use of the incident command system shall include the use of a command structure in which each leader is responsible for no more than five individuals/leaders whenever practical. This "Span of Control" shall be lessened when possible.

1604.04 Use of the incident command system will include the designation of sectors for task completion, and said sector leaders should drop their SCEMS radio designator and use the name of the sector for all communications, e.g.; "Decon to Safety". Plain text communications will be utilized.

1604.05 Use of the incident command system should include at a minimum the functions of Incident Command, Operations, Finance, Logistics and Planning.

1604.06 Use of the incident command system should include the ability to increase or decrease the size of the system to fit the current need. For example a small incident may need only one person for Operations, Finance, Logistics and Planning; where a larger incident may need an entire logistics division.

1605.01 **CALLOUTS & RESPONSE GROUPS**

Due to the nature of the incidents to which the SRT responds, all members of the SRT must be on a "response ready" status as an understood part of SRT membership.

1605.02 Pagers, which are issued to SRT Personnel, should be worn on SCEMS off duty. The proper response to a page is to act accordingly to the message given. Pager problems should be reported to the SRT Operations Captain.

1605.03 Response shall be made to the location given via pager, unless given another destination by a SRT commander or supervisor. Response to the incident in SCEMS vehicles is to be made as dictated by

supervisory personnel.

1605.04 Due to the wide variety of incidents possible and varying manpower requirements, SCEMS vehicle response from their quarters should be called by the SRT incident commander. SRT members should not assume an automatic response with a particular vehicle.

1606.01 **TRAINING**

SRT Personnel are required to meet training requirements as set forth by the Training Officer which, at minimum meet those requirements set forth by SARA Title III, and 29 CFR 1910.120. All training in the field of fire service training should follow as close as possible any guidelines approved by the National Fire Protection Association (NFPA) and should be taught by a Kentucky State Certified Fire Instructor, or the class audited by one.

1606.02 Uniform of the day during trainings should be BDU's. The SRT Operations Captain may make other uniform arrangements. Final approval for scheduled in-service should be made through the SRT Captain or his designate.

1606.03 Records of training hours should be maintained by the SRT Training Officer. Personnel lacking in hours may be placed on inactive status pending receipt of appropriate training hours. All trainings are mandatory.

1606.04 Trainings should be announced by the Training Officer no later than one week prior to the scheduled in-service.

1606.05 Occasionally special inservices may be called to participate in special training sessions, i.e. disaster drills, etc. Approval for these special inservice should be made by the Chief of SCEMS or his designate.

1606.06 The SRT may offer inservice training to outside agencies in various topics; requests for training should be forwarded to the Deputy Chief of SCEMS.

1606.07 Proper respect toward instructors and general decorum shall be maintained at all SRT trainings.

1606.08 SRT Personnel may be sent as required to outside schools to receive intensive SARA & OSHA required training.

1606.09 Records kept by the SRT will be sent to the Kentucky State Fire

Commission for logging into the state fire training system.

1607.01 **HAZARDOUS MATERIALS RESPONSE**

The duties of the SRT at a hazardous materials incident, as defined under the Shelby County Emergency Operations Plan and its appendices include: decontamination, treatment, and transport of injured victims and hazmat responders; hot zone entry to include hazard identification reconnaissance, victim retrieval, dyking, patching, sealing, plugging, over packing of vessels, pipes, and other leaks etc. Other duties may arise at the request of the fire incident commander or other agencies due to the sometimes-unusual circumstances found at hazmat Incidents and these duties may be performed with the approval of the on-scene SRT incident commander.

1607.02 Once the fire commander declares a hazmat incident, the flow sheet for notification shall be started by Shelby County Dispatch. The level of notification should be as follows:

These levels are intended for use as rough guidelines, individual incidents may vary response

<u>Level #</u>	<u>Group Paged</u>	<u>Type Incident</u>
I	Command & Operations	Incident with no current contaminated victims, no need for response. Request for SRT representation only by IC.
II	Command, Operations & "Go" upon approval	Incident with need for SRT response, Initial Commander or Operations with option for "GO" team if needed. Also, closest on-duty ambulance and supervisor shall respond.
III	"GO", "All Call" upon approval	Request for full Hazmat response from SRT, initially "GO" then "ALL CALL" if needed. Also, closest on-duty ambulance and supervisor shall respond

- 1607.03 The first arriving unit will inquire the location of the Agency Response Area, stage at an appropriate safe distance upwind and upgrade from the incident, and report to the fire department IC in a safe environment for instructions. No entry into the site should be performed by SCEMS at this time.
- 1607.04 SRT Personnel will report on EMS Med Channel 1 that they are responding and await instructions by the SRT command. Upon arrival at the incident personnel should report to the Safety Officer to report in, and leave their accountability tags. Radio calls for instructions should be limited to the location of the ARA while en route. Personnel already working in SCEMS units on the street should notify the SRT Operations Captain that they are already working and their current location.
- 1607.05 SRT personnel arriving on scene should evaluate the marking of zone lines, with the assistance of the fire Department IC. Zones should be clearly marked, with some appropriate physical device, i.e. cones, flags, tape, etc.
- 1607.06 A SRT Commander shall be established. This individual shall be positioned at the Command Post to function as the SCEMS representative in the unified command system. The SRT Commander shall be the official spokesperson for SCEMS to the Fire Department IC. The SRT Commander shall relay task assignments to the scene Operations Officer.
- 1607.07 A SRT Operations Officer should be established if necessary. The Operations Officer should maintain on-scene coordination of the entire SRT effort. The Decontamination, Hot Zone, & Medical Surveillance Officers should report to the Operations Officer.
- 1607.08 A SRT Safety Officer shall be established. It should be his/her function to ensure that the operation is safe. The Safety Officer should place themselves in a position of safety near the hot zone, and near the decontamination line if possible. The Safety Officer shall report to the SRT IC.
- 1607.08 A SRT Medical Surveillance Officer shall be established. It should be his/her function to assess the entry, decon, and treatment Teams before and after their entry into Personal Protective Equipment (PPE). The Medical Surveillance Officer should deny PPE use based on his/her findings. The Shelby Task Force Medical Surveillance Sheet

shall be used.

