Catawba County
Emergency Medical Services

Standard Operating Guidelines

6/1/2013

Catawba County

Catawba County Emergency Medical Services

Catawba County Emergency Medical Services has published these Standard Operating Guidelines in an effort to keep its employee's informed of what is expected and how to handle certain situations. While these guidelines reflect most issues within our service it does not reflect all.

These Standard Operating Guidelines are subject to change. Every opportunity will be made to give adequate notice prior to changes occurring. If you have any questions concerning clarification please consult a supervisor.

These guidelines are in addition to the Catawba County Code. In the unlikely event a standard operating guideline conflicts with the county code, the county code usually prevails. However, an exception to this is situations where the standard operating guideline is specific to EMS and has been approved by the appropriate authority with the County Administration. (i.e., the definition of a work week as listed in the County Code does not apply to EMS employees)

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Add, Delete or Modify Current Standard Operating Guidelines

This guideline will help to explain how a Standard Operating Guideline may be added, deleted, or modified. It will also discuss the authority that a memo may have in place of an SOG.

For the purpose of this SOG the meaning of the term "memo'' shall be: Any written form of direction from a supervisor to an employee that he or she directly or indirectly supervises. A memo will be considered a standard operating guideline until the original author recalls it, the EMS manager recalls it, or it becomes listed as a SOG.

- Addition of a Standard Operating Guidelines
    - Generally, at the end of each calendar year the committee assigned to monitor and publish SOGs will meet to review all current memos and the need for new SOGs. They will establish if the need is system wide and if the memo is still pertinent. They will then submit a rough draft of these new SOGs to the Management Team at their meeting in June. The EMS Manager will be charged with final approval of all SOG additions. There may be additions made at other times of the year, which will be communicated to all employees.
- Deletion of a Standard Operating Procedure
    - Generally, at the end of each calendar year the committee assigned to monitor and publish SOGs will meet to review all current SOGs and will determine if any are no longer applicable. They will then submit a list of these SOGs deemed inapplicable to the Management Team at their meeting in June. The EMS Manager will be charged with final approval of all SOG deletions. There may be deletions made at other times of the year, which will be communicated to all employees.
- Modification of a Standard Operating Procedure
    - Generally, at the end of each calendar year the committee assigned to monitor and publish SOGs will meet to review all current SOGs and will determine if any modifications are needed. They will then submit a rough draft of any modifications to the Management Team at their meeting in June. The EMS Manager will be charged with final approval of all SOG modifications. There may be modifications made at other times of the year, which will be communicated to all employees.
- Requests for additions, deletions, or modifications of the standard operating guidelines may come from any employee within the EMS system. These requests should be submitted to the EMS Manager.
- All finalized changes to the Standard Operating Guidelines will be introduced to the Management Team at their meeting in August.
- Questions or clarification is encouraged. Employees should contact their respective Crew Chief.

Annual Leave Requests

This guideline describes procedures employees must follow for requesting annual leave.

- At no time shall more than four members of a shift be scheduled off without the prior approval of the EMS Manager. This approval must be made at least 72 hours in advance of the requested annual leave.

- Submitting leave requests

  - The employee's direct supervisor should receive all annual leave requests at least two weeks prior to the date of the requested leave.

    - Requests that are submitted without proper notice must be approved by the employees Shift Supervisor or the EMS Manager.

  - Upon receiving this request the supervisor must check the calendar maintained on the "EMS Calendar" for employees with time previously scheduled.

    - If there are already four people scheduled off, the request will be denied.

    - If less than four are scheduled off, the supervisor should make note on the schedule of the person placing the request as well as the date the request was submitted.

  - Once a leave request has been submitted and approved, the employee cannot cancel that request without the approval of their immediate supervisor and the agreement of the employee who had planned to cover time.

  - Following this procedure, crew chiefs may fill their time and then inform the supervisor of this request. Likewise, supervisors may fill their time and then inform the manager.

  - Catawba County EMS realizes that employees often schedule vacations and other events well in advance and due to reservation deposits it is important for that employee to have his/her leave request submitted to ensure its approval before obligating. This is meant as a convenience to the employee and supervisors should monitor leave requests to ensure that everyone is treated fairly. Requests will be submitted no earlier than six months from the date the leave is to begin.

  - Holidays are important to all employees of Catawba County EMS and often there are several employees who wish to take leave. Employees must follow proper procedures for submitting leave requests for holidays as well. Supervisors should monitor the frequency of these requests by an employee to ensure all employees are given equal opportunity.

- When an employee has requested time off months in advance, the EMS Manager reserves the right to rescind the approval if some circumstances change; for example, if the employee has a small annual leave balance. Likewise, if an employee has time off approved, and wants to rescind the request and work, the EMS Manager has the right to deny that request if other coverage has been arranged.

- Sick Call-ins

  - The on-duty Shift Supervisor should receive all sick call-ins at least three hours prior to the scheduled start time of the employee. The employee calling in is required to speak with the on-duty Shift Supervisor direct (i.e., e-mail, voice mail, etc.. is unacceptable).

Base Duties

Catawba County EMS employees deserve and expect to work in a safe and clean environment. Because EMS bases are subject to unannounced visits by the public, other public safety personnel, and County officials, it is expected that our facilities be kept safe and well maintained. Base duties are the responsibility of **all** employees stationed at a particular base at any given time. Remember to work together to make each first and subsequent impression of Catawba County EMS and yourself a good one.

Each of the following items shall be addressed **every shift**.

- Each base is to be kept neat and clean at all times.
- Trash cans must be emptied when needed (i.e., prior to becoming full).
- Dishes and utensils should be washed immediately after use and put away as soon as they are dry.
- Floors shall be swept, vacuumed or mopped as needed (i.e., prior to becoming visually soiled).
- Furniture shall be polished as needed.
- Each unit shall be kept clean and presentable to the public. The unit shall be washed daily unless weather prevents doing so. The inside of the unit shall be kept clean and disinfected at all times.
- Bathroom facilities shall be kept clean at all times.
- Dirty laundry, such as towels and washcloths, shall be washed, dried and folded as needed.

Call Outcome Definitions

This guideline defines the various call outcomes to be used when entering patient care reports.

- Assisted Other Crew / Mutual Aid – this outcome is to be used when you respond to assist another Catawba County EMS crew and all patient care is being documented in the other crew's chart.

- Cancelled Prior to Arrival – This outcome is to be used when you are cancelled prior to arriving at the scene of an incident.

- Catawba County Detention Facility – This outcome is to be used when an inmate of the Catawba County Detention Facility does not have third-party insurance and is treated and released (see below) or is treated and transported (see below). If the inmate does have third-party insurance, you will use the standard outcome for Treated and Released or Treated, Transported by EMS. Should the inmate refuse care you will use the standard outcome for Patient Refused Care no matter if they have third party insurance or not.

- Cath Standby – CVMC – This outcome is to be used when charting a standby for the cardiac catheterization lab at Catawba Valley Medical Center.

- Dead at Scene – This outcome is to be used when the patient was dead upon your arrival at the scene.

- Inpatient Contract – CVMC – This outcome is to be used when you transport an in-patient of Catawba Valley Medical Center (this applies to the trip from CVMC and the return trip to CVMC).

- Neonatal Contract – CVMC – This outcome is to be used when you conduct a Neonatal Transfer using Catawba Valley Medical Center unit.

- Neonatal Contract – FRMC – This outcome is to be used when you conduct a Neonatal Transfer using Frye Regional Medical Center unit.

- No Patient Found – This outcome is to be used when you arrive on the scene of an incident but are unable to locate a patient.

- Patient Refused Care – This outcome is to be used when a patient refuses treatment and transportation (this outcome will be used for assessment and / or minor treatment such as glucose readings, EKG monitoring, wound care, oxygen administration, administration of oral glucose, etc…).

- Standby – This outcome is to be used when you are standby for another agency and there are no patients involved with the incident (i.e., standby for a structure fire with no patients, injuries, etc…).

- Treated and Released – This outcome is to be used when you provide treatment for a patient but they refuse transportation to a facility. For the purpose of this outcome, treatment is defined as an advanced life support procedure (i.e., blood draw, intravenous / intraosseous access, administration of a medication other than oxygen or oral glucose; defibrillation, cardioversion, external cardiac pacing, chest decompression, endotracheal intubation and / or combitube insertion, surgical airway, etc…). Examples of "Treated and Released" include hypoglycemic patients in which you administer 50% Dextrose and the patient refuses transport after waking up, and cardiac arrest calls where the protocol has been completed and medical control gives permission to cease resuscitation efforts and the patient is not transported.

- Treated, Transferred care – This outcome is to be used when you utilize a medical helicopter for a scene flights in which you transfer care to the flight crew, but you do not transport the patient by ambulance. If you transport the patient to a helispot (even if it is only 0.1 mile away), then you will enter the chart as Treated, Transported by EMS.

- Treated, Transported by EMS – This outcome is to be used when you provide assessment and / or treatment and transportation to another location via ambulance.

Cardiac Catheterization Stand-By

Catawba County EMS will provide coverage for Catawba Valley Regional Medical Center during cardiac catheterizations. This policy describes the process involved in receiving the request and dispatch of a unit.

- Upon receipt of a request for cardiac catheterization stand-by the Communications Center will dispatch 3-Medic-2. If 3-Medic-2 is not available, the next closest available unit will be dispatched.

- Upon the crews arrival at CVMC they will position the ambulance at the MRI entrance and the personnel will proceed to the cardiac catheterization lab control room.

- As a minimum, the following equipment will be taken to the control room:

    - LP 12 Cardiac Monitor
    - Stretcher
    - Portable Oxygen Tank
    - Extra tape for securing equipment

- Catheterization lab personnel will make the decision as to when transport is required.

Billing Information

- Stand-By Only – The crew will complete a patient care report as normal in emsCharts. "Cath Standby-CVMC" will be entered for the Outcome of call.

- Transport of the Patient – The crew will enter two separate patient care report in emsCharts. The first will be inclusive of the stand-by portion of the call and the second will start when the patient is loaded onto the stretcher for transport and will terminate when the receiving facility assumes care of the patient.

    - The Stand-By chart will be completed as defined above for stand-by only calls.

    - The Transport chart will be completed as for any treatment / transportation call and requires the inclusion of the patient's demographic and billing information, etc.

Civil Leave

This policy explains leave options for 12-hour and 8-hour shift employees who attend jury duty or are subpoenaed.

- Jury Duty Options
  - Option 1
    - The employee chooses to retain the jury duty payment and take annual leave for shift days that would have been worked.
  - Option 2
    - The employee chooses to remit the jury payment to the county and record the hours served as hours worked with the appropriate code listed on the timesheet software.
- Jurors must report at the time assigned by the court. Employees will be given the option to take annual leave time before and after they're assigned court time or be present at their assigned duty station. Catawba County EMS allows thirty minutes travel time each way.
- Employees who reside outside Catawba County may request appropriate additional travel time.
- The State pays jurors $12.00 for the first day they serve, $20 for days two through five, and $40 for each day after day five. When selecting option 2, remit the jury payment for the shifts you are scheduled to work. (i.e. if scheduled two days to work and you served jury duty for five days, you would remit $32.00 to the county and keep $60.00.)
- If you are released early or are not needed for jury duty, you must report back to your duty station or take annual leave.
- Employees working a night shift prior to jury duty may work until 10:00 p.m. or the employee may choose to take annual leave for this time.
- If mileage reimbursement is received from the court, you may keep that reimbursement regardless of which option above you chose.
- Required Attendance - When an employee attends court in connection with official duties (either due to being subpoenaed to appear as a witness or to give a deposition) it should be listed as hours worked with a description of meeting. Mileage will also be paid for miles to and from by filing a travel voucher.

Compensation for Outside Employment (CVCC)

This SOG addresses guidelines concerning Catawba County EMS employees who are also Catawba Valley Community College instructors.

- A secondary employment form related to this job must be submitted, approved and on file in the Human Resources Department.

- Numerous continuing education classes are provided for Catawba County EMS employees and Catawba County Medical First Responders on a monthly basis. These classes are conducted throughout the County at various EMS, fire, and rescue stations.

- Catawba Valley Community College has the sole responsibility to coordinate, conduct, and provide instructors for the classes. On occasion, Catawba Valley Community College will contract with a Catawba County EMS employee to instruct these continuing education classes.

- When a CCEMS employee is employed by the college, that employment is wholly separate from their employment with the County. Due to this:

    - The county cannot in any way compensate an employee for hours worked while instructing for Catawba Valley Community College.

    - Should an employee desire to teach for CVCC at a time when he or she is regularly scheduled to work for the County, that employee will be allowed to use leave time or use substitute time (following the Substitution of Time Worked SOG) when approved by their direct supervisor. This time must be reflected appropriately on the employee's time sheet.

    - When an EMS employee is working for CVCC he or she will directly notify the College's administration of any problem, questions, concerns, etc. even though the class may be taught at an EMS base or for EMS employees.

    - All paperwork, contracts, etc… must be received / delivered directly to or from the college while the employee is on his or her own time as this is secondary employment and not related to EMS employment.

Completion of Patient Care Report

This policy provides clarification on the completion time of the Patient Care Report (PCR) via the emsCharts application.

- A patient care report must be generated anytime a dispatch number is assigned by the Communications Center. (If you are dispatched to a call and you are cancelled prior to leaving the base you may ask the Communication Center to simply cancel the dispatch number.)

- All patient care reports must be entered during the duty shift of the employee rendering care to the patient. In addition, the patient care report MUST be locked within twenty-four (24) hours of the call being completed.

  - It is recognized that in some cases, employees have patient care reports to do after the end of their duty shift; furthermore it is recognized that employees must be sufficiently rested at the beginning of their next consecutive duty shift. It is acceptable to leave a patient care report incomplete and finish it at the beginning of the next duty shift in the following conditions:

    - The employee has worked two hours past the end of his/her duty shift either running calls or inputting patient care reports and is scheduled to work the next day/night.

    - ALS calls or any call that may need to be reviewed by a physician, nurse, medical examiner, or other persons who will be involved in the patient's care after EMS care MUST be completely documented before the employee goes home.