- 1607.09 A SRT Decontamination Officer may be established. It should be his/her function to manage the setup and operation of the Patient Decontamination Line. The Decon Officer should notify the Hot Zone Officer when decon is in place.
- 1607.10 An Advanced Life Support ambulance shall be on-site and dedicated to the entry personnel prior to hot zone entry. If necessary the ambulance should be prepared for transport of contaminated personnel by lining with plastic.
- 1607.11 Responder decontamination will be in place prior to hot zone entry.
- 1607.12 Hot Zone Entry of the incident may be performed by Technician Level SRT personnel if necessary for product identification, to identify leak stoppage requirements, or to perform rescue.
- 1607.13 The Entry Team will consist of at least two personnel who should be in the appropriate special protective clothing for the product involved. The Entry Team shall have a Backup Team consisting of a sufficient number of personnel needed to affect a rescue of the entry team in a position ready to perform rescue of the entry team. At the discretion of the Hot Zone Officer, the backup team may be dressed with air disconnected and suits open to minimize heat stress and conserve air.
- 1607.14 Levels of Personal Protective Equipment (PPE) may be chosen as follows, using EPA PPE guidelines:
- Level A - If the product involved is unknown, or if splash contamination is suspected, or if the material poses a high skin hazard risk, or if entry involves a confined space, or if in the opinion of the entry team maximum protection is warranted then Level A protection should be worn.
- Level B - If the product has been identified, and has a high respiratory effect but low skin effect, or the atmosphere is less than 19.5% Oxygen, or Immediately Dangerous to Life & Health (IDLH) levels of a respiratory hazard chemical are present, or the chemical does not meet the criteria of air purifying respirators then Level B protection may be worn.
- Level C - If the product has been identified, and the product will not adversely affect the skin, and a air-purifying respirator is available that will filter the product, and the % of product is below IDLH, and the

atmospheric Oxygen level is above 19.5% then Level C protection may be worn.

Level D - If in a safe area, and no product contact is anticipated, Level D protection may be worn.

If the product involved has a fire hazard, then consideration is to be made to Flash Fire protection.

1607.15 Entry Team Time in the Hot Zone should be limited to twenty minutes of time, with a bonus extension to thirty minutes at the discretion of the Safety and Hot Zone Officers. The only normally allowed exception to the time limitations shall be in the event of a incident in which the travel time to the site precludes the possibility of return in thirty minutes.

1607.16 Entry team communications should be conducted on the designated channel. Radio silence shall be observed while the Entry Team is in the Hot Zone. Operational communications should occur on other frequencies. **Emergency** signals are as follows:

1 blast of air horn: STOP

2 blasts of air horn: GO

3 blasts of air horn: COME BACK to safe area

The Safety Officer should have an air horn in his possession.

A 15 second, continuous blast of apparatus air horns indicates a site emergency and evacuation. In addition, the hand signals "Out of Air", "Low on Air", and "OK" are shown, attached to this SOG.

1607.17 The Entry Team priorities should be as follows:

Rescue of victims should take top priority. The Entry Team should locate and retrieve any viable victims of the incident, using medically accepted triage techniques. An exception to the triage system may be the practice of "First Found, First Out" for victim rescue. Medical treatment in the hot zone may be limited to cervical spine immobilization, total spinal immobilization, or gross bleeding control.

Reconnaissance (recon) should be the next priority the Entry Team should report their findings by radio to the Hot Zone Officer upon finding any information on product, quantity, and vessel condition/damage. The Entry Team should also make an effort to recover any shipping papers. The Entry Team should make it standard practice to place any papers found into ziploc type bags so that the papers may be decontaminated upon their return to the warm Zone. If victims are encountered during recon operations, the Entry Team will revert back to the rescue mode. The Entry Team, upon completion of their mission should either exit through the responder decon line, or if the rescue/recon mission was neither a time consuming nor difficult

one, reenter the hot zone for patching operations.

1607.18 Patching/Plugging as performed by the SRT may consist of any patching, plugging or sealing of pipes, tanks, and valves or diking of spills only if they present an immediate or future risk to human life, or property if the destruction of said property would endanger human life. It is felt that any other placement of SRT personnel in a control mode for the preservation of property is best left to the services of a spill contractor, who is the business of property spill control. This policy shall be evaluated on an individual incident basis and may be altered if necessary by the SRT Incident Commander.

1607.19 The Patching Entry Team should enter the Hot Zone and perform patching operations as needed to resolve the incident. The team should utilize appropriate methods to control or contain the spill or leak.

1608.01 **HAZARDOUS MATERIAL RESPONSE-DECONTAMINATION**

Decontamination may fall into three basic categories; Responder, Victim, and Equipment. The intent of field decontamination is to leave as much of the contamination as possible at the incident site, while rendering appropriate medical care as possible.

1608.02 These SOG's are written for the "worse case" scenario, and based upon the chemical involved and may be downgraded or upgraded as necessary with the approval of the SRT IC.

1608.03 Responder decon begins with the set-up of a decon line, which should be placed upwind and updrift, if possible, from the incident site. The line should be located at the edge of the Hot Zone, in the Warm Zone.

1608.04 A tarp should be placed to attempt runoff control however in sub-freezing temperatures this may present an extreme safety risk and may be excluded at the discretion of the Decon and Safety Officers.

1608.05 Pools should be erected and a water supply acquired. Possible water sources include fire apparatus, hydrants, garden hose spigots, etc. Standard set-up should be two pools in sequence; however for heavy contaminants a deluge shower may be erected. Showers may be erected as an option in responder decon.

1608.06 Buckets of washing solution should be positioned at each pool. The solution is dependent on the chemical involved, based on solubility, compatibility, etc. Final wash solution choice is left to the Decon Officer.