    - If the employee wishes to leave any call incomplete, he/she must call the on-duty Shift Supervisor. The employee will advise the supervisor how many calls will be incomplete and give a brief description of the calls. The supervisor can choose to give or deny permission to leave patient care reports incomplete based on the type of calls the employee describes.

    - Page 1 of the emsCharts patient care report MUST be filled out in its entirety for each call not completed prior to leaving, without exception.

    - If an employee is scheduled to be off the next day/night, he/she will complete ALL patient care report for the current shift regardless of how long they may have to work over.

- Only employees of Catawba County EMS will complete a patient care report.

- During times when the Internet is not accessible or the emsCharts web site cannot be accessed, personnel shall not delay inputting the chart. The "emsCharts Mobile" application is to be utilized instead.

  - As soon as the Internet or emsCharts website is functional the crew member that entered the chart will upload the emsCharts Mobile record.

- Once the record(s) is uploaded, the employee will then sign in to the on-line version of emsCharts and complete the chart if necessary. If the chart is completed prior to upload, the employee needs only to electronically sign the chart and complete / lock the chart.
- If an employee enters a chart in emsCharts Mobile and is unable to upload it prior to the end of their shift, that employee is responsible for notifying the on-duty Shift Supervisor that the record has not been uploaded.

This represents the minimal documentation required for any call in which there is patient contact.

- Dispatch Information (Page 1)
  - Complete all blocks and pull down menus that are accessible.
  - Ensure that all times documented in the PCR correlate with those listed on the CAD report.

- Patient Information (Page 2)
  - Complete all blocks and pull down menus.
  - Not required: DL State and Number, Blood Type
  - Ensure that ER number and MR number correlate with the numbers on the patient's demographic sheet.
  - A NPP (Notice of Privacy Practices) must be given to all patients. If this is signed, choose yes.
  - Consent form must be signed for all patients.
  - If a Medical Necessity Form is present and signed by a physician, click "yes." Medical Necessity forms must have the correct date and a signature by a physician with "Dr." or "M.D."

- Patient / Bystander Interview (Page 2)
  - Page 2 reflects initial patient presentation/assessment.
  - Impression/Diagnosis section must be completed.
  - The location the unit is responding from must be documented in the Scene Description section.
  - Indicate Mechanism of Injury in the Scene Description or HPI section.
  - The Chief Complaint and History of Present Illness sections must be completed.
  - Document where and with whom the patient's belongings were left.
  - The Factors Affecting Care section must be completed.
  - Complete the following sections as they pertain to the call: Reasons for Encounter, Drugs/Alcohol, and Additional injury Details, Cardiac Arrest, and Motor Vehicle Incident.

- Neuro / Airway (Page 3)
  - Complete all blocks and pull down menus.
  - This page addresses how things are found in the primary assessment. (Any procedures done by EMS to correct airway issues are documented on page 8.)

- Respiratory / Cardiac (Page 4)
  - Complete all blocks and pull down menus.
  - This page addresses how things are found in the primary assessment.

- If appropriate mechanism of injury/illness is present, additional information regarding the presence/absence of gross bleeding must be included in the circulation comment section.
- Complete sections for the ventilator and pacemaker if they are being utilized prior to your arrival.

- Secondary Assessment (Page 5)
  - Include information that is pertinent to the Chief Complaint, History of the Present Illness, or Mechanism of Injury.
  - Complete all blocks and pull down menus if applicable to the complaint.
  - Complete "Additional Information" section as it applies to the patient.

- Meds/IVs PTA (Page 7)
  - Complete if the patient has any IVs or medications prior to arrival that must be maintained while enroute.

- Activity Log (Page 8)
  - Document all appropriate vital signs, assessments, treatments and time completed. Vitals should be reassessed every 5 minutes on an unstable patient, every 15 minutes on a stable patient, and each time there is a change in the patient condition.
  - Minimal vitals are to include: heart rate and quality, respiratory rate and effort, mental status, and blood pressure as applicable to the patient. Additional vitals should be documented as they pertain to the complaint: skin temperature, O2 saturation, EtCO2, blood glucose, pain scale, and cardiac rhythm. (Each time a 12-lead is obtained, document the findings in the rhythm box as well as the action area.)
  - An appropriate care protocol must be documented anytime an action is completed.
  - Treatment is to be documented utilizing the "Action" button.
    - Medication- complete all drop down menus. Include any improvements or complications
    - Intubation- complete all drop down menus. Include any improvements or complications.
    - Airway- Other- complete all drop down menus. Include any improvements or complications.
    - Initiate IV- complete all drop down menus. Include any improvements or complications. Any fluid given through the IV must be documented in the Medication activity area.
    - Cardiac- complete all drop down menus. Include any improvements or complications.
    - Immobilization- complete all drop down menus. Include any improvements or complications.
    - Medical Consult- complete all drop down menus. Include any orders obtained.
    - Labs- list any available lab values.
    - Drains-document any NG/OG tubes. Include any improvements or complications.
    - Ventilator- complete all drop down menus. Include any improvements or complications. Include ventilator values used while transporting.
    - Hospital notify- complete all drop down menus.

- Indicate the patient's final disposition. Ex: "Patient care was transferred to ER staff in room 13. Call ended."

- Miscellaneous (Page 9)
  - Attach all files pertinent to the call.
    - Signature form (front and back)-A copy of the back must also be left with the receiving facility.
    - Refusal
    - Uninjured Persons form
    - Patient Demographic sheet
    - Medical Necessity form
    - OEMS Airway Evaluation Form (front and back)
    - Cardiac Thrombolytic form
    - CVA Thrombolytic form
    - LA Stroke Screen
    - Restraint checklist
  - Anytime an EKG is obtained, it must be uploaded into EMS Charts.
  - An Addendum can be added if additional information needs to be added.

Controlled Substances – Security and Signatures

This policy explains the procedures for correctly securing, verifying and documenting the controlled substances used by Catawba County EMS.

- If a unit has been issued controlled substances; then those medications must be secured by using a double lock and key method at all times (i.e., two different locks with two different keys). The two exceptions are when the medications are being prepared for administration and when personnel are verifying and signing for the medications.

- The medications and associated keys must remain under the direct control of a Catawba County EMS Paramedic at all times.

- ALS Units

  - It is the responsibility of both the oncoming and off going Paramedic to ensure the controlled substance signature sheet is signed correctly.

    - The on-coming responsible Paramedic should inspect and verify the controlled substance box contents at the start of the shift. He/she must enter the shift and date in the appropriate columns in the first blank row on the log sheet. He/she must enter the total amount of medications on hand in the appropriate columns of the same row. He/she must sign his/her name in the on-coming column of the same row.

    - The off-going responsible Paramedic will then verify and sign his/her name in the off-going column of the same row.

    - Both parties will be present during signing.

  - If the unit uses any controlled substance during the shift, the responsible Paramedic must complete the appropriate columns on the log sheet, utilizing the same row as above. An incident number must be recorded each time narcotics are used. The paramedic must have a witness observe any wasting of narcotics and then the witness must sign on the appropriate line. Additional entries should be made on consecutive lines on the log sheet.

  - When controlled substances are replaced, the amount will be recorded on the appropriate line and signed by the individual replacing the narcotics.

  - A new controlled substance signature sheet will be started on the first day of every month.

  - Completed controlled substance signature form will be kept in the controlled substance box until picked up by the on-duty Shift Supervisor or delivered to the EMS Manager.

- Specialty Services

  - The on-coming responsible Paramedic should inspect and verify the controlled substance box contents at the start of the shift. The Paramedic must enter the shift and date in the appropriate column in the first blank row on the log sheet. He/She must enter the total amount of medications on hand in the appropriate columns of the same row. The Paramedic will sign his or her name in the on-coming column of the same row.

  - If the unit uses any controlled substances during the shift, the responsible Paramedic will complete the appropriate columns on the log sheet, utilizing the same row as above. An incident number shall be recorded each time narcotics are used. The Paramedic will have a witness observe any necessary wasting of controlled substances and then the witness shall sign on the appropriate line. Additional entries should be made on consecutive lines on the log sheet.

  - The off-going responsible Paramedic must sign his or her name in the off going column of the same row and at the end of the shift.

  - The keys for the controlled substance box must always be kept in a secured location.

Employee Conduct

Catawba County EMS personnel are constantly in public contact due to the nature of their profession. Public opinion of EMS and each individual provider is often formed while employees are en route to, at the scene of, or returning from an emergency or non-emergency call and while stationed at EMS bases of operation. Remember to make each impression of Catawba County EMS and yourself a good one.

- Always use courtesy and consideration when providing services or when services cannot be rendered.
- The title of Doctor, Mister, Mrs., Miss, or Ms. should be used with family names of all persons.
- Politeness in behavior and speech is mandatory at all times.
- Close Relationships
  - Employees engaging in a relationship with a co-worker may create potential conflicts of interest among employees.
  - Any employee involved in a close relationship with another EMS employee must report this relationship to the EMS Manager upon its inception.
  - The EMS Manager will notify the appropriate Crew Chief (s) and Shift Supervisor (s) to ensure the employees are not in violation of staffing guidelines.
- Use of Alcohol
  - No employee shall be on duty, nor participate in any duty-related activity, while under the influence of any alcoholic beverage, within eight (8) hours after consuming any alcoholic beverage, or with any odor of alcohol on his/her breath.
  - The consumption of any alcoholic beverage while on-duty or the possession of any alcoholic beverage with the seal broken while on County premises is cause for immediate dismissal.
- Drug Use
  - Employees are prohibited from using or possessing any drug, medication, or controlled substance not specifically prescribed to them by a physician.
  - If taking a prescription, while on-duty or prior to duty, which may impair judgment, ability to operate equipment, or impair the employee's conduct, the employee is required to advise the EMS Manager.
  - The presence of any EMS employee at a place where such drugs, medications, or controlled substances are consumed is strongly discouraged.
- Tobacco Use

- The use of tobacco products is prohibited at all Catawba County EMS facilities and in county vehicles.
- All employees shall refrain from use of any tobacco product while in the presence of a patient or members of the patient's family.
- All employees shall refrain from use of any tobacco product while at any location that prohibits the use of tobacco products (i.e., FRMC campus, CVMC campus, Catawba County Public Health, etc…)

- Weapons
  - The possession of a firearm or concealed weapons is prohibited on all county property. The sole exception is for sworn on-duty law enforcement officers.
- Treatment of family members
  - Employees should relinquish the acute treatment of their own family members to other qualified technicians when such persons are available.
- Solicitation
  - The solicitation for or selling of any product or service while on-duty is prohibited, unless approved by the county.
- EMS personnel must be able to perform essential functions of the job. Any employee that cannot perform these essential job functions may be released from duty, by the on-duty Shift Supervisor or a member of the administrative staff, for the remainder of the shift.
  - The EMS Manager must be informed of the situation immediately.
- No personal vehicles may be washed at any EMS base.
- All Catawba County EMS employees are responsible for equipment issued to them.
  - Catawba County EMS will consider equipment secure when in a locker room or area that is not readily accessible by the public. Catawba County vehicles are considered a secure area for equipment. Any equipment lost, stolen, or damaged during the course of providing services will not be the responsibility of the employee.
  - All equipment left in areas that are accessible by the public (i.e., coat rack in the day room) will be considered not secure and the employee will be held responsible for the damage, loss, or theft of the equipment.
  - Any equipment lost, stolen, or damaged while not on Catawba County property will also be the responsibility of the EMS employee.

- Employees are expected to replace or repair any equipment lost, stolen, or damaged while being maintained in an unsecured area or while off county property.

Employee Notification

The purpose of this guideline is to ensure that employees can be easily contacted should the need arise and to make the dissemination of information quick and easy.

Catawba County EMS will utilize a communications messaging system as the primary method of contacting employees. This system can send messages via texts and/or emails.

- Each employee must provide either a cell phone number and provider or an email address that he/she wants to be the primary contact for this system.

- The employee will be responsible for any information that is sent to the primary contact point. This time is not considered hours worked under Fair Labor Standards. If an employee is called out to an incident or event, and respond, then the time is considered hours worked and the employee is required to report the time.

    - Some examples of situations when the messaging system will be utilized include:

        - Callback of employees for incident coverage

        - Dissemination of information to selected groups or committee

        - Notification of full-time employees of changes to their base assignment, schedule, etc…

        - Notification of part-time employees of available shifts / time

- When notifying part-time employees of available shifts / time the following guidelines will be utilized.

    - All shifts / time will be sent to the entire part-time staff simultaneously.

    - Shifts / time will be awarded to the first part-time employee who calls back and can work without incurring overtime.

    - All messages to cover shifts / time will be sent between the hours of 0600 - 2300, unless the situation requires immediate attention, in which case the message may be sent at any time day or night.

- The employee will notify the EMS Manager of any changes to the primary contact (i.e., new number, new provider, etc.) as soon as possible to ensure he/she continues to receive notifications.

Flying the Flags

This policy covers the manner in which flags should be flown and maintained at bases having county owned flag poles.

- Bases must fly both the American and County flags.
- Lighted Flag Poles:
  - Flags will be flown 24 hours per day, 7 days per week, except in inclement weather.
  - Weekly checks will be made on Friday nights to verify that the floodlights are working properly.
  - If lights become inoperative at any time, base personnel will follow the guideline for unlighted flagpoles.
- Unlighted Flag Poles:
  - Flags should be raised as close to sunrise as possible and then lowered each day as close to sunset as possible.
  - On days that weather is inclement, flags should not be flown.
- Flags should be folded and stored **appropriately** when not in use.
- If a flag is damaged or badly worn, a new one should be requested from Maintenance by using the appropriate form.
- Flags will be flown at half-mast only when authorized by County administration.

Forcible Entry

On occasion, we are confronted with the situation of being locked out of a house where there is a patient inside.

If you can confirm a patient is inside a locked structure and they cannot allow you access due to a condition you may force entry into the structure. You do not have to wait for law enforcement.