- 1608.07 The Responder Decon Personnel should be dressed at minimum in one level less protection than that of the responders. Two decon personnel should be placed at each pool, and two more if available to assist in the undressing of Responders.
- 1608.08 Responder decon personnel should scrub the suited responder with a Brush, paying particular attention to the hands, boots, under the arms and in folds of the legs. Upon exiting the pools, the personnel should assist the Responder and scrub the soles of the boots prior to stepping out of the pools.
- 1608.09 The Responder should then be assisted out of the suit, utilizing care not to touch the "clean" inside of the suit. The responder should remove SCBA and inner gloves last, and wash face and hands prior to leaving Decon. A shower is recommended prior to termination of the incident.
- 1608.10 The responder shall be checked by the Medical Surveillance Officer for signs of heat stress or chemical exposure. A post entry medical evaluation will be completed by the Medical Surveillance Officer. The use of chemical detection equipment (PID's, radiological detection meters, pH or reagent strips) can assist in determining the adequacy of decontamination.
- 1608.11 If at any time a responder's suit is breached while contaminants are present, the Responder should remove the suit prior to the Decon Line with care not to become grossly exposed and enter the patient decontamination Line.
- 1608.12 In the event of the collapse of a Responder while in the Hot Zone, the Hot Zone Officer should follow the procedures outlined in the "Responder Rescue Flow sheet"
- 1608.13 Decontamination of victims should use the following guidelines. Next to Responder decontamination a patient decontamination line should be established.
- 1608.14 In the patient decon area, a tarp should be placed to reduce surface contamination with caution for sub-freezing; on which the decon tent may be raised.
- 1608.15 A water supply should be secured and the showers/hose lines should be placed in the decon area. The heater on the Shelby Task Force

Trailer should be utilized if possible. Pools should be placed for runoff control, and buckets with appropriate decon solution & brushes should be placed by them. The solution should be at the discretion of the Decon Officer however normally a mild soap solution should be used. Neutralization of products on the skin is discouraged due to the potential generation of heat.

- 1608.16 Garbage bags for clothing removal and other contaminated items should be placed at the entrance and exit of the decon area.
- 1608.17 Once proper chemical ID is made a corresponding level of protection should be donned by the decon crew. Level C protection may be adequate for most situations; however this is at the Decon Officers discretion.
- 1608.18 There should ideally be two patient decon personnel at the decon entrance, whose responsibilities include transfer of the patient from the hot zone crew, removal of all clothing not previously removed and the brushing off of obvious contamination; two decon personnel at the first pool location who should scrub and rinse the victim with particular attention to cracks and crevices; two decon personnel at the second pool, who should again scrub and rinse the victim.
- 1608.19 Upon exiting the decon area, the patient should be given a disposable jumpsuit and moved to the patient treatment area. These individuals should be moved to an area that is protected from exposure.
- 1608.20 Upon completion of the decon operation both the Responder and the patient decon teams should proceed through the decon line in order from most contaminated to least contaminated until all personnel have exited the decon corridor.
- 1608.21 **Treatment Area for Injured/ Ill Patients**
- In the Cold Zone, at the exit point of the decon area, there should be an area designated for the treatment and preparation for transport of decontaminated victims. The treatment area may be manned by SCEMS or other authorized medical personnel as needed for patient volume and the treatment area size may also be dictated by the patient volume. A Triage Officer may be established at this location to prioritize patient care; also a Transport Officer may be established to coordinate hospital destinations and track patient names.
- 1608.22 The treatment area is the first point at which advanced medical treatment of patients is addressed. The initiation of Basic Life Support

(BLS) and Advanced Life Support (ALS) above and beyond basic immobilization and gross bleeding control in the hot zone is dictated by the feasibility of performing such procedures in special protective clothing and time constraints due to suiting for hot zone entry.

1608.23 The use of prophylactic ALS procedures is discouraged due to potential for chemical breach of the skin barrier.

1608.24 **Transport of Decontaminated Victims**

Once the victims have been treated and prepared for transport the victims should be moved from the treatment area to a transport area. The Transport Officer should assign patients to trucks for transport, keep track of patients transported, maintain the staging area for incoming ambulances, and as evenly as possible distribute patients among the hospitals equipped for contaminated patients if further decontamination is required.

1608.25 The crew transporting the patients should don PPE to the level deemed safe by the Decon Officer for field-decontaminated patients. Patients will not be placed in an SCEMS ambulance without the consent of the transporting paramedic. Consider the use of detection equipment to confirm appropriate decon. (PID, colorimetric, radiological detection, etc.)

1608.26 Jewish Hospital Shelbyville has limited capabilities for external decontamination through the Metropolitan Medical Response System trailer. The hospital in the Greater Louisville area prepared to accept contaminated patients is the University of Louisville Hospital. Crews transporting to this facility should make no entry to their facility until directed to do so by hospital personnel. Advance notice will be given to the receiving facility to allow for decon preparation. SCEMS personnel will assist hospital staff in providing decon expertise if requested and personnel resources are adequate.

1608.27 Once the patients have been handed to the hospital decontamination personnel, the Transportation Officer shall be contacted to determine if more patients require transport. If so, the ambulance may return to the incident with plastic intact. If no further patients are to be transported, then the plastic should be removed from the ambulance with care not to contaminate the vehicle and left at the facility in an appropriate location to be picked up by a spill contractor or other licensed waste removal personnel. The ambulance crew should then remove their Personal Protective Clothing, and shower if necessary.

1608.28 **Cold Weather Decontamination**

If weather conditions are such that the rinsing of patient presents greater risk to the patient from hypothermia than the advantage of wet decontamination of a product then the option of dry decontamination may be instituted. The patient's clothing should be totally removed, any obvious product brushed off, and the patient wrapped in plastic for transport. Invasive ALS skills should be avoided if at all possible and the receiving hospital should be made aware of the imminent arrival of a "Hot" patient.

1608.29 **Life Threatening Decontamination**

If the patient's medical condition is such that full field decontamination would adversely affect patient outcome, the option of dry decontamination may be utilized, however protection of the crew and ambulance is essential if the chemical involved presents a risk.

1608.30 **Equipment Decontamination**

Any equipment that becomes contaminated must be evaluated as to the practicality of recovery vs. replacement. The decision to attempt decontamination of an item should be made by the SRT IC, upon consultation with the Health Department and EMA. If a decision is made to clean the item then personnel should don the appropriate level of protection for the material involved following standard decontamination procedures.

1609.01 **HAZARDOUS MATERIALS RESPONSE – TERMINATION**

An incident is deemed terminated when the Fire Incident Commander, by utilizing available resources, declares the area safe for removal of response organizations from the area. It is understood that there are some agencies, i.e. spill contractors, EPA, etc. that may remain on site for an extended period of time, and these organizations may be left by the Fire Incident Commander without supervision. These agencies do not reflect the intent of this SOG. Upon termination of the incident, all SRT equipment and vehicles should be returned to a state of readiness by all SRT members available to assist.

1609.02 **DOCUMENTATION**

Upon completion of the incident, an incident file should be prepared by the Operations Captain or his/her designee. The Site Safety Plan, any

product MSDS, responder statements or other data should be included in the file along with owner and shipper information. Chemical contamination exposure forms should be filled out for each potential exposure.

1609.03 **RECOVERY**

Information regarding the shipper should be obtained, and a list of manpower and equipment utilization kept for the purposes of recovery of expenditures stemming from the incident. This record should be forwarded to the Chief of EMS.

1610.01 **MASS CASUALTY INCIDENTS**

The term Mass Casualty Incident (MCI) refers to any incident which involves such a quantity of victims that the normal, day-to-day street coverage of the SCEMS is overwhelmed and additional treatment and transportation personnel are required. (See SCEMS Mass Casualty and Disaster Triage Plan Sect. 800)

1610.02 **OTHER MCI DISASTERS**

Other potential MCI may arise to which there is no SOG and in such instances SRT personnel should apply common sense and judgment to mitigate the situation.

1611.01 **CONFINED SPACE RESONSE**

SRT will provide specially trained paramedics and EMTS to the Shelby Task Force Confined Space Branch. These members will be trained as outlined in OSHA 29 CFR 1910.146 and NFPA 1670. Members will follow the Standard Operating Guidelines of the Shelby Task Force and the Special Operations Medical Protocols of SCEMS.

1612.01 **TRENCH RESCUE**

SRT will provide specially trained paramedics and EMT's to the Shelby Task Force Trench Rescue Branch. These members will be trained as outlined in OSHA 29 CFR 1926 Subpart B and NFPA 1670. Members will follow the Standard Operating Guidelines of the Shelby Task Force and the Special Operations Medical Protocols of SCEMS.

1613.01 **SEARCH AND RESCUE**

SRT will provide specially trained paramedics and EMT's to the Shelby Task Force Search and Rescue (SAR) Branch. These members will be trained as outlined By Kentucky Emergency Management. Members will follow the Standard Operating Guidelines of the Shelby Task Force and the Special Operations Medical Protocols of SCEMS.

1614.01 **PHYSICAL FITNESS REQUIREMENTS**

All SRT members shall undergo physical exams as required by the Shelby Task Force Team.

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SOG # 1700 Honor Guard

Purpose: To outline the roles and responsibilities of the Shelby County EMS Honor Guard.

1700.01 **FUNCTION ATTENDANCE**

SCEMS Honor Guard will be utilized during the following occasions:

- Funerals of active and retired members of SCEMS when requested. (The Chief or his representative reserves the right to prioritize the request and make final decision on the team's use and to limit the geographic distance.)
- SCEMS award ceremony
- Parades as directed
- Any other functions deemed appropriate by the Chief of SCEMS. (i.e. competitions, joint funerals functions, and funerals for associates, or friends of EMS).

1701.01 **SUPERVISION**

The Chief will appoint a Commander and/or Master of Arms who will be responsible for the routine operation and training of the Honor Guard. The Commander and/or Master of Arms will organize and direct meetings, drill practice, maintain training records, and oversee ceremonies. All operations conducted by the Honor Guard shall be performed under the direct supervision of the Honor Guard Commander. In the absence of the Commander, the Honor Guard Commander will temporarily appoint the Master of Arms or his/her designee.

1702.01 **REQUEST FOR SERVICE**

All requests for the Honor Guard shall be made to the Chief and/or Deputy Chief, Commander or Master of Arms.

1703.01 **FUNERAL ASSISTANCE**

At the Commander's request an appropriate member of SCEMS will be requested to become liaison for the family and SCEMS. The liaison member must know that this is not a decision making position. This is a role of "facilitator" between the family and the department. The liaison member will:

1. Meet with the family in order to make them aware of what SCEMS Honor Guard can offer in the way of assistance if the family decides to have EMS as part of the funeral.
2. Help to provide any possible assistance to the family during this time of need.
3. Be issued a phone or radio to assure an immediate line of communication with the Command Staff.
4. See that the Honor Guard Commander and/or Master of Arms brief the family on the funeral procedure as outlined.
5. Help organize any effort made by the Department as a whole to show their sympathy i.e. money for floral arrangements, cards, and food.

1704.01 **EQUIPMENT**

All members will normally utilize only department issued equipment in the performance of their duties. Any equipment that is utilized that is not issued must first be inspected and authorized by the Commander prior to its use by that member.

1704.02 The issued equipment assigned to each member shall match the inventory listings on file. Unit members will not modify, change, or otherwise alter any issued equipment beyond what is normal for cleaning or maintenance purposes. Only contract vendors will perform all significant uniforms alterations.

1704.03 All uniforms and equipment issued to unit members will be maintained in a high state of readiness at all times. Each member is responsible for their assigned equipment and must report any damage or loss. Unit members will not loan, give, or permit to handle any unit equipment to anyone without approval of the Commander.

1704.04 Following the use of any issued equipment the member responsible for the equipment will clean and restore the equipment to its proper condition to ensure its readiness for future details.

1705.01 **NOTIFICATION AND RESPONSE**

Notification and use of the Honor Guard can be requested either through the Chief, Deputy Chief, Commander, or Master of Arms, with final approval being granted by the Chief. Normally, and when time allows, the Honor Guard Commander will notify unit members of scheduled details by department memorandum. Copies of these memos will also be sent to each member's supervisor to ensure proper notification to them for times when scheduling changes are necessary. When time does not allow, such as funeral details, etc. the Honor Guard Commander will make notifications to unit members by personal contact.