- There are some considerations to make in these cases:
  - Is there a life safety issue?
    - Any reasonable suspicion or confirmation that the patient is injured is an indication to force entry.
  - Types of confirmation?
    - C-MED tells you that they have talked to the patient and the patient is immobile on the floor or injured and cannot allow access.
    - If you can see a patient immobile on the floor.
- Items you should consider before forcibly entering a structure
  - Possibly have C-MED patch you and the patient together via phone. DO NOT ALLOW THE CONNECTION TO BE BROKEN UNTIL YOU PHYSICALLY REACH THE PATIENT. Remember, we do not want to lose an established line of contact with the patient.
  - If you or the dispatcher can talk to the patient, let the patient know that you are forcing entry. This is especially helpful if the patient is confused.
  - Remember your own **SAFETY FIRST!!** You cannot care for others if you do not take care of yourself. If you think a patient is armed and will defend their property, DO NOT force entry! Wait for law enforcement and contact the shift supervisor.
  - Do as little damage as possible (i.e. Break a window versus kicking in a door).
  - An incident report should be submitted any time we force entry into a structure. Include the reason for forcing entry and a description of any damage that occurred.
- When possible, make reasonable efforts to secure the structure prior to leaving. If you are unable to secure the structure, contact the on-duty Shift Supervisor or local law enforcement for assistance.

ID Badges

Catawba County is interested in the safety and security of our buildings and employees. All base entrances should be secured and the general public should be directed to main entrances.

This policy establishes the issue, use and control of identification badges issued by Catawba County.

- Catawba County EMS employees shall:
  - Posses only one badge unless otherwise approved or required by the EMS Manager.
  - Never allow another employee or person to use their badge.
  - Surrender an obsolete badge to the EMS Manager (i.e., there is a change in status such as name, department, or significant change in personal appearance).
  - Surrender a badge that was reported lost, but subsequently found after a replacement was issued.
  - Surrender their identification badge when terminated, resigning from service, or upon request of the EMS Manager. Any employee who is suspended without pay, on leave with pay, or in the pre-dismissal process is required to turn in their badge until the outcome of the process.
  - Wear their badge while on-duty. The badge shall be worn in such a manner that it is easily read and identifiable; therefore it must be worn facing out so that the information is clearly visible.
  - Maintain the badge as provided. Do not puncture, put pins through or otherwise deface the badge or cover the photo, name, or department. The badge is to be unobstructed unless wearing personal protective equipment.
- Additional requirements for those employees who have proxy badges:
  - Present the badge to card reader for access to employee entrances or other authorized areas.
  - Ensure the door is closed securely behind them after accessing the building using the badge.
  - Each ID badge holder must individually swipe his/her badge; this provides a record of who is in the building in case of emergency.
- The following fees schedule shall be used:
  - A $10.00 fee may be charged for lost or stolen badges, and badges damaged by other than normal use as determined by the EMS Manager. (The word “may” is used here as

it is known that the very nature of emergency work can result in loss or damage, so each case will be reviewed individually.)

For more information see the Catawba County Identification Badge Policy dated February 13, 2006.

Incident Command

Catawba County Emergency Medical Services will utilize the National Incident Management System (NIMS) to ensure command and control of our incidents. This policy describes use of NIMS in our service.

- This system allows command to be structured as either single command or unified command.
  - Most incidents can be handled utilizing a single command structure when EMS is the only agency involved or is the primary agency involved. (i.e., house calls, cardiac arrests, etc…)
    - Small events or single agency responses do not require "official" activation of NIMS. In these cases our SOGs and Chain of Command are sufficient to provide command and control of the incident.
  - More complex incidents which involve multiple agency response should be structured utilizing unified command whenever possible.
    - If unified command is not utilized, then the primary response agency should conduct the incident command (i.e., technical rescue should be commanded by rescue, a structure fire should be commanded by fire, a mass casualty event should be commanded by EMS, etc…).
- Establishing Command
  - The first arriving EMS unit at an incident should determine if command has been established by contacting the communications center, asking if command has been established, who is the incident commander, and what frequency is being used for operations.
  - Has Command been established?
    - YES - Check in with the appropriate person **and follow the NIMS Chain of Command.** Independent actions on the part of any responders are inappropriate. If a staging area has been established all incoming units will report to the staging area managers and will remain there until given a tactical assignment.
    - NO - Does the incident require the "official" activation of NIMS.
      - YES – Establish command, name the incident, provide a brief assessment of the situation, and request a tactical frequency for the operation.
      - NO - Proceed with the call utilizing our SOGs and Chain of Command as necessary.

- Once command has been established any additional incident command positions (i.e., Staging Area Manager, Operations Section Chief, etc…) will be designated by the incident commander.

- Transfer Command

  - An incident commander should consider transfer of command anytime a more qualified individual arrives at the scene.

  - If an EMS employee is in command of an incident, upon arrival of a Crew Chief, Shift Supervisor, Training Officer, or EMS Manager at an incident that person will evaluate the current command structure and determine if command should be:

    - Maintained as is

    - Assumed by the officer

    - Reassigned to a more appropriate individual

Inter-facility Air Transport

These guidelines will explain Catawba County EMS' response for inter-facility air transports.

- Catawba County EMS will respond to the Hickory Airport (or other designated facility if applicable) for the purpose of transporting awaiting flight crews to transferring facilities. This is to enable those flight crews to receive report from a transferring facility and to utilize their equipment for patient care during transport back to the aircraft.

- Catawba County EMS will transport flight crews and patients back to the aircraft from the transferring facility. Flight crew personnel will be responsible for patient care, though EMS personnel may assist with patient care if requested by the flight crew.

- There may be instances where it is in the best interest of the patient to expedite this process. If so, Catawba County EMS may transport the patient directly from the transferring facility to the aircraft without picking up the flight crew. These responses will be done **by physician order only** and after the following considerations are made:

    - The capabilities or limitations of the Catawba County EMS in managing multiple IV drips and pumps, ventilators, and patient monitoring devices.

    - All parties (EMS, physician, flight crew) should consider the logistics and time involved in switching from hospital equipment to CCEMS equipment to equipment utilized by the receiving aircraft.

    - Examples where this direct transport of pt from facility to aircraft without first picking up the flight crew may be acceptable include:

        - Stable patients with only one IV.

        - Unstable patients who are in an emergent, time-critical situation wherein any delay in arriving at the receiving facility may cause increased morbidity or mortality. (Only with the approval of the EMS Manager or designee.)

        - **The aircraft must be on the ground and prepared for transport before the EMS crew responds from the hospital to the aircraft**.

- Patient Care Report Information

    - Treated, Transferred care – this outcome is to be used when you utilize a medical helicopter for scene flights in which you transfer care to the flight crew, but you do not transport the patient by ambulance. If you transport the patient to a helispot (even if it is only 0.1 mile away), then you will enter the chart as Treated, Transported by EMS.

    - Treated, Transported by EMS – this outcome is to be used when you provide assessment and / or treatment and transportation to another location via ambulance.

Meals

EMS personnel may go to restaurants for meals or pick up food and return to the station if proper procedures are followed. Each EMS base also has cooking and food storage facilities on site for employee convenience.

- Meals taken within the county
  - Meals can only be taken after the unit check-off and all base duties are complete.
  - Meals, breaks, or pickups will be done at an establishment in the service district of the EMS unit. If a call is completed at either of the in-county hospitals, meals can be **picked up** at that facility.
  - EMS personnel shall be prepared to leave any establishment for emergency responses or non-emergency responses.
  - It is the responsibility of each employee to either prepay for meals or to immediately return to an establishment to pay if called out to respond to an emergency or non-emergency scene. Failure to do so will be considered a serious violation of policy; and will subject the employee to discipline.
  - Catawba County EMS employees may not discuss details of calls in restaurants.
  - It is the responsibility of EMS personnel to ensure the Communications Center can contact them at all times, regardless of location. Therefore, personnel must ensure that their assigned radios are in working order.
  - EMS vehicles at restaurants or other locations shall be parked in an area where emergency response can be initiated without delay. Fire lanes and handicapped spaces are not to be used.
- Meal Reimbursement and Out of County Meals
  - Meals during out-of-county transports may only be taken if the transport destination is more than two counties away from Catawba County.
  - Out-of-county dine-in meals shall not be taken if the employees are on overtime or if stopping for a meal will result in overtime for those employees. Exceptions may be made by a supervisor for extended transports.
  - If an employee desires reimbursement for the meal, an expense report should be completed and submitted to the EMS Manager as soon as possible. Payment is not guaranteed, is subject to availability of funds and will not be considered if the trip is less than 200 miles from Catawba County (one-way mileage).
  - Reimbursement will be limited to the rates as established in the Catawba County Code.

Medical Examiner Transports

This guidelines describes how Catawba County EMS will request a medical examiner; dispatch a unit for transport of a ME Case, transportation of the ME case, and all associated documentation.

- Catawba County EMS will make contact with the medical examiner in cases deemed suspicious, such as any patient less than or equal to 59 years old without medical history.
    - Prior to contacting the Medical Examiner the EMS crew will gather pertinent information related to the situation.
    - The Paramedic on the scene will relay the following information to the Medical Examiner:
        - A history of the present illness or the mechanism of injury.
        - The patient's demographic information (name, age, date of birth, address, relative, etc…).
        - The patient's pertinent past medical history, medications, allergies, and family physician
        - The name and contact information for the law enforcement officer handling the investigation.
    - EMS employees will not speculate on the cause of death or attempt to investigate the situation for the Medical Examiner.
- Catawba County EMS staff will notify the Communications Center to page the Medical Examiner.
    - Once the Communications Center has the Medical Examiner on the telephone a patch will then be established between the EMS staff and the Medical Examiner to ensure the conversation is recorded.
- After initial response by the crew and contact of the Medical Examiner, if it is determined that an investigation is required, the crew shall clear the scene.
- Catawba County EMS does not routinely transport bodies. The Medical Examiner is responsible for arranging for the transportation of these bodies. Occasionally, exceptions will be made to expedite opening of a roadway, etc…
- Exception Procedure:
    - The EMS Manager, Training Officer or Shift Supervisor authorizes the transport.
    - Catawba County EMS will only transport a body from the scene where the death occurred to the appropriate in-county hospital as instructed by the Medical Examiner. Upon arrival at the receiving hospital the EMS crew will deliver the body to a location determined by the Medical Examiner.

- A Medical Examiner Form must be completed in addition to the PCR and attached to the electronic record. The original form is to be given to the on duty Shift Supervisor.
- Catawba County EMS will not transport severely burned or decomposed bodies under any circumstance.

Medical Necessity

Determining the medical necessity of a scheduled non-emergency transport is important in order to reduce non-payment by insurance companies. It is the responsibility of the Specialty Services Coordinator, a Shift Supervisor or designee to ascertain whether or not a call is medically necessary before accepting the call.

- Tact and professionalism must always be used when dealing with outside agencies, patients, and patient's family members.

- For out-of-county transfers, if by Centers for Medicare and Medicaid Services rules, the trip is deemed not medically necessary or the patient has no insurance, the Shift Supervisor is to inform the transferring facility that the patient has to have half of the total estimated cost of the trip paid prior to transport.

- Total estimated cost of the trip will be determined by approximate mileage and anticipated level of care to be provided.

- After receiving half payment, the transporting crew will be responsible for issuing a receipt to the patient and/or family and delivering the monies to the Shift Supervisor, Specialty Services Coordinator or EMS Manager immediately following the transport.

    - This payment must be forwarded to the Finance Department within 24 hours or the next business day.

- The receipt shall be filled out showing the estimated total amount for the transport, the amount paid up front and an estimated balance due.

Neonatal Transport Procedures

- Neonatal Transport Response
  - The Communications Center will notify the on-duty Shift Supervisor of all Neonatal Transport requests.
  - The on-duty Shift Supervisor will have the appropriate unit dispatched based on the time and day of the request using the following standards:
    - 350 is first out Monday – Friday from 0900 – 1700
    - 3-Medic-5 is first out when 350 is unavailable or off-duty
      - 3-Medic-2 is next out
  - The responding crew (or logistics technician) will move the neonatal truck near or under the ambulance entrance if possible, taking care not to cause exhaust to enter the emergency department. The ambulance should then be readied for transport by lowering the lift in position to load the isolette(s). Heat or air conditioning should be adjusted based on the weather conditions. When the Neonatal unit is ready to load, the driver should contact the neonatal team by calling the NICU extension from inside the emergency department and advise them the unit is ready for transport.
  - The crew should wait for the neonatal team at the emergency department entrance. Assist in loading the isolette(s) into the unit along with any equipment. The team leader will give you the destination and any other instructions on how to respond. At the destination you will assist the team in unloading the equipment. You will not be involved in patient care, but you may accompany the team and assist if asked. When the team is ready to leave, you will again assist them in loading the patient and equipment, then drive back to the receiving facility.
  - On completion of the call you will fuel, wash, and replace used equipment. This should be done at Hickory Base.
  - Return the unit to the hospital and make sure that all shorelines are plugged up and the unit batteries are off.
- Communications
  - In addition to the communications described above you must also communicate with CMED as with any other call. The call sign for CVMC's neonatal unit is "3-Medic-50". Check enroute, on scene, etc. in the usual fashion.

- Neonatal Ambulance Information

  - Unit 904 is the primary neonatal ambulance. Unit 415 is the back-up unit. When the units are returned to their designated parking spots both shore line plugs should be plugged in to their respective receptacles. Be sure to disconnect these lines prior to moving the unit. IT IS ESSENTIAL TO PLUG THESE LINES BACK UP WHEN YOU RETURN THE UNIT!

  - The lift control for Unit 904 is located on the rear compartment door on the driver's side.

  - The remote control for Unit 415 is located in the patient area in the bottom rear compartment.

  - To lower the lift, using the remote control slightly raise the lift enough to allow it to be pulled easily out of its carriage. Push in the top of the release handle mounted to the box, located over the left side of the lift, while pulling outward on the lift until fully extended. The lift is hinged and should be opened to full length to check that there is sufficient clearance to properly operate the lift. With proper clearance, lower the lift using the remote. The lift is passive when lowering and is not forced down by the pump. Raise the front stop gate into the up position prior to loading. The stop gate at the front and rear of the lift will be locked in the up position prior to raising the lift to prevent equipment or isolette from rolling off the lift while being raised. With someone stabilizing the isolette, raise the lift until it is level with the floor of the unit and lower the front stop gate onto the floor. A neonatal team member should enter the side door of the patient compartment to receive the isolette and guide it into the stretcher mounts. At no time should anyone ride the lift up or down. The lift operator is responsible for making sure everyone is clear of the lift before lowering or raising the lift. Do not "dump" the air out of the rear suspension while lift is lowered on the ground.