1705.02 If a unit member is unable to participate in a scheduled detail he/she shall notify the Commander upon receipt of the notification of the detail. If a unit member is unable to participate on the day of the detail, every effort should be made to contact the Commander either through the phone or pager if not able to get hold of Commander then contact Master of Arms.

1705.03 Any unit member that will be out of town or on vacation shall notify the Honor Guard Commander prior to that absence. Should the Commander be absent the Master of Arms shall be appointed to handle the unit affairs reporting to the Chief or Deputy Chief.

1705.04 The acting Commander shall have the same authority and responsibility of the Commander. This may also be the case at any detail in which the Commander may not be able to attend.

1705.05 Unit members should be mindful of the professionalism of the dept and the unit by being prompt when reporting to details and respectful when participating in these details. Failure to act in a professional manner or to engage in an act that would bring disgrace to the unit may result in suspension or dismissal from the unit.

1705.06 Upon arrival at a detail location a staging area will designate for unit members. Unless otherwise directed, unit members shall remain in the staging area and be readily accessible in case of changes in the event. The Commander, Master of Arms, or his/her designee shall be responsible for obtaining certain necessary information relating to the detail. The Commander, Master of Arms, or designee will communicate this information to the unit members to ensure that all relevant factors surrounding the details have been discussed and planned.

1706.01 **TRAINING**

All Unit training is conducted to enhance accuracy, proficiency, and uniformity in an effort to better prepare the unit members for accomplishing all operational objectives. The date and topic of each training session will be posted in a training notice prior to each session.

1706.02 All training sessions will be documented on a Summary of Training Form and maintained in the unit records by the Honor Guard. The form will note the particular topic or topics of training and which members attended the training.

1706.03 Unit training will also include cross training with other units or other public safety agencies to remain in a prepared level for functions involving other multi-agencies.

1706.04 All training is an on duty function. Attendance at all training sessions is mandatory. Only the Honor Guard Commander can excuse a unit member from training and then only for a well-justified reason. All unit members will conduct all possible efforts to reschedule other appointments before requesting to be excused from unit training.

1706.05 Failure to attend any training may result in suspension or dismissal from the unit. All requests to be excused from a training sessions as well as incidents involving an unexcused absence will be considered on a case-by-case basis.

1707.01 **FITNESS AND APPEARANCE**

All unit members are expected to be in a good physical condition. It is the responsibility of the individual unit member to ensure that he or she maintains an acceptable level of physical fitness in order to successfully

participate in prolonged unit details when stamina is of utmost importance, such as casket guard, parades, or other details as they may dictate.

1708.01 **UNIT RECORDS**

The Honor Guard Commander shall maintain unit and individual records with respect to all unit operations.

1708.02 All unit activity at any detail shall be recorded on a master unit log by the Master of Arms to track all activity conducted. The log shall be given to the Commander to place with the individual records. This log shall be completed noting the training that was planned, conducted, and which members were in attendance.

1709.01 **DRILL AND CEREMONIES**

All drill ceremonies shall be in accordance with those described in the US Army Field Manual, FM 22-5 Drill and Ceremonies. All honor guard members should be familiar with all items covered in this manual. The Honor Guard Commander and/or Master of Arms will maintain a copy of this manual with all unit files and it will be made available to unit members when requested. FM 22-5 Drill and Ceremonies provides guidance for uniformity in the conduct of drill and ceremonies. It includes methods of instructing drill, teaching techniques, individual drill and unit drill, manual of arms, and various other aspects of basic instruction.

1709.02 Since exact procedures covering all situations or eventualities pertaining to drill and ceremonies cannot be foreseen, the Commander and/or Master of Arms may find it necessary to adjust the procedures to local conditions after receiving final approval from the Director. However, with the view towards maintaining consistency, and uniformity the procedures in FM 22-5 Drill and Ceremonies should be adhered to as closely as possible.

1710.01 **SELECTION OF APPLICANTS**

New members will be added as vacant positions are available. When necessary the Chief will post vacant positions. Interested personnel will submit a letter of interest with all pertinent qualifications specifying drill and ceremonies or support. The letter will be presented to the Honor Guard team for recommendations and approval. The SCEMS Chief will

have final approval for personnel being added to the Honor Guard. The new member will remain on a team probationary period for six months before uniforms and equipment are issued.

1710.02 The primary reason for the unit is drill and ceremonies. Those wishing to participate in this area will be given an exam that tests knowledge of the FM-22 Drill and Ceremonies manual. (This test will not be necessary for those expressing an interest only in support).

1710.03 Only after successful completion of this exam can an applicant become a candidate for drill and ceremonies, with a final decision being made by the Director, Commander, and other members of the team.

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SOG # 1800 Strategic Planning

Purpose: To provide a method for developing and implementing a planning process to continue progress at Shelby County EMS.

1800.01 **STRATEGIC PLANNING**

In June of each fiscal year the Chief and Deputy Chief will meet to outline the strategic goals for the following year. This will be done in accordance with the budget expectations for that year. Supervisory and support personnel will participate with specialized expertise. The following goals should be addressed and evaluated on a regular basis for progress.

One Year Goals- Processes, policies, capabilities and changes that should occur in the upcoming budget cycle. Evaluation should be on a quarterly basis.

Five Year Goals- Long range goals. Examples should include: technology updates, fleet supplementation and service expansion. Evaluation should occur at least every six months with emphasis on the budget cycle.

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SOG # 1900 Customer Feedback/ Community Relations

Purpose: To provide an environment that understands that patient care and satisfaction are the purpose of Shelby County EMS.

1900.01 **COMMUNITY RELATIONS**

When SCEMS is requested for civic groups, town festivals, community gatherings, news media, and information concerning public safety, the Public Relations Officer will fill out a request form in detail of the event.

1900.02 SCEMS is committed to, and understands the rights of the news media and general public to be accurately informed in all matters concerning public safety. Every effort should be made to channel these request through the Chief or Deputy Chief.

1901.01 **COMMUNITY EDUCATION, HEALTH PROMOTION,& INJURY PREVENTION**

SCEMS will provide pre-hospital care education, health promotions, and injury prevention through history, education, & awareness on request.

1901.02 SCEMS educates the public in pre-hospital care through lectures and hands on demonstrations. SCEMS will provide injury prevention material for schools and safety tip cards for adults. These items will contain community education, health promotions, and injury prevention.

1902.01 **RECEIVING AND REFERRING FACILITIES**

SCEMS will provide transferring and receiving facilities a program to educate them on our capabilities and services provided. These will be conducted through the SCEMS Training Officer. Topics will include:

- Standards
- Capabilities
- Procedures
- Benefits to the patient
- Appropriateness of transfers
- Guidelines

1903.01 **CUSTOMER FEEDBACK**

SCEMS has established a customer feedback program through our Quality Assurance program. Selected patients will receive a phone call asking to do a brief survey on the following.

- Response time
- Bedside manors
- Quality of care
- Transport time

All data gathered will be used for patient improvement.

1904.01 **COMMUNITY SERVICE**

To establish a good working relationship with the community and general public, SCEMS will offer their presence at public events as requested. These requests will be forwarded to the SCEMS Community Relations Officer. Examples include:

- Local parades
- School events
- Fairs
- Community events
- Civic groups

1905.01 **COMMUNITY DIVERSITY**

To ensure that efforts are made to address cultural and language diversity in the community. The following should be attempted when possible.

- Attempt to learn new cultures
- Learn new languages
- Participate in events
- Provide bilingual injury prevention programs

1906.01

COMMUNITY AWARDS

SCEMS also recognizes members of the community who with no obligation or expectation to act do so for the sake of others. The following awards may be bestowed on members of the community;

Citizen's Heroism Award

The Citizen's Heroism Award is awarded for actions by a member of the community other than EMS/Fire taken to assist others at great risk to ones own life.

Citizen's Lifesaving Award

The Citizen's Life Saving Award is awarded for actions which directly result in the saving of a person's life.

Citizen's Service Award

The Citizen's Service Award is awarded for actions by a member of the community other than EMS/Fire taken to assist others in need at emergency scenes

1907.01

MEDIA RELATIONS

SCEMS members will refer all media inquiries to the Chief or Deputy Chief. If SCEMS personnel are approached by the news media they shall make no statements and facilitate the media's contact with the Chief.

1908.01

CONTACTING MEDIA

The Chief or Deputy Chief shall coordinate the release of all general information to the media

1909.01

TRACKING MEDIA COVERAGE

Every attempt to track all media information related to SCEMS will be done. This will be used to determine.

- Accurate information release
- Training Opportunities

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SOG # 2000 Communications and Response Standards

Purpose To establish safe and efficient radio communications as well as to assure that data is collected to maximize available resources and provide for a responsible EMS system.

2000.01 **RESPONSE**

When dispatched on an emergency run, the responding crew will proceed to the unit and respond in an expedient manner. Med unit response time will not exceed two minutes. At three minutes, if a SCEMS unit is not responding, Central Dispatch will redispach the run and advise that it is a second notification. If the unit is not in quarters their location will be given to Central Dispatch upon acknowledging the run. When responding, the Med unit will give their location when contacted (ex. Med 11, 6th and Washington). SCEMS will use plain text communications with all radio traffic as recommended by the National Incident management System (NIMS). Only when issues of safety or discretion are needed will "10" codes be utilized. SCEMS recognizes the following codes when the situation dictates:

- 10-30- Personnel in trouble, Emergency assistance needed
- 10-64- Are you OK?
- 10-65- We are OK. (EMS Crew reply)
- 10-80- Deceased person
- 10-90- Bomb threat

2000.02 No personnel identification will be transmitted via radio. (Ex. Names, personal information)

2000.03 SCEMS units shall be named "Med Units". Units will be referred to by the first digit referencing the station assignment and the second digit referring to the ambulance. (Ex. Med 14- Station one, ambulance four).

Units that are being utilized for details shall use a forty series number. (Ex Med 41- Detail unit, ambulance one).

2001.01 **TRIAGING SERVICE REQUESTS**

Determining the Level of Urgency- Shelby County EMS personnel will respond to 911 runs as dispatched by Central Dispatch in an emergency basis (lights and Siren). If the request seems minor in nature, the crew will request additional information to determine the appropriate response mode. If a better determination cannot be made, the response will err on the side of caution and respond emergently. Consideration will also be made from information presented by other on scene responders. Ultimately the Shift Captain will make the final judgment in regards to appropriateness of response.

2001.02 Determining and sending the closest resources- The closest SCEMS ambulance will respond on all emergency runs. Non emergency transfers will be at the discretion of the Shift Captain.

2001.03 In the event that multiple requests for service are made at the same time, the following guidelines will be utilized

1. The closest appropriate ambulance will be sent on the highest priority run (Ex. Issues with Airway, Breathing Circulation, etc.
2. The next closest ambulance will receive the secondary run.
3. Ambulances may be redirected by the Shift Captain if resources will cross each other.
4. In the event that multiple calls for service out weigh existing resources, mutual aid will be requested from surrounding agencies. Fire Department first responders will respond to the scene. The Shift Captain will also request the off duty dispatch to occur and off duty personnel report to the nearest station for equipment,

2001.04 To adequately triage requests for service the following is a listing of service levels for what types of requests are agency appropriate in prioritized order.

- Priority 1- Emergency 911 Response
- Priority 2- Non Emergency 911 Response
- Priority 3- On scene interagency standby (Ex. Fire Scenes)
- Priority 4- Emergent Inter-hospital transfer
- Priority 5 –Non Emergency Facility Transfers

Priority 6- Scheduled standbys (Ex. Sporting events, Private events, etc.)

- 2001.05 If a caller must be declined from a request for service. The following procedure will be utilized:
1. The Dispatcher will attempt to identify what services the caller is requesting.
 2. If the request is non-emergent, the caller will be directed to the most appropriate agency.
 3. The Dispatcher will consult with the Shift Captain to confirm appropriateness of the caller instructions.
 4. In the event that EMS is unable to respond (Ex. Flood, snow conditions, other disaster) Central Dispatch will notify the Shift Captain. In these events, coordination of resources will occur with other agencies through the Emergency Operations Center and the Shelby County Emergency response Plan.