  - To store the lift, raise or lower the lift until it is level with the receiver, push in slowly until it locks into place. After it is locked into position, it can be lowered until it rests on the side supports of the receiver.

  - If the lift fails to raise or lower, a manual pump is located in the rear compartment (driver's side) on Unit 904 and in the rear compartment (passenger side) on Unit 415. The pump will lower the lift by turning the valve, located at the bottom of the pump, counter-clockwise, using the pump handle end to turn the valve. To raise the lift the valve is turned clockwise until tightened, then place the pump handle in its slot and the lift should raise as the pump is operated. This may be significantly slower, but will operate the lift.

- Unit Check off
  - Each week the Logistic Technician must obtain a neonatal unit check-off sheet and check these units out thoroughly. Any missing equipment, discrepancies, or mechanical/electrical problems must be reported to the on-duty Shift Supervisor IMMEDIATELY!

- Documentation

  - A patient care report must be completed for each neonatal transfer. The Neonatal Team members must sign the Signature Sheet as attendants.

- Times for Neonatal transfers should be entered as follows:
  - Received – As normal
  - Dispatched – As normal
  - Enroute – As normal
  - On Scene – When the neonatal unit is available for transport at the ED
- The time that the neonatal unit leaves the receiving facility enroute to the transferring facility should be documented in the narrative, as should the time that the neonatal unit arrives at the transferring facility.
  - Left Scene – Departs transferring facility
  - Destination – Arrival at receiving facility
  - Available – As normal

Notification of EMS Manager

The on-duty Shift Supervisor or their designee will notify the EMS Manager by telephone, radio, or text in the following instances:

- All EMS units busy
- Any situation in which the on-duty Supervisor deems necessary
- Any situation that generates or will potentially generate significant media attention
- Helicopter scene response
- Incidents / accidents involving EMS units or personnel
- Inclement weather
- Multiple patient / casualty / fatality incidents
- Prior to an EMS employee being interviewed about a call (i.e. SBI, FBI, local law enforcement, etc…)
- Significant incidents / accidents involving any Catawba County public safety personnel

This notification will occur upon dispatch of the situation. In the absence of the EMS Manager, the on-call Management Team member will be notified.

Off-Duty Employees

Catawba County EMS currently staffs enough employees at all times to handle most calls and/or emergency situations that may arise. Occasionally there will be times in which the EMS crew feels the need for additional assistance with a procedure or advanced medical care on a scene that cannot be fulfilled by fire or rescue, but does not need to utilize another EMS crew. Fortunately, in Catawba County, some EMS employees respond to calls off-duty as members of fire and/or rescue agencies throughout the county, and possess a valuable skill or training that can be utilized while off-duty.

- Situation
  - The lead Paramedic may place an off-duty employee on the clock when that employee can provide valuable assistance needed by the EMS unit on scene due to the patient's condition and when waiting for the arrival of another EMS crew is not in the best interest of the patient.
  - A Paramedic may place himself / herself on the clock if the on-scene EMS crew is not staffed at the Paramedic level and the patient's condition warrants Paramedic level care.
    - Immediately following the call the on-duty personnel must notify the on-duty Shift Supervisor of the situation.
- Requirements
  - **NO off-duty staff may be placed on the clock while being paid by another agency.
  - The employee being placed on the clock must hold a certification higher than the EMT-Basic level.
  - Off-duty staff may be placed on the clock if the above criteria are met and the off-duty employee agrees to be placed on the clock.
  - An off duty employee will only receive reimbursement for time when the services they provided were above that of their normal duties as a volunteer responder.
- Timesheets and Documentation
  - Timesheets will reflect the time the employee was placed on the clock along with the CAD Number and the employee who placed him/her on the clock.
  - The lead paramedic will document all procedures, meds given, etc. by the employee placed on the clock in the patient care report. The off-duty employee will sign the Signature sheet in the appropriate area as either the Primary Caregiver or a Secondary caregiver.
  - If the employee being placed on the clock is the highest certified employee on that crew, he/she must complete the patient care report.

On-Call/Call-Back Pay

Catawba County EMS will pay for hours worked in situations where an employee is called out, while off duty to return to work or perform an EMS-related task.

- The hours worked will be recorded as starting when the employee is called out and will end when the employee finishes the work. It is the responsibility of the employee's immediate supervisor to verify that the hours worked are recorded accurately.
    - Examples of this include, but are not limited to:
        - Personnel who are called in for unplanned special events, extra coverage, inclement weather, mass casualty incidents, or disasters.
        - Shift Supervisors who are on call for the EMS Manager and are contacted for information purposes or to report problems.
- Travel time will not be paid to employees who are called in to correct mistakes or fix problems caused by the employee.
    - Examples of this include, but are not limited to:
        - Timesheet corrections
        - Returning narcotic keys that were accidentally taken home
        - Documentation errors
        - Narcotic sheet errors and corrections
- In the above situations, however, once employees are on the job site, they will record hours worked for the time it takes to complete the requested task(s).
- Hours worked will not be paid to employees who are contacted for information purposes. An example of this is when an employee is paged while off duty to call a supervisor needing information about a call.
- If the employee is not sure whether to record a situation as hours worked, he/she is to contact their immediate supervisor for guidance.

Phone Calls

The telephone lines at the EMS bases, as well as EMS owned cell phones, are designed for conducting County business. Catawba County EMS understands employees may need to use base phones for personal business. This policy will help clarify rules for phone use, both from land lines and unit cell phones.

- Personal phone calls from land lines at bases must be limited to ten (10) minutes.
- EMS phone numbers shall not be listed in want ads or personal business, of any nature, for employee contact. Personal phone messages will not be taken for field personnel by the administrative office, with the exception of emergency situations.
- 828-465-8473 is the number to be used for a "work" number.
- County owned cellular phones are to be used for emergencies, for the contact of Medical Control and for administrative calls only. Calls should be kept to a minimum.
- Personal phone calls or any other type of digital communications are strictly prohibited while on a call (from the time of dispatch until the unit is available for the next call), whether using personal or EMS telephones.
    - Personal phone calls include, but are not limited to, making or receiving phone calls, reading or sending text messages, viewing or updating internet pages, and viewing or transmitting pictures.
- It is prohibited to give out EMS cell phone numbers to persons not employed by CCEMS. The exception to this is any instance wherein another party must call an EMS cell phone for communications directly related to an EMS call or administrative/ operational business. Examples include, but are not limited to, Medical Examiners cases, County Vehicle Maintenance, County Facilities Maintenance, etc.
- Transmitting EMS unit cell phone numbers on the EMS dispatch frequency is highly discouraged, except in emergency situations.
- It is the policy of Catawba County EMS to prohibit the use of cellular telephones by the driver of an ambulance. This applies to emergency and non-emergency driving, and to use of either EMS unit phones or personally owned phones.
    - Use of a cellular telephone includes, but is not limited to, making or receiving phone calls, reading or sending text messages, viewing or updating internet pages, and viewing or transmitting pictures.

Prisoner Restraint Procedure

These are the procedures that Catawba County Emergency Medical Services will use when transporting inmates, prisoners, and others being detained by law enforcement agencies

- Law Enforcement Agencies (at the scene of an incident)
  - Catawba County Emergency Medical Services will respond to the scene of any incident at the request of a law enforcement agency.
  - Upon arrival at the scene of an incident where a law enforcement officer is detaining a patient, EMS personnel should determine if the patient is under arrest.
    - If the patient **has not** been arrested; the patient will be assessed, treated, and transported following the Catawba County Emergency Medical Services System's Patient Care Policies and Protocols.
    - If the patient **is under** arrest; the patient will be assessed, treated, and transported following the Catawba County Emergency Medical Services System's Patient Care Policies and Protocols and the law enforcement officer must:
      - Secure the patient to the EMS stretcher utilizing a single flexible cuff on each extremity (EMS personnel must inform the law enforcement officer of the position in which the patient should be secured. EMS personnel may assist the officer if requested.)
      - Accompany the patient to the hospital (inside the ambulance) or follow the ambulance to the hospital in his / her patrol car.
- Catawba County Sheriff's Department (transport vehicles and Catawba County Justice Center)
  - Catawba County Emergency Medical Services will respond to the scene of any incident involving a Catawba County Sheriff's Department Transport Vehicle (while inside Catawba County) and to the Magistrate's Office, Detention Facility, or Court Rooms located inside the Catawba County Justice Center.
  - Upon arrival at the scene, EMS personnel should determine if the patient is under arrest.
    - If the patient is not under arrest; the patient will be assessed, treated, and transported following the Catawba County Emergency Medical Services System's Patient Care Policies and Protocols.
    - If the patient has been arrested; the patient will be assessed, treated, and transported following the Catawba County Emergency Medical Services System's Patient Care Policies and Protocols and the law enforcement officer must:

- Secure the patient to the EMS stretcher utilizing a single flexible cuff on each extremity (EMS personnel must inform the law enforcement officer of the position in which the patient should be secured. EMS personnel may assist the officer if requested.)

- Accompany the patient to the hospital (inside the ambulance) or follow the ambulance to the hospital in his / her patrol car.

➢ <u>North Carolina Department of Corrections (worker crews and Prison Camp Road facility)</u>

- Catawba County Emergency Medical Services will respond to the scene (while inside Catawba County) of any incident involving an inmate of the North Carolina Department of Correction.

  - The inmate will be will be assessed, treated, and transported following the Catawba County Emergency Medical Services System's Patient Care Policies and Protocols and the law enforcement officer must:

    - Secure the patient to the EMS stretcher utilizing a single flexible cuff on each extremity (EMS personnel must inform the law enforcement officer of the position in which the patient should be secured. EMS personnel may assist the officer if requested.)

    - Accompany the patient to the hospital (inside the ambulance) or follow the ambulance to the hospital in his / her patrol car.

➢ <u>Prisoner Restraint Guidelines</u>

- The patient must be restrained in a supine or left lateral recumbent position.

- The restraints must not interfere with the assessment, treatment, or transportation of the patient.

- The patient's extremities will be restrained utilizing single flexible cuff.

  - The patient's right upper extremity will be secured to the top of the stretcher, above the patient's head. (This cuff should be positioned so that the patient can be rolled to his / her left side if necessary.)

  - The patient's left upper extremity will be secured to the left side of the stretcher, near the patient's hip.

  - The patient's right lower extremity will be secured to the right side of the stretcher near the carriage release mechanism.

  - The patient's left lower extremity will be secured to the left side of the stretcher opposite of the carriage release mechanism.

- The patient's lower extremities and hips may be restrained utilizing sheets, blankets and tape, if necessary.

- The patient's entire body may be restrained utilizing full spinal immobilization. (i.e., long spine board, towel rolls, cervical collar, and straps) If the patient is placed in full spinal immobilization the extremities will also be secured using single flexible cuffs.

    - The patient's right upper extremity will be secured to the right side of the long spine board near the patient's right hip.

    - The patient's left upper extremity will be secured to the left side of the long spine board near the patient's left hip.

    - The patient's right lower extremity will be secured to the right side of the long spine board near the tapered end of the board.

    - The patient's left lower extremity will be secured to the left side of the long spine board near the tapered end of the board.

- Should the need arise to release the patient during transport, the ambulance will stop and the "following" law enforcement officer should enter the patient compartment to assist.

- Should the ambulance be involved in a motor vehicle crash or otherwise become unsafe, then the patient will either:

    - Be unloaded from the ambulance while still restrained to the stretcher, or

    - Be released from all restraints and removed from the ambulance, if the stretcher cannot be removed from the ambulance safely.

Radio Communications

To make sure that EMS units maintain radio contact with the Communications Center and other EMS units this policy explains the operations of communications within the EMS.

- In order to comply with the National Incident Management System, all radio communications will be conducted in plain English. The use of 10 codes, regional codes, or any other commonly used code is prohibited.

- It is the responsibility of each EMS crew to maintain radio contact with the communications center and other crews.

- Regular units are issued two walkies and each employee will carry one. It is the responsibility of the employee to maintain possession of his/her walkie at all times while on duty. For accountability purposes, the on-coming employees will sign the daily check off sheet in the line provided and write in the ID of the radio that they are responsible for (found on the inside back of the radio after taking the battery off); they will also note who they received the radio from in the space provided.

- "CCEMS 1" is the dispatch channel for the Catawba County EMS and is Channel 1 in Zone 1.

    - "EMS 2" (Zone 1, Channel 2) is reserved for future use and units may not transmit on this channel. EXCEPTION: Until this CCEMS 2 (VIPER) is fully operational as a secondary dispatch channel, Specialty Services may use this channel for any of their operations that they deem necessary.
    - "CCEMS Operations" (Zone 1, Channel 3) is for EMS operational radio traffic not related to calls or dispatch information.
    - "CCEMS Admin" (Zone 1, Channel 4) is used for administrative and supervisory radio traffic.
    - "CATCOMMON" (Zone 1, Channel 16) is used for non-dispatch traffic between all county agencies and the Communications Center. EMS units may use this channel to talk to the Communications Center or other county agencies for non-emergency, non-dispatch traffic.

- Mobile units must be set to "CCEMS 1". Other channels may be set to scan in the mobile radios at the crew's discretion. Any alteration of the mobile scan list should be reset to the minimum list at the end of the shift and is the responsibility of the person making the alteration.

- When EMS crews must enter areas known to have no or poor radio reception, C-MED must be notified. When back in radio range, the crew must again notify C-MED of their status.

- Only radios issued by the Catawba County EMS may be carried while on duty.

- Calls and scenes that may generate excess radio traffic will be handled by the Catawba County Emergency Medical Services SOG entitled Tactical Radio Frequencies.

Release of Information to the Media

This policy covers general guidelines for communicating with the media.

- All requests from the Media are to be directed to the EMS Manager, Training Officer, or Shift Supervisor.
- Guidelines for the Manager, Training Officer, or Shift Supervisor are as follows:
  - You are not required to release any information about an incident.
  - If the decision is made to release information; the following may be released:
    - Date, time, and location of a call
    - Number of victims (if applicable)
    - Confirmation we did or did not transport
    - Response to further questioning: "That is confidential by law and I cannot comment." Repeat this as often as necessary.
    - You may also direct them to the Communications Center, as 911 calls are public record.

Reserve Employees

This policy addresses policies related to hourly or "reserve" employees.

- Reserve staff members must work a minimum of sixteen (16) hours during any calendar month. This is in addition to any continuing education, meetings, etc…

- If at the end of any calendar month, the employee has not worked a minimum of 16 hours; he or she will be subject to disciplinary action up to and including termination.

    - Exceptions will be handled on a case-by-case basis and must have the approval of the EMS Manager.

- When a reserve has a scheduling conflict after accepting a shift it will be that reserve's responsibility to provide coverage for that shift. Exceptions for illness and emergencies may be made. The reserve must inform the on-duty Shift Supervisor of the change in coverage at the earliest opportunity.

- Generally reserve employees may not work on a transport unit with another reserve employee.

    - Exceptions

        - Out of town transports may be staffed with two reserve employees.

        - In emergency situations, the Crew Chiefs and Supervisor on duty have the authority to suspend this policy, only until other arrangements can be made.

- Reserve employees working in hourly positions may work up to 1,000 hours per year only.

    - It is the employee's responsibility to monitor and track time worked in order not to exceed this amount.

- Reserve employees may request a leave of duty for a period not to exceed six months.

    - The reserve employee is responsible for ensuring submission of timesheets during this time period and ensuring that he/she completes all mandatory training prior to the end of the six months and prior to returning to duty.

Response Guidelines

Catawba County EMS will respond to any Emergency or Non-Emergency 911 Calls upon dispatch unless no units are available. In that case, mutual aid agreements will be enacted to provide a response. In addition, Catawba County EMS will respond to scheduled non-emergency calls on a first come, first serve basis. This policy covers response procedures.

- Emergency Calls and Non-Emergency 911 Calls
  - Catawba County EMS will transport patients from an emergency scene to a medical facility of an adjacent county if the medical facility is closer than local facilities or upon request of the patient's family unless the patient's condition warrants the closest appropriate medical facility. (The Catawba County Emergency Medical Services System Medical Facility Selection Operational Policy must be followed in this situation.)
  - Patients will be transported to the nearest medical facility unless requested by the patient or the patient's family to go to a specified facility. The Catawba County EMS diversion policy applies when enacted.
- Scheduled Calls
  - Catawba County EMS units will respond to scheduled non-emergency calls on a first come, first served basis. Scheduled calls may be delayed, when necessary, to ensure adequate coverage for 911 Calls.
  - Catawba County EMS will transport patients to other states only if medical necessity has been met or payment arrangements have been made.
  - A completed medical necessity form must accompany scheduled transports.
- Response to calls outside Catawba County
  - Catawba County will provide mutual aid to other counties when requested.
    - Mutual aid requests for response to an emergency situation will be handled just as if it were an emergency within Catawba County.
    - Mutual aid requests for stand-by coverage will only be granted if it does not jeopardize coverage within Catawba County.
  - Catawba County EMS will transport patients from other counties or states back to Catawba County when **approved** and scheduled by a Shift Supervisor or the Specialty Services Coordinator providing that medical necessity has been met or payment arrangements have been made.
- Any person who obtains ambulance service fraudulently may be prosecuted (G. S. 14-111.2 [1987])

- In emergencies, or when coverage is compromised:
  - The rescue squads of Catawba County will serve as primary back up to EMS, at the discretion of the EMS Manager, Training Officer, Shift Supervisor or Emergency Services Director.
  - The adjacent County EMS Systems will serve as secondary back up to EMS, at the discretion of the EMS Manager, Training Officer, Shift Supervisor or Emergency Services Director.
    - Whenever an adjacent County responds to Catawba County as mutual aid or otherwise that County EMS System will follow it's own patient care policies, procedures, and protocols.
- Suspension of Operation
  - Catawba County EMS realizes the potential for events (i.e., severe weather, hazardous material release, terrorist attacks, etc…) to occur that could cause situation that cannot be made safe even after implementing all available mitigation measures. Should such an event occur, the EMS Manager will evaluate each situation on an individual basis and determine the most appropriate action to take.

Special Events

In order to provide adequate coverage for special events, Catawba County will utilize special teams for the administration of ALS care. This policy explains how to request these teams and plan for coverage.

- Requests
  - The Special Events Team Coordinator will receive ALL requests to provide event coverage, even when the Special Events Team will not be utilized.
  - The Special Events Team Coordinator will evaluate each request and contact the event coordinator to obtain specific information about the event such as: type of coverage needed, dates, times, location(s), and any sponsorship information.
  - The Special Events Team Coordinator will then compile this information and submit a request to the EMS Training Officer for approval to cover the event and the appropriate fee (if applicable) to be charged.
  - Once approval or denial is obtained from the EMS Training Officer, the Special Events Team Coordinator will contact the event coordinator and relay the information.

- Staffing
  - Once an event is approved, the Special Events Team Coordinator will determine what personnel are needed. Initial efforts will be made to cover the event with reserve staff and / or on-duty staff that are members of the Special Events Team.
  - The Special Events Team Coordinator will contact each employee who is covering an event and instruct that employee as to his/her specific responsibilities to include location, date, time, role, equipment/unit to be obtained, etc.
  - Each employee will also be instructed as to who should be contacted in the event that additional assistance, equipment, or personnel are needed during the event.
  - Injuries/exposures or other accidents must be reported to the on-duty Shift Supervisor.
  - If on-duty staff is to be used, the Special Events Team Coordinator must notify the Shift Supervisor and Crew Chiefs of the on-duty shift and request the necessary personnel at least two-weeks prior to an event , or as early as possible. (The Special Events Team Coordinator must inform the Shift Supervisor and Crew Chiefs of the exact time employees will be needed and an estimated time the event will be complete in order to eliminate overtime for reserve employees.)
  - The Special Events Coordinator will find coverage for the on-duty personnel and notify the appropriate Crew Chief and Shift Supervisor as well as updating the shift schedule.

- Equipment

  - The Special Events Team Coordinator will also notify the on-duty Shift Supervisor and Crew Chiefs of any equipment / unit that will be needed. (If the Special Events Team Trailer is needed at an event, see the information below.)

  - The appropriate Crew Chief will insure that equipment/units are clean, stocked, and available for the event.

  - After the event, all equipment and/or units will be returned to their appropriate location.

  - It is the responsibility of the employee covering an event to ensure that equipment / units are clean, stocked, and available for use at the conclusion of each event.

- Special Events Team Trailer Procedure

  - The Special Events Team Coordinator will make arrangements to have the trailer towed to the appropriate location.

  - The Special Events Team Coordinator will ensure that the Special Events Team Trailer is clean, stocked, and available for use at the event.

  - The Special Events Team Coordinator will report any damage/maintenance issues with the Special Events Team Trailer to the Shift Supervisor responsible for Vehicle Maintenance at the completion of each event.

- Club Car Patient Transport Unit (PTU) Procedure

  - The Special Events Team Coordinator will ensure that the Club Car PTU is clean, stocked, and available for use at any event.

  - The Special Events Team Coordinator will ensure that Club Car PTU is stored in the off position with and secured on/in trailer.

  - At least seven-days prior to any event that will utilize the Club Car PTU, the Special Events Team Coordinator or designee will ensure that the unit is operational and the fuel tank is full.

  - After every event the Special Events Team Coordinator or designee will ensure that Club Car PTU is stored in the off position with and secured on/in trailer.

  - During the months when the Club Car PTU is not being utilized, the Special Events Team Coordinator or designee will ensure the unit is properly secured inside and any necessary fuel additives added and maintenance performed.

  - The Special Events Team Coordinator will report any damage/maintenance issues with the

Club Car PTU to the Shift Supervisor responsible for Vehicle Maintenance at the completion of each event.

- Other Equipment Stored on the Bike Trailer
  - The Special Events Team Coordinator is responsible for the upkeep and maintenance of all equipment, supplies, etc... in the Special Events Team Trailer except for the trailer itself and the Cub Car PTU.

Staffing Guidelines

Catawba County Emergency Medical Services routinely staffs ambulances with a crew that consists of two (2) Emergency Medical Technician – Paramedics. From time-to-time this is not possible due to available staff. Other acceptable crew combinations include:

- Ambulance
  - Emergency Medical Technician – Paramedic / Emergency Medical Technician – Intermediate
  - Emergency Medical Technician – Paramedic / Emergency Medical Technician – Basic
  - The EMS Manager must approve any other staffing combination.
- Quick Response Unit
  - Emergency Medical Technician – Paramedic
  - The EMS Manager must approve any other staffing substitution.
- Neonatal Ambulance
  - Emergency Medical Technician – Basic / Registered Nurse
  - The EMS Manager must approve any other staffing combination.
- Reserve Employees
  - Two reserve employees will not staff a unit together and a reserve employee will not staff a Quick Response Unit.
  - Two acceptable exceptions to this guideline are:
    - Scheduled, non-emergency transports that are originating or terminating in another county.
    - Situations in which the routine staffing guidelines cannot be followed without delaying response to an emergent incident or without causing undue disruption of the workforce.
    - Special Event Team coverage and PR / Marketing events
  - The EMS Manager must approve any other staffing combination.

- Family Members and Close Relationships
    - Two members of the same immediate family or two employees in a close relationship will not staff a unit or base together.
    - Exception to this guideline is:
        - Special Event Team coverage and PR / Marketing events
- Should a situation occur in which the routine staffing guidelines cannot be followed without delaying response to an emergent incident or without causing undue disruption of the workforce, the EMS Manager may approve a temporary exception to this guideline.

Stand-By Coverage

In an effort to provide quick response to all areas of Catawba County units must routinely stand-by for unmanned areas. This policy explains what units move for stand-by coverage and when.

- Stand by will initiate when a call is dispatched or when a unit is unavailable for reasons other than a call.

1 unit available	That unit to CVMC
2 units available	One unit to CVMC and one to Ball's Creek area
3 units available	One unit to CVMC, one to Ball's Creek area, and one to Mt. View

- 0900 – 2100:

3-Medic-6 busy	3-Medic-10 to Hwy 321/Hwy 10
Hickory Base and 3-Medic-2 busy	3-Medic-5 to St Stephens Base
Hickory Base and 3-Medic-6 busy	3-Medic-10 to Hwy 321/Hwy 10
Hickory Base, 3-Medic-6, and 3-Medic-2	3-Medic-10 to Hwy 321/Hwy 10 and 3-Medic-8 to CVMC or 3-Medic-5 to St. Stephens Base
3-Medic-3 and 3-Medic-4 busy	3-Medic-7 to Drum's Crossroads Area
3-Medic-4 and 3-Medic-7 busy	3-Medic-3 to Drum's Crossroads Area
3-Medic-3 and 3-Medic-7 busy	3-Medic-4 to Drum's Crossroads Area
3-Medic-3, 3-Medic-4, and 3-Medic-7 busy	3-Medic-10 to Balls Creek Area
3-Medic-3, 3-Medic-4, 3-Medic-10 and 3-Medic-7 busy	3-Medic-5 or 3-Medic-8 to Drum's Crossroads Area

- 2100 – 0900:

3-Medic-6 busy	Hickory Base to Mt. View Area
Hickory Base and 3-Medic-2 busy	3-Medic-5 to St. Stephens Base
Hickory Base, 3-Medic-2 and 3-Medic-5 busy	3-Medic-6 to Mt. View Area

o Hickory Base and 3-Medic-6 busy	3-Medic-3 to Startown and 3-Medic-2 to Hickory
o Hickory Base, 3-Medic-6, and 3-Medic-2	3-Medic-3 to Startown and 3-Medic-5 to St. Stephens
o 3-Medic-3 and 3-Medic-4 busy	3-Medic-7 to Drum's Crossroads Area
o 3-Medic-4 and 3-Medic-7 busy	3-Medic-3 to Drum's Crossroads Area
o 3-Medic-3 and 3-Medic-7 busy	3-Medic-4 to Drum's Crossroads Area
o 3-Medic-3, 3-Medic-4, and 3-Medic-7 busy	3-Medic-5 to Drums's Crossroads Area
o 3-Medic-3, 3-Medic-4, 3-Medic-7, and 3-Medic-5 busy	3-Medic-2 to Drum's Crossroads Area

- Specialty Service Units may be utilized to provide coverage when they are available.
- The on-duty Shift Supervisor may supersede any of these listed procedures when he/she feels it is necessary.
- The EMS Manager, Training Officer, or on-duty Shift Supervisor may request the Catawba County Rescue Squads to staff their bases for back-up ambulance coverage and / or to provide stand-by coverage when either all CCEMS units are busy or only 1 unit is available.

Substitution of Time Worked and Make up of Leave Time

This guideline should explain the types of leave other than traditional vacation and sick leave. It should also explain the procedure for making up time taken for vacation or sick leave.

- Substitution of Time Worked:
  The following portion is written in accordance with Section 553.31 Substitution—Section 7(p)(3) of the Fair Labor Standards Act:

  - Two individuals employed by Catawba County Emergency Medical Services may agree, solely at their option and with the approval of the employer, to substitute for one another during scheduled work hours in performance of work in the same capacity.

  - The employees' decisions to substitute for one another must be made freely and without coercion, direct or implied. An employer may suggest that an employee substitute or "trade time" with another employee working in the same capacity during regularly scheduled hours, but each employee must be free to refuse to perform such work without sanction and without being required to explain or justify the decision. An employee's decision to substitute will be considered to have been made at his/her sole option when it has been made (i) without fear of reprisal or promise of reward by the employer, and (ii) exclusively for the employee's own convenience.

  - Catawba County is not required to keep a record of the hours of substitute work.

  - An agreement between individuals employed by Catawba County to substitute for one another at their own option must be approved by the agency in advance. This requires that the agency be aware of the arrangement prior to the work being done, i.e., the employer (supervisor) must know what the work is being done, by whom it is being done, and where and when it is being done. If two supervisors are involved, then both must be aware. Approval is manifest when the employer is aware of the substitution and indicates approval in whatever manner is customary.