2002.01 **RESPONSE TIME STANDARDS**

For life threatening requests, the total response time standard will be eight minutes and fifty- nine seconds or less, 90% of the time. The SCEMS Medical Director will have final authority of evaluation if response time averages are excessive (extreme remote settings, etc,) Response times will be evaluated weekly, monthly and annually by the Chief of SCEMS for trending and possible operational adjustments

2003.01 **RESPONSE TIME STANDARDS GUIDELINES**

The total time to process a request prior to it being assigned to ambulances should not exceed two minutes. This time should be kept as minimum at reasonable possible.

The total time for the ambulance to start a response shall be no more than two minutes. Central Dispatch will re-dispatch any Shelby County agency when a response is not noted in three minutes per Central Dispatch Policy

The total response time is defined as the difference in time between the point that the location of the patient and the call back number and problem type is known and the first unit on scene time. The following standards will be utilized:

Life Threatening and Emergency Requests- Eight minutes and fifty- nine seconds or less, 90% of the time.

Non-Emergency 911 requests- Twenty minutes or less to all areas of Shelby County. If the time is exceeded the on duty Shift Captain will document the event and forward to the Deputy Chief. These responses will be reviewed for appropriateness by the SCEMS Medical Director.

Emergency Transfers- Eight minutes and fifty- nine seconds or less, 90% of the time. Emergency transfers will be conducted as long as one available ambulance remains inservice to respond.

Non- Emergency Transfers- Will be conducted in a timely fashion as long as two ambulances are available to respond to emergency requests.

Scheduled transfers- Will be transported at the requested time as long as two ambulances are available to respond to emergency requests.

2004.01 **RESPONSE TIME REPORTING**

Analysis reports for response times will be compiled on a weekly, monthly and annual basis. This information should be evaluated and operations modified as necessary to maximize SCEMS efficiency. This information will be posted to allow access by SCEMS members.

2005.01 **TROUBLE RUNS**

Upon the Central Dispatch receiving a medical call for service with information that includes known trouble on the scene, the probability of trouble on the scene, or the mention of any weapons present on the scene the appropriate police agency will be advised to respond along with the unit and the responding unit will be advised of the additional information.

2005.02 Central Dispatch should request a police response for EMS assistance to the following calls and locations.

- Overdoses
- Persons down
- Subjects possibly intoxicated
- Injured persons from a fight

2005.03 SCEMS personnel who deem it necessary to call for additional assistance, should identify which type of resource is necessary i.e. fire or police and the nature of the request with the response code.

2005.04 When there is **IMMEDIATE DANGER TO EMS PERSONNEL**, the request for an emergency police response will be initiated with the unit using the ten-code "**10-30**". The dispatcher shall immediately contact the appropriate police department and notify the on-duty Shift Captain.

2005.05 When a 10-30 has been called, Dispatch shall have all units not involved or responding to the call clear the air and the channel marker initiated.

2005.06 Crewmembers shall use their own discretion in regards to entering premises or beginning patient care in trouble situations prior to the arrival of responding assistance.

2006.01 **MUTUAL AID REQUESTS**

When Central Dispatch receives a request for out of county mutual aid, they will contact the EMS Operations Supervisor on the EMS Channel and the Operations Supervisor will be informed of the resource request. The Operations Supervisor will determine whether the mutual aid can be granted based on the best operational assessment at the time. The run will then either be dispatched or the requesting agency immediately advised that sufficient resources are not available to make the response.

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 2100 Narcotic Control Policy

Purpose **To provide accountability for controlled substances from initial purchase, maximum security for controlled substances on ambulances and response vehicles as well as proper documentation and disposal of unused controlled substances.**

Definitions

Controlled substances in this document refer to Fentanyl (Schedule II), Morphine (Schedule II), Diazepam (Schedule IV) and Midazolam (Schedule IV).

The *expiration date* of a controlled substance is considered to be the last day of the month of marked expiration.

2200.01 Medication Chain of custody

The integrity of any security system is only as good as the weakest link. Therefore, it's vital that each and every member of SCEMS play an active role in maintaining consistent procedures.

Check In Procedure

1. All controlled substances are to be logged into the Narcotic Control Safe immediately when received by the Inventory / Supply Captain and/or Quality Assurance Officer. Whenever possible, two parties should be present. The log includes the manufacturer of the drug, the lot number and the expiration date.
2. The logged controlled substances are then placed into the Narcotic Control Safe. Access to this safe is limited to command staff and the Inventory/Supply Captain.

Security of controlled substances on vehicles

Controlled substances are to be securely maintained at all times. They are to remain in a locked narcotic box in the locked ambulance compartment until administration. After patient administration, any remaining medication should be wasted with a witness present and the Narcotic Usage Form completed. If at Jewish Hospital Shelbyville, the remaining medication will be disposed of in the waste medication container in the emergency department. The paramedic is responsible for the security of the controlled substances at all times.

Daily Check Procedure

1. Each paramedic is assigned a narcotic compartment key. Loss of the key shall be immediately reported to their supervisor. Keys will not be duplicated.
2. The oncoming paramedics will verify that the controlled substances are in each ambulance locked compartment and initial the inventory form daily.
3. The oncoming paramedics at Station One will also verify the controlled substances are present in the two spare boxes located in medical supply.
4. To assure that medication lot numbers are not confused, no medication should be exchanged between boxes (ex. expired or administered drugs).

Resupply of controlled substances

1. After administration of a controlled substance, the paramedic will complete the "Narcotic Usage" section on the Narcotic Check Sheet and place it back in the ambulance lock box. The Inventory/ Supply Captain will refill the box based on this form.
2. The paramedic will also complete the Narcotic Usage Form and attach it to the patient care report. During the run QA process, the yellow copy of the Narcotic usage form will remain with the run sheet and the white sheet delivered to the Inventory/ Supply Captain.
3. For Electronic Patient Care Reporting (EPCR), the medication will be appropriately documented in the EPCR. The paper Narcotic Usage Form will be completed and forwarded as outlined in #2 above.