  - Substituted time must be requested using a standard leave request form and must occur within the same workweek. This form must list the reason for the substituted time, and must be signed by both employees involved.

  - An employee must substitute time with an employee having an equal level of certification. Substituted time is only allowed between full time staff members. Reserve employees cannot substitute time with a full time or part time employee under any circumstances.

  - Substitute time will not be allowed for the purpose of allowing an employee to work a secondary job unless approved by the EMS Manager.

- Make Up of Leave Time Approved:
  This guideline is meant to make this option simple to understand. If you have any questions, please contact your crew chief or supervisor.

- When a full-time employee uses leave time (either sick or vacation) he or she may **choose** to identify themselves as available on the EMS Time Available list under the public folder in Outlook. The Crew Chiefs or Shift Supervisors will then monitor this list and contact you for shifts that may come available on the given days / times that you are available.

- Full-time employees will be allowed to use make-up time prior to reserve staff being paged. However, once a reserve is scheduled for a shift they will not be cancelled to accommodate a full-time make-up shift. With that in mind it is imperative for full-time staff wishing to utilize make-up time to identify themselves as soon as possible.

- An employee can only use this option after their respective leave time has been approved by their crew chief.

- This time can only be made up during the pay week in which it was taken.

- An employee will not be allowed to work more than two shifts consecutively unless approved by the EMS Manager.

- Partial shift vs. entire shift

    - Eight-hour employees are also invited to use this option but they will only cover 8 hours of that shift and reserve employees will be called in to cover the remainder of the shift, unless approved by the EMS manager.

    - You may not request partial shifts.

Supervision

This guideline explains the authority and responsibilities of each Shift Supervisor and Crew Chief.

- The on-duty Shift Supervisor is responsible for the operational activities of Catawba County EMS during the time he or she is on-duty.

- The on-duty Crew Chiefs (302, 303, 304, and 340) are responsible for their assigned personnel (i.e., scheduling, discipline, performance appraisals, etc…).

- Supervisory Coverage

    - The Shift Supervisor will assign a Crew Chief to cover his/her responsibilities in his/her absence.

- Crew Chief coverage:

    - When 302 is absent, 303 is responsible for his / her personnel
    - When 303 is absent, 304 is responsible for his / her personnel
    - When 304 is absent, 302 is responsible for his / her personnel
    - When 340 is absent, 308 is responsible for his / her personnel

- Evaluations / Timesheets / Leave Time

    - Each employee will be assigned to the EMS Manager, Training Officer, Shift Supervisor or Crew Chief. Each supervisor is responsible for their respective employee's annual performance evaluation, timesheet and requested annual leave time.

Tactical Radio Frequencies

- Usage of tactical radio frequencies
  - Tactical radio channels are available to be used for the following purposes:
    - To relieve radio traffic congestion on agency dispatch frequencies during multi-agency responses.
    - To provide for common and unified on-scene communications.
    - To provide dedicated communications channels for specific on-scene operations.
  - It is expressly forbidden to use the tactical radio channels for the following:
    - As a talk around channel for non-essential radio traffic.
    - For routine administrative communications that can be accomplished by other communications methods.
  - Examples of tactical channel usage are:
    - Multi-agency responses (MVA with entrapment, working fires with multiple agencies)
    - Multi-unit responses within the same agency (three EMS units coordinating response on the same call, working fires involving one fire department)
    - Responses which continue for long time frames (searches, STAR Team responses, working fires)
    - Training exercises (live burns, mass casualty drills)
    - Unified command situations
    - Special events with Emergency Services presence (festivals, large gatherings).
  - Agencies will not use tactical channels for events such as fund-raisers or other non-emergency responses. These agencies will use other frequencies or communications methods for these type events.
- Procedure for requesting tactical channels
  - On any response that requires a tactical channel (see guidelines above), the Incident Commander, upon establishing Command, will advise the Communications Center which tactical channel he/she requests to operate on. The Communications Center will assign this channel and advise all other responding agencies of the tactical channel

assignment. On-scene operations will use the assigned tactical channel until termination of the incident or notification by Incident Command to utilize another channel. When another agency besides EMS establishes Incident Command, EMS units will switch to the assigned tactical channel upon arrival to the scene.

- If the selected tactical channel is not available for use, the Communications Center will notify the Incident Commander the channel is unavailable. The Incident Commander will select another tactical channel and will follow the same step as above.

- Available Tactical Channels are
    - Tac 1 (Zone 2, Channel 1)
    - Tac 2 (Zone 2, Channel 2)
    - Tac 3 (Zone 2, Channel 3)
    - Tac 4 (Zone 2, Channel 4)
    - Tac 5 (Zone 2, Channel 5)
    - Tac 6 (Zone 2, Channel 6)
    - Tac 7 (Zone 2, Channel 7)
    - Tac 8 (Zone 2, Channel 8)
    - There may be some instances where VHF channels will be used on incidents. These channels will be found on the assigned VHF portables. Available channels will be CCEMS 280, County Fire 2, Law Channel 2, CCEMS 160, Catawba County Local Government.

- Should multiple tactical channels be necessary for a single incident, the Incident Commander **and only** the Incident Commander will request the additional channels.

- In VIPER Radios, Statewide Events Channels will only be used for regional and statewide incidents/responses. They may not be used without express permission of the State Emergency Operations Center.

Time Sheets

This policy outlines proper procedures for reporting hours worked. All questions should be directed to your crew chief or supervisor.

- All hours worked must be recorded completely and accurately, utilizing the electronic time sheet program.
- All hours worked and leave time shall be indicated by use of the codes provided.
- When timesheets are due:
  - All personnel shall submit their time sheets to their Supervisor by 12:00 hours on Saturday following the last day of the pay cycle.
  - Failure of any employee to submit their timesheet by the specified deadline may result in disciplinary action up to and including termination.
  - Supervisors must approve their employee's timesheet by 0800 on the Monday following the last day of the pay cycle.
- Supervisors are not allowed to maintain any separate record of hours worked.
- Workweek
  - The Catawba County Personnel Code defines a Workweek (28.114) as "The standard workweek shall be from 12:01 a.m. on Saturday through 12:00 a.m. on Friday, unless an alternative schedule has been so designated by the Personnel Director."
  - The Human Resources Director has defined the workweek for Catawba County Emergency Medical Services as 07:01 a.m. on Saturday through 07:00 a.m. on Saturday due to our shift schedule.

Transfer Guidelines (for Telecommunicators)

These are guidelines for telecommunicators when handling transfers both in county and out of county.

- The Specialty Services Coordinator is responsible for scheduling and assigning transfers during normal business hours.

- The Specialty Services Coordinator will transfer the telephone to the Communication Center when he/she is unavailable.

- Dispatch Guidelines

  - 3-Medic-42, 3-Medic-45 and 3-Medic-46 will typically handle scheduled transfers between the hours of 0900 and 1700.

  - When the volume is such that 3-Medic-42, 3-Medic-45 and 3-Medic-46 cannot handle the load, the Specialty Services Coordinator or Telecommunicator will notify the on-duty Shift Supervisor for assistance.

- When Specialty Services units are unavailable the following guideline will be utilized:

  - In-County

    - Based on the location where the transfer will terminate (i.e., a transfer going from Frye Regional Medical Center to Maiden is the responsibility of 3-Medic-3)

  - Adjacent County (Alexander, Burke, Caldwell, Iredell, and Lincoln Counties)

    - Based on what unit can travel from the destination back to their response area the quickest (i.e., a transfer going from Frye Regional Medical Center to Denver is the responsibility of 3-Medic-7)

  - Out-of-County (More than one county away)

    - Based on the following chart:

Originating Facility	**1st Out**		**2nd Out**
	Even Dates	**Odd Dates**	
Frye Regional Medical Center	3-Medic-11	3-Medic-1	3-Medic-2
Catawba Valley Medical Center	3-Medic-4	3-Medic-5	3-Medic-3

- Cardiac Catheterization Stand-by and Cardiac Transfers (Catawba Valley Medical Center CCU / ICU to Frye Regional Medical Center) are the responsibility of 3-Medic-2. If 3-Medic-2 is not available, the next closest available unit will be dispatched.

- The Out-of-County chart above will be utilized for all unscheduled transfers, no matter the time of the day.

Transport of Patient Family Members and Belongings

Often Catawba County EMS is requested to transport a patient's family member or belongings with the patient. Patients are our customers and every effort should be made to accommodate the patient and their family.

- One member of a patient's immediate family may be allowed to ride with a patient during transport, provided the family member does not have an alternate mode of transportation and understands and agrees to all of the following:
    - They must ride in the passenger seat in the cab of the ambulance and remain seat belted at all times.
    - Transport will not be delayed while waiting on a family member to arrive at the scene or to become ready for transport.
    - If it is anticipated that the patient will be transported emergency traffic or if significant care will be provided (i.e., intubation, application of traction splint, use of bone injection gun, etc…) a family member will not be allowed in the ambulance.
- An exception as to who may ride with a patient can be made by EMS staff **ONLY** when the patient's treatment may call for it (i.e., an interpreter is needed, the parent of an infant child, etc…)
- Friends or other non-relatives are not allowed to ride with a patient in a Catawba County EMS unit.
- Catawba County EMS will only transport one bag of belongings with a patient.
- A description of the patient's belongings should be noted on both the patient care report and the signature form.
- Exceptions for transporting patient belongings
    - Medical emergencies where time is critical.
    - Large, bulky, or heavy items which would interfere with the safe transportation of the patient, i.e. wheel chairs.
- When the patient's belongings are transported in the patient compartment of the ambulance, they must be properly secured. Any item that cannot be properly secured shall not be transported.

Uniform Code

- Types of uniforms:
  - Standard Uniforms
    - Will consist of navy EMS pants, gray tactical shirt with CCEMS and certification patches, navy mock turtleneck (optional), black boots, black belts, hat (optional), and name badge.
    - Hats (including toboggans) will be those supplied by Catawba County EMS or those that have been approved by the EMS Manager.
    - Administrative personnel will be assigned white shirts, white mock turtleneck (optional), and accessories.
    - Any item not specifically mentioned in this uniform code is not deemed to be part of the uniform and shall not be worn.
    - An extra uniform, (in case of exposure / contamination), must be maintained by the employee at their assigned base.
    - If undershirts, other than the issued mock turtlenecks, are worn they will be short sleeve (not to extend past the end of the sleeves of the outer shirt), plain gray, white or navy and have no marking, pictures, etc...
  - Bike Team Uniforms
    - Navy Shorts with a High Visibility Shirt
    - During inclement weather the EMS Manager may approve the use of navy pants and / or navy wind suit pants along with a high visibility shirt
  - Public Relations and other special events uniforms
    - Navy EMS pants with a gray CCEMS logo shirt
    - Navy Shorts with a with a gray CCEMS logo shirt
    - The EMS Manager may approve other items based on the event and weather.
- Hair must be worn in a fashion not to interfere with patient care. All facial hair must be kept in a manner so as not to interfere with the proper fit of the HEPA respirator. (i.e., facial hair cannot be present where the mask seal contacts the face)
- Field personnel may wear one pin indicating certification or achievement on the uniform. Such pin shall not exceed two inches in any dimension.

- The uniform is NOT to be worn when off-duty unless engaged in activity directly related to the service and approved in advance by the manager except when traveling to and from work.

- The Shift Supervisor assigned to uniform operations shall be responsible for seeing that all County equipment is returned by a separated employee. Any missing items shall be reported to the manager.

- During periods of inclement or extreme weather, certain deviations from the standard uniform may be made when approved by the Shift Supervisor, Training Officer, or Manager.

- Provided personal protective equipment (turnout gear) will be worn on all Motor Vehicle Accidents and hazardous materials incidents where employees and volunteers are involved in extrication activities or may come into contact with broken glass or metal.

- Safety vests (or issued high visibility rain coats) will be worn while working in or around roadways.

- Body Piercing

    - Earrings are allowed if they are of single stud-type and only one pair may be worn.

    - Nose rings are not permitted due to possible interference with HEPA respirators.

    - Due to the possibility of becoming dislodged during the performance of strenuous activity and subsequently causing a potential airway obstruction, tongue rings are not allowed.

- A Shift Supervisor will be assigned to the supply of uniforms. Requests for any and all uniform needs will be made to this Shift Supervisor, EMS Training Officer or EMS Manager.

Unit Inspection

- Daily Unit Inspection

  - The daily unit inspection is to be completed at the beginning of the shift or as soon as the call volume allows. The inspection will occur prior to any other events such as taking meals, checking e-mail, etc…

  - Each ambulance crew must complete a unit check-off sheet for each shift (I.e., day shift and night shift must complete a separate inspection) in their assigned unit check-off binder. Completed check-off sheets should be faxed to the on-duty Shift Supervisor.

  - Unit inspection will include the following; primary bag, life pack monitor, all O2 cylinders for appropriate levels, patient compartment lights and equipment, emergency lights, siren, engine compartment fluid levels, visual inspection of belts and hoses, visual inspection of tires for appropriate inflation and tread, mileage, and visual inspection of unit for any new damage.

  - Patient compartment cabinets, trauma bag, pediatric bag, back up drugs, and RSI box will be closed with a numbered seal applied on the doors. In the event that a seal is broken to remove equipment, the person removing the equipment is responsible for replacing any missing equipment used. The oncoming shift will be responsible for checking that the required equipment is replaced before applying a new seal.

  - A list of required equipment for cabinets is attached to the glass on the front of each cabinet. These cabinets have been arranged where they are in similar location on every ambulance to help locate equipment quickly and should not be moved.

  - Lists for replacing and checking off primary, pediatric and trauma bags are available on Metaframe. Boxes should have a list attached to the outside of the box.

- Monthly Inspection

  - On the 25th of each month personnel will break all seals on cabinets, bags, and boxes. This includes primary units and spare units. Perform a thorough check and replace any missing equipment. Inventory all expiration dates: drugs, fluids, batteries, and combi-pads before replacing seals. Fax the inventory list of expiring drugs and equipment to the on-duty Shift Supervisor.

  - Supplies to replace missing equipment or expired drugs should be delivered before the end of the month.

- Fire Extinguishers (Monthly Inspection)

- All fire extinguishers located at the bases and on the ambulances shall be checked on a monthly basis. These inspections should be performed on the 25th of each month along with the monthly check-off.

- Crews will visualize and inspect each extinguisher and sign and date each tag attached to same. You can inspect your ABC All-Purpose Fire Extinguishers by:

  - Lifting them off the mounting bracket and feel them for weight – they should be HEAVY.

  - Looking at the gauge – it should be in the "*green zone"*. If the unit is not appropriately charged, the extinguisher will not operate properly when activated.

  - Tightening the hose. If the hose is loose, it may come off in your hands when activated or the contents may spray wildly.

  - Looking in the hose. If the hose is obstructed by chewing gum or trash, the propellant will not be able to force extinguishing material out the hose effectively.

  - Ensuring that the pin is securely in place and has not been removed.

- A book used for documentation of monthly inspections will be located at each base. All crews should document date, fire extinguisher location and name of person performing inspections.

- On a yearly basis fire extinguishers are tested by an independent contractor. Once the tests are completed a receipt must be kept on file for each base. The receipts will be kept in the book used for documentation of monthly inspections as well as a copy with the Safety Officer.

Violence in the Workplace

Catawba County EMS has a zero tolerance for violence in the workplace and encourages prevention. If any disruptive or potentially violent behavior is observed it should be reported immediately to the on-duty Crew Chief or Supervisor or law enforcement should be contacted.

- People often make the mistake of believing that workplace violence happens when a person "loses it" or "just snaps." However, this usually isn't the case. There are distinct behaviors and signs that lead up to an incidence of workplace violence. In fact, it's been estimated that warning signals are evident in as many as two-thirds of these cases.

- There are indicators that place an individual at an increased risk for violent behavior. Through analysis of past incidences of workplace violence, the Federal Bureau of Investigation has defined these indicators to include:

    - Direct or veiled threats of harm.

    - Intimidating, belligerent, harassing, bullying, or other inappropriate and aggressive behavior.

    - Numerous conflicts with supervisors and other employees.

    - Inappropriate references to guns, or fascination with weapons.

    - Fascination with incidents of workplace violence, statements indicating approval of the use of violence to resolve a problem, or statements indicating identification with perpetrators of workplace homicides.

    - Statements indicating desperation (over family, financial, and other personal problems) to the point of contemplating suicide.

    - Drug/alcohol abuse.

    - Extreme changes in behavior.

- Each of these indicators is a clear sign that something is wrong. If you notice a co-worker displaying any of these behaviors, it is critical that you report it to your manager or the proper authorities. If you're concerned with confidentiality, try sending an anonymous letter.

Visitors at Bases

Catawba County EMS promotes good community relations and realizes that family members often visit employees while at work. Catawba County EMS welcomes these people to our bases. This policy will help explain the rules and regulations during their visit.

- An on duty staff member will host visitors. Good employee conduct is expected during this time. At no time shall a visitor be allowed to occupy the base without an employee present.

- EMS personnel will not receive visitors or observers at bases during the hours of 2300 and 0600.

- EMS personnel hosting visitors at the bases will be responsible for the conduct of those visitors. EMS bases and offices are places of business. Visitors will conduct themselves appropriately and in a manner that does not interfere with the normal operation of these areas.

- Should a visitor being present cause conflict within a workgroup, disrupt normal operations, or otherwise cause a problem, the on-duty Supervisor will be notified and the visitor's privilege to be at our facility will end.

Continuing Education

This policy advises Catawba County EMS employees of the requirements and recommendations for continuing education.

- Each employee of Catawba County EMS must maintain thirty-six (36) hours of continuing education per year, as regulated by NCOEMS.

- Employees of Catawba County EMS are required to maintain the following certifications:

  - Hazardous Material Awareness Level (CCEMS Specific – annually)

  - Hazardous Communications (CCEMS Specific – annually)

  - Blood Borne Pathogens (CCEMS Specific – annually)

  - Fire Safety/Building Evacuation (CCEMS Specific – annually)

- Catawba County Emergency Medical Services encourages its staff to attend seminars, classes and professional programs whenever possible. If the budget allows, the county will cover the following expenses:

  - If the class requires an overnight stay, the county will pay in advance or reimburse the amount approved by the county code for lodging.

  - If a county vehicle cannot be used for the trip, the county will reimburse the employee for mileage at the rate allowed by the county code.

  - If the class is out of town during meal times, the employee will be reimbursed for meals at a rate allowed by the county code.

  - All employee requests will be taken on a first come-first serve basis. Requests must be made in writing to the EMS Manager or Training Officer. Priority will be given to employees who are requesting to attend a conference or class for the first time. New requests will be considered each fiscal year.

- Employees requesting to attend a class, conference, seminar, etc must be off duty during the time of attendance or have adequate vacation leave time available to use.

- Recredentialing of the employee's state certification is the responsibility of the employee. The employee shall submit the form for recredentialing to the Training Officer at least 60 days prior to the expiration date.

- Continuing education classes will be offered five (5) times per month. It is the responsibility of the employee to maintain required hours and topics for recredentialing. Classes should be attended on the employee's short week if at all possible.

- Requests for reimbursement of education advancement programs (a higher level of medical certification) will be made prior to the start of the program. If the request is not submitted prior to the start of the program, the request will be denied.

- Each request will be reviewed and judged on an individual basis. If approved, an agreement will be made in writing and reimbursement will occur at the successful completion of the program.

Extended Leave

This policy explains procedures which will be followed when an employee must be absent from work for an extended amount of time.

- Extended leave shall be defined as: An absence of at least 28 consecutive shifts for full time employees or two calendar months for part time employees.

- A review board consisting of the Training Officer, the employee's Chief Trainer, and the employee's Crew Chief will look at each case individually. Should the employee in question be a Chief Trainer or a Crew Chief, this person will be excluded from the review board and the EMS manager will assume the position.

- The following options exist for re-entry in the event of extended leave

    - The employee who is out of work for an extended period of time must work with the appropriate Chief Trainer or approved designee for no less than seven shifts

        - Typically this situation only requires general review of base information and evaluation to ensure continued competency.

        - During this period the employee will be functioning in a third person role only.

        - Once the seven shifts have been completed the review committee will meet and determine the outcome of the remediation.

        - The employee may be released to return to work on their normal shift or other remediation may be recommended.

            - Other options that are available include:

                - Counseling session
                - Reduction of certification
                - Didactic training
                - Clinical experience
                - Reevaluation
                - Other – as defined by the review committee

    - The employee must successfully complete competency testing, consisting of a written protocol exam and practical skill evaluation.

Remediation

Remediation is the act or process of correcting a fault or deficiency.

To remain a superior provider of pre-hospital emergency medical care, Catawba County Emergency Medical Service requires every employee to maintain skill proficiency, continuing education, certification, and deliver high quality patient care. With this in mind, we have developed this remediation policy to insure continuation of our excellent reputation as a provider of outstanding pre-hospital emergency medical care.

- Minimum Standard
  - The Catawba County Emergency Medical Service Training Division realizes that each employee has a different background, knowledge base, and skill level. Because of this, it is understood that employees may differ in their care plans when faced with similar situations. However, we feel it necessary to define a minimum standard of care and require every employee to maintain that standard.
  - The minimum standard of care as set forth by Catawba County Emergency Medical Service is reflected in our standard operating procedures, continuing education guidelines, treatment protocols, and skill evaluations. Together these documents outline what is expected from each employee of Catawba County Emergency Medical Service.
- Remediation
  - The remediation policy has been established in such a way that it allows for every situation to be looked at individually. The Catawba County Emergency Medical Service Training Division feels this is necessary due to the very nature of pre-hospital emergency medicine.
  - To simplify the process the Catawba County Emergency Medical Service Training Division has developed two areas that we feel will cover the majority of situations.
    - The first area is skill performance and knowledge base. This area covers deficiencies in skill performance, basic knowledge of pre-hospital emergency medicine, and Catawba County Emergency Medical Service policy and procedure.
    - The second area is critical thinking. This covers situations dealing with the ability to function independently, decision-making ability and advanced knowledge of the pre-hospital emergency medical field.
- Deficiencies
  - Deficiencies must be recognized before any type of remediation is possible.

- To recognize deficiencies, Catawba County Emergency Medical Service Training Division will perform annual skill evaluations on every employee in the organization. We will also perform random reviews of medical documentation contained in the Ambulance Call Reports as well as evaluating each employee's ability to function on calls during the course of regular work cycles.

- Any problem, or potential problem, recognized by the medical community, co-workers, patients, individuals, or other organizations will also be reviewed.

- Initially, the appropriate Chief Trainer or the Training Officer will investigate potential deficiencies. If a potential deficiency is substantiated, a review board will be formed to further study and recommend a corrective action plan for the involved employee(s). This board will consist of the Training Officer, the employee's Chief Trainer, the employee's Shift Supervisor, and the employee's Crew Chief. *Should the employee in question be a Chief Trainer, Shift Supervisor, or a Crew Chief this person will be excluded from the review board and the EMS manager will assume the position*.

- This board will review all the information related to the incident and make a recommendation to the Manager and Medical Directors for resolution of the incident. The recommendation may simply involve informing the Manager and Medical Directors that the problem is minor and no further action is needed, or the recommendation may include remediation and / or disciplinary action. All recommendations and/or decisions of this board will be made by consensus vote. All documentation related to the incident will be turned over to the Manager for appropriate storage and a written report submitted to the Medical Directors and the Audit and Review board.

    - If the recommendation includes remediation, the following guidelines will be used.

        - Appropriate documentation to support a need for remediation.

        - The deficiency must involve one or more of the following areas

            - Performance and knowledge base
            - Critical thinking ability
            - Other -- including extended leave

        - The following options exist for remediation of a performance or knowledge base problem. *Typically, problems of this nature can be effectively corrected with didactic and/or clinical education and reevaluation*. Failure to correct the problem with didactic and clinical education or recurrent problems may require reduction of certification.

            - Didactic training
            - Clinical experience
            - Reevaluation
            - Reduction of certification

- Other – as defined by the review committee

❖ The following options exist for remediation of a problem related to critical thinking skills. *Typically, problems of this nature are more serious in nature and may require reduction of certification initially as well as didactic training, clinical education and reevaluation*.

- Reduction of certification
- Didactic training
- Clinical experience
- Reevaluation
- Other – as defined by the review committee

❖ The following options exist for remediation of problems related to other areas. *This category is very broad and cannot be defined specifically. Each situation must be handled on an individual basis and may be handled through any or all of the following mechanisms:*

- Counseling session
- Reduction of certification
- Didactic training
- Clinical experience
- Reevaluation
- Other – as defined by the review committee

o The review board may also recommend, to the EMS Manager, disciplinary action if the deficiency warrants such action. When this occurs the Catawba County Personnel Code applies.

Student / Observer Policy

This policy outlines procedures for approval for persons wishing to ride with Catawba County EMS as a Student or Observer.

- Students or observers must be 18 years old.
- Health Care Professionals (MDs, RNs, EMT, EMDs, etc…) affiliated with a Catawba County Emergency Medical Services System agency may ride with CCEMS employees as part of an approved continuing education program.
- A person riding as part of a continuing education program must have his or her department's written approval to participate in this program.
- Students may ride with CCEMS employees as part of an approved field internship program. These students must be enrolled in an approved program at an accredited teaching institution that has a current contract with Catawba County EMS.
    - A person riding as part of a field internship program must have his or her teaching institution's written approval to participate in this program and must provide a certified Criminal History to EMS Administration when applying to ride. The criminal history must have been obtained and certified within 30 days of the request to ride.
- Others may be allowed to ride with CCEMS employees on an as needed basis. The EMS Manager must approve "others" and there must be a legitimate reason for the person to ride. (i.e., Personnel Analyst, County Attorney, EMS Chaplain, etc…)
- No person will be allowed to ride with CCEMS employees in an effort to spend time with an employee or just because they want to. A person must have a reason, acceptable to the EMS Manager, which relates to the betterment of EMS.
- Anyone allowed to ride with Catawba County EMS must understand and agree to the following:
    - Review all policies and procedures with a member of the EMS Administration and sign all requisite forms before riding on an ambulance.
    - Students may assist in treatment under direct supervision of a paramedic.
    - Students/Observers shall follow the direction of their assigned CCEMS crew at all times.
    - A patient has the right to object to any Student/Observer participating in or observing their treatment. Should this occur, it is possible that a Student/Observer will be left behind and will be responsible for finding his or her own transportation. For this reason, all Student/Observers are advised to carry their own cell phone. However, the cell phone must never be turned on while in the presence of a patient.
    - Students/Observers are prohibited from interfering with CCEMS personnel at any time.

- Weapons, controlled substances or alcoholic beverages are not permitted on CCEMS premises or vehicles at any time. Anyone believed to be under the influence of alcohol or controlled substances will not be allowed on CCEMS property.

- Students must wear their school uniform. Observers should wear a white or light blue collared knit shirt and black or navy pants. Students/Observers must display proper identification at all times. Students/Observers must be prepared for inclement weather. CCEMS will not be responsible for any damaged belongings or lost articles.

- Students/Observers may ride between the hours of 0700 and 2300 unless EMS Administration gives special approval otherwise.

- Riding on an ambulance is a privilege, not a right, and may be revoked at any time, with or without cause.

- Failure to agree to and comply with these rules will result in the Students/Observers' immediate termination from riding in a CCEMS vehicle or being on CCEMS property.