Unissued Medication

1. Any medications that are in the SCEMS supply that are expired will be inventoried by the SCEMS Inventory /Supply Captain and the Chief/ Deputy Chief. The medication will be placed in the waste medication container at Jewish Shelbyville. The SCEMS Medication Disposal Form will be completed and the document maintained for a minimum of five years.

Broken/missing vials and inventory discrepancies

In the event that any controlled substance is missing or has a broken manufacturer's seal, a supervisor must be notified immediately. Command staff will then perform a complete review of all inventories. Additionally, an incident report must be completed immediately by the individual noting the discrepancy.

Routine audits

Given the tight level of security, periodic audits of the inventory levels can be kept to a minimum. However, to validate the integrity of the system, an audit and inventory will be completed by the Medical Director, Inventory/ Supply Captain and the Chief /Deputy Chief on at least an annual basis.

Consequences

Persons found in violation of any of the items in this provision shall be subject to immediate discipline, up to and including termination, as well as discipline by the state regulatory agency responsible for licensure certification. This includes: sale, misappropriation, theft, distribution, or inappropriate administration (to self or others).

Member Assistance Program

Addiction to a controlled substance is recognized as a disease that is responsive to proper treatment. Shelby County EMS provides a level of care through its Member Assistance Program (EAP). Any member wishing to voluntarily seek assistance with drug/alcohol problems may contact the EAP at 1-800-386-7055.

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
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SOG # 2200 Electronics Policy

2200.01 **Electronics Policy**

To prevent distractions in the workplace and help ensure the safety and privacy of all personnel and the patients we serve. Cellular phone use and use of personal digital assistants (PDAs) while on duty shall be limited to necessary work-related calls whether personal or company-issued. Personal calls are only permitted during limited times when work responsibilities are not being performed. Use of personal cameras whether cell phone camera, stand-alone cameras, or cameras contained on any other such personal devices while on duty or when performing any patient care functions for on behalf of Shelby County EMS is strictly prohibited. Electronics equipment is the property of Shelby County Fiscal Court. Professional usage of any electronics equipment is required.

2200.02 Cellular Telephone Use:

a. Personal cellular telephones are permitted to be carried while on duty, but must be placed on silent mode, and allow voice mail to answer the call. Messages may be checked on "down time" when not performing work duties. All personal cell phones must be "intrinsically safe" consistent with the national standards for portable electronic equipment (such as portable radios) carried by emergency service personnel into hazardous environments, and be carried in a safe and concealed area on the person that does not interfere with the physical requirements of the job, will not fall off, or cause others to be distracted by the presence or appearance of the device.

b. Cellular phones may be used for personal purposes only on a very limited basis and conversations shall be limited to five (5) minutes. Personal cell phone use must never be the cause for delay in responding to a dispatched call for service or beginning an

assignment, and should never be used while completing an assignment.

c. While attending to a patient or while operating a SCEMS vehicle personnel shall not, under any circumstances, respond to (or make) a personal cellular telephone call, send text messages, or check electronic mail on PDAs or other such devices.

d. Personnel are prohibited from using personal cellular telephones or PDSs between the dispatch of a call and the time that the call is cleared. This is to prevent any distractions while engaged in patient care, and to avoid any possible interference with equipment that may occur based upon the cellular activity. Example: Use of a personal cell phone is prohibited while at the incident and while getting the unit ready to respond or while completing necessary paperwork. But once all the post-run activities at the incident scene are completed and the unit is back in service, the personal cell phone may be used if necessary in an appropriate location as long as the use does not delay movement of the vehicle back to base or the next assignment.

2. Camera Use

a. Under no circumstances shall any personnel be permitted to use the camera function of a personal cellular telephone while on duty.

b. Personnel are only permitted to use cameras or other picture taking or image generating devices authorized and issued by Shelby County EMS while on duty. The County issued devices are intended to be used for purposes only such as documenting the position of vehicles and patients at the scene of an accident or to document mechanism of injury for use by the receiving facility to assist in guiding treatment. No other picture taking devices including personal electronic devices, PDAs, cameras, or other personal computers (not issued or authorized by Shelby County EMS for patient care or documentation purposes) shall be used by personnel while on duty.

c. All on -scene photography shall be for clinical and or documentation purposes only and conducted only at the direction of Shelby County EMS personnel in charge at the scene or by medical command.

d. Any photographs containing individually identifiable information are covered by the HIPPA Privacy Rule and must be protected in the same manner as patient care reports and other such documentation.

e. Any on-scene images and any other images taken by an member in the course and scope of their employment are solely the property of SCEMS and not the property of individual staff member.

- f. No images taken by a member in the course and scope of their employment may be used, printed, copied, scanned, emailed, posted, shared or distributed in any manner without the express, written approval of the Shelby County Judge Executive or the SCEMS Chief. This prohibition includes posting photos on personal web sites, such as FaceBook, or MySpace, or on other public social networking or public safety agency web sites, or emailing images to friends, colleagues or others in the emergency services industry.

2200.03 Electronic Patient Care Reporting Use

The electronic patient care reporting (EPCR) system of SCEMS shall be utilized to efficiently and accurately document patient care information. All HIPPA regulations apply. (See SOG # 1500 HIPPA). All EPCR equipment will be used respectfully and secured when not in use. When an ambulance will be down for an extended period, (maintenance, repair, etc) the portable computer will be locked securely in the docking cradle. Any damage will be reported immediately to a supervisor. Usage of EPCR for gathering of appropriate informational resources is acceptable. Note the Electronic Communications Policy in the Shelby County Administrative Code. Audits shall be conducted through the Director of Human Resources regarding appropriate usage.

2200.04 Social Networking Sites

SCEMS employees shall not post inflammatory, disrespectful or patient related information on any social networking site. This includes names, references to patients or any identifiable patient information including injuries. Note the Electronic Communications Policy in the Shelby County Administrative Code.