STUDENT / OBSERVER CHECKLIST

1. Student / Observer is at least 18 years old (Date of Birth: _____). _____
2. Student / Observer has signed the CCEMS Student / Observer Policy Form. _____
3. Student has completed and signed the CCEMS Criminal History Policy Form. _____
4. Student / Observer has signed the CCEMS Observation Agreement. _____
5. Student / Observer has signed the Confidentiality Agreement. _____
6. Student / Observer has signed the CCEMS Infection Control SOG. _____
7. Student / Observer has signed the Volunteer Informed Consent Not to Receive Hepatitis B Vaccination form. _____
8. A CCEMS employee has covered the proper use and location of all PPE located on the ambulance. _____

_____

Student / Observer Date

_____

CCEMS Employee Date

STUDENT/OBSERVER POLICY FORM

Public safety personnel, health care professionals, students or others approved by Catawba County Emergency Medical Services (CCEMS) may, following arrangements with the EMS Manager or Training Officer, observe and ride with CCEMS employees provided they understand and agree to the following:

1. Review all policies and procedures with the EMS Manager or Training Officer and sign all requisite forms before riding on an ambulance.
2. Observers are prohibited from participating in the treatment of any patient. Students may assist in treatment under the direct supervision of a CCEMS Paramedic.
3. Students / Observers shall follow the direction of their assigned CCEMS Crew at all times.
4. A patient has the right to object to any Student / Observer observing or participating in their treatment. Should this occur it is possible that a Student / Observer will be left behind and will be responsible for finding their own transportation.
5. Students / Observers are prohibited from interfering with CCEMS personnel at any time.
6. Weapons, controlled substances or alcoholic beverages are not permitted on CCEMS premises or vehicles at any time. Anyone believed to be under the influence of alcohol or controlled substances will not be allowed on CCEMS property.
7. Students must wear their school uniform. Observers will wear a white or light blue collared knit shirt and black or navy blue pants. Students / Observers must display proper identification at all times. Students / Observers must be prepared for inclement weather. CCEMS will not be responsible for any damaged belongings or lost articles.
8. Students / Observers will ride between the hours of 7:00 am A.M. and 11:00 P.M. unless special approval is given by the EMS Manager or Training Officer.
9. Riding on an ambulance is a privilege, not a right, and may be revoked at any time, with or without cause.
10. Failure to agree to and comply with these rules will result in the Student / Observers' immediate termination from riding on a CCEMS vehicle or being on CCEMS property.

I, _____, have read, understand and agree to abide by all of the above rules and requirements.

_____

Student / Observer Date

_____

CCEMS Employee Date

This document approved to form:

_____

Debra Bechtel, County Attorney Date

CRIMINAL RECORDS CHECK POLICY FORM

Students may ride with the CCEMS employees as part of an approved field internship program. These students must be enrolled in an approved program at an accredited teaching institution that has a current contract with Catawba County EMS. A person riding as part of a field internship program must have his or her teaching institutions written approval to participate in this program and must provide a certified Criminal Records Check to EMS Administration when applying to ride.

- *A certified criminal records check must be submitted from the County where the student currently resides and for all Counties where the student has previously resided.*

- *The criminal record must be obtained and certified within 30 days of the request to ride.*

No one with pending charges, with the exception of minor traffic infractions, will be permitted to ride.

The EMS Manager has the authority to make exceptions when the type and remoteness (in time) of the convection are such that it is, solely at the discretion of the EMS Manager, permissible for the student to ride.

Some types of misdemeanor convictions will not automatically preclude a student from riding. However, any person who has been convicted of a misdemeanor must receive permission from the EMS Manager prior to riding. The EMS Manager has the sole authority and discretion to determine if a student convicted of a misdemeanor may ride.

Convictions not listed on the criminal record must be listed on this form: _____

_____

_____

_____

_____

_____

_____
Student / Observer Date

_____
CCEMS Employee Date

This document approved to form:

_____
Debra Bechtel, County Attorney Date

OBSERVATION AGREEMENT

In consideration of Catawba County allowing the undersigned to ride as a Student / Observer with the Catawba County Emergency Medical Services (CCEMS), I, the undersigned, do hereby agree, contract, and covenant that I will hold harmless and indemnify Catawba County, its elected officials, agents, successors, assigns, ad employees, from any and all damage, injury, or liability arising from being allowed to ride as a Student / Observer, despite and regardless of whether such injury or damage be to persons, and from any and all liability arising out of my actions, omissions or mere presence. I have read, understand, and will abide by this agreement.

_____

Student / Observer Date

_____

CCEMS Employee Date

This document approved to form:

_____

Debra Bechtel, County Attorney Date

CONFIDENTIALITY AGREEMENT

I understand that in accordance with N.C.G.S. 143-518 any and all information connected to dispatch, response, treatment or transport of a patient is strictly confidential. I agree to keep any and all information I may learn about a patient while a Student / Observer strictly confidential. I agree that the only time I may disclose any patient information is at the direction of a CCEMS Employee.

I also understand that my failure to comply with the provisions of this Confidentiality Agreement may constitute a misdemeanor punishable by fine and / or imprisonment and will result in my permanently being prohibited from riding with Catawba County EMS.

I further state that I understand and agree to comply with this Catawba County EMS Confidentiality Agreement at all times.

_____

Student / Observer Date

_____

CCEMS Employee Date

This document approved to form:

_____

Debra Bechtel, County Attorney Date

INFECTION CONTROL STANDARD OPERATING GUIDELINE

Catawba County EMS has provided me with a copy of their SOG regarding Infection Control.

I have reviewed the guideline and a Catawba County EMS employee has answered any questions I may have had.

I agree to abide by all the procedures when and if they affect me in my capacity as a student / observer.

_____

Student / Observer Date

_____

CCEMS Employee Date

This document approved to form:

_____

Debra Bechtel, County Attorney Date

VOLUNTEER INFORMED CONSENT NOT TO RECEIVE HEPATITIS B VACCINATION

I, _____, am a volunteer who, because of participation in high risk activity, as determined by OSHA regulations, qualifies to receive vaccination to protect me against Hepatitis B Virus.

I understand that Hepatitis B Virus is transmitted through blood and body fluids and that because of my activities as a volunteer; I am at higher than normal risk of exposure to the virus.

Each year the Center for Disease Control estimates that 300,000 people in the United States are infected with Hepatitis B Virus and of those approximately 12,000 are health care or public safety workers. Ten percent (10%) of those who are infected will become carriers and will have a higher than normal risk of developing chronic liver disease, including cirrhosis and cancer, and are infectious to others.

The Centers for Disease Control recommends that all individuals at high risk receive a Hepatitis Vaccination. The vaccination provides over ninety percent (90%) protection to Hepatitis B.

_____I have already taken the Hepatitis B vaccine series.

Dates of vaccination: _____, _____, and _____.

_____Although I may be exposed to blood or body fluids, I choose not to take the vaccine. I read and understand this consent and understand the risk I am taking by not taking the vaccine.

NOTE: All students must supply a copy of their vaccination record or completed declaration. (Attach copy)

_____

Student / Observer Date

_____

CCEMS Employee Date

This document approved to form:

_____

Debra Bechtel, County Attorney Date

Property Damage Notification Form

Date: _____

Time: _____ (Military)

Unit #: _____

Driver: _____

Attendant: _____

Brief description of damage: _____

_____

_____

_____

_____

_____

_____

The above information has been completed to advise you of damage that was done to your property while our personnel were answering an emergency call. Due to the nature of the call, our personnel were not able to stop at the time of the incident. They will return upon completion of the call to speak with you. We apologize for any inconvenience that this may have caused you. If we are at fault, we assure you that your property will be repaired at our expense. Again, please accept our apologies and thank you very much for your cooperation in this matter.

If you have any questions about this matter, you may contact the following persons:

Bryan Blanton, Manager
Catawba County Emergency Medical Service
P. O. Box 389
Newton, NC 28658
(828) 465-8234.

Catawba County EMS Shift Supervisor
(828) 465-5152

If no answer at the above number please contact the Catawba County Communications Center at (828) 464-3112 and ask for Bryan Blanton or the EMS Shift Supervisor to be paged.

Vehicle Accidents

This policy is an interdepartmental adjunct to Chapter 275 of the Catawba County Personnel Code: "Operations Standards for Drivers of Vehicles Used for County Business". It is intended as a guideline for managing the moments immediately following an accident while driving an EMS vehicle. It shall be the responsibility of the driver or crew to comply with this policy. EMS personnel are also bound by the content of Chapter 275.

- Vehicle accidents while **en route** to emergency scene or to a medical facility while driving **emergency traffic**
    - If there **are** injuries (to EMS personnel or occupants of other vehicles), the driver or crew shall triage and treat victims. Another EMS vehicle should be requested to respond to the original incident.
    - The driver or crew shall report to the Communications Center the following information:
        - Location of accident scene.
        - Number of injured persons, type and severity of injuries.
        - Brief description of condition of EMS vehicle.
        - Request to notify appropriate supervisor.
    - The unit involved in the accident will **not** leave the scene if there are any personal injuries.
    - If there are **no** injuries and damage to the EMS vehicle is minor, the unit **may** leave the scene, if the above steps (A) (excluding injuries) and (B) have been completed, and the driver or crew complies with the following:
        - No unit may leave the scene without permission from an informed Supervisor.
        - A **known** emergency must exist.
        - If responding to a call emergency traffic: There is no possibility of another EMS unit advantageously positioned to respond to the original call.
        - If transporting to a facility emergency traffic: The delay of another unit's response to continue the transport could bring about further detriment to the patient.
        - If another occupied vehicle is involved, the EMS driver shall give his/her name, address, driver's license number, the license plate number of vehicle involved, and County insurance information to the person struck or the driver or occupant of any vehicle collided with. (This is dependent on such person or persons being

physically and mentally capable of receiving such information). County insurance information is located on laminated cards provided by Risk Management. These may be found attached to this booklet.

- If only damage to property occurs, the driver shall give his/her name, address, driver's license number, the license plate number of the vehicle involved and the County insurance information to any person whose property is damaged in the accident. If the damaged property is a parked and unattended vehicle and the name or location of the owner is not known or readily ascertainable by the EMS driver, the driver shall furnish the information required by this subsection within **48 hours** to the nearest available peace officer or shall immediately place a paper-writing containing that information in a conspicuous place on the damaged vehicle. If the damaged property is a guard rail, utility pole, or other fixed object owned by the Department of Transportation, a public utility, or other public service corporation to which report cannot readily be made at the scene, it shall be sufficient if the responsible driver furnishes the information required to the nearest peace officer or make written report thereof containing the required information by U. S. certified mail, return receipt requested, to the North Carolina Division of Motor Vehicles within **5 days** following the collision.

  - If the unit leaves the scene of the accident and continues to respond to the initial emergency call, an additional unit will be dispatched to the location of the initial emergency call for patient transport, and the unit involved in the accident will return to the accident scene as soon as possible.

- Occurrence of vehicle accidents while **not** en route emergency traffic:

  - Follow steps as outlined in I (A) and I (B).

  - Assist in directing traffic until the proper law enforcement agency arrives.

  - The unit involved in the accident will not leave the scene until authorized by law enforcement.

- When damage renders a unit disabled:

  - Turn off ignition and battery switches.

  - Remove fire extinguisher and portable medical equipment if there is danger of fire, without endangering personnel.

- Relaying information at the accident scene:

  - Catawba County EMS personnel **will not** discuss details of accidents with anyone except EMS administration or law enforcement officials.

- Filing of accident reports:

- The driver (if uninjured) will be responsible for acquiring police accident reports and forwarding these reports to the appropriate supervisor within **24 hours.** (If the driver sustained injury not allowing such action, EMS administration will acquire such information).

- An EMS incident report shall be completed on all accidents by personnel involved and forwarded to the appropriate supervisor within **24 hours.**

- The driver will coordinate with the supervisor and garage manager to obtain at least **two** estimates for repair within five working days.

- Filing of Catawba County **Injury/Exposure Report**.

  - The supervisor of an injured EMS employee is responsible for the completion of and Injury/Exposure Report. This report must be completed and copies forwarded to appropriate departments.

- Reporting of EMS vehicle accidents to appropriate personnel.

  - Immediately notify proper law enforcement officials.

  - Immediately notify the Department Head through the chain of command.

  - Immediately notify the Garage Manager.

  - Notify the Risk Manager within one working day of the accident.

- Accident Review.

  - Accident review will be completed by the Risk Manager, according to Chapter 275 of the Catawba County Code.

Vehicle Fuel Purchase

This policy covers purchasing vehicle fuel with credit cards.

- County fuel pumps will be utilized whenever possible.
- Employees should not use standing accounts unless directed to do so by a supervisor.
    - When using standing accounts, fuel tickets must contain the following information:
        - Total amount of the fuel purchase.
        - Total gallons of fuel purchased.
        - Price per gallon.
        - Signature of the person purchasing the fuel.
        - Vehicle number.
        - Current vehicle mileage at the time of the purchase.
- Once the information is retained on the store copy of the fuel ticket, the carbon copy or original (whichever is obtained by the employee) will be discarded.

Vehicle Maintenance

- Routine service and non-downtime maintenance
  - The crew taking the unit to Vehicle Maintenance will need to complete the top portion of the vehicle maintenance request and place it in the driver's seat, or give it to the mechanic completing the work. Keys should be left in the lock-box after hours.
  - When an appointment time has been set, the Crew Chief and Shift Supervisor on duty is responsible for insuring that the vehicle meets the appointment.
  - The vehicle should be placed on the line outside Vehicle Maintenance the night before the scheduled appointment or at the earliest convenience.
  - When the work is completed, the mechanic will fill out the bottom portion of the Vehicle Maintenance Request and give it to a designated person at Vehicle Maintenance who will then forward it to the supervisor responsible for tracking vehicle maintenance.
- Break downs and Towing
  - During normal garage business operating hours, the crew chief or supervisor should contact the garage and arrange for proper transportation of the unit.
  - On nights, weekends, or holidays, the Shift Supervisor must page the on-call mechanic. If the unit is out of service, the crew will switch into the closest available spare. After moving into the spare, the Shift Supervisor should report to the other supervisory personnel that the spare unit is being used.
  - If the unit is out-of-county, the senior person on the unit must notify the Shift Supervisor by phone or relay the information to the Shift Supervisor through the communications center.
- When a unit is ready, the Shift Supervisor will be notified by Vehicle Maintenance. The Shift Supervisor will designate a crew to pick up the unit and return the spare to its assigned base.

ARTICLE X. OPERATIONS STANDARDS FOR DRIVERS OF VEHICLES USED FOR COUNTY BUSINESS

Sec. 28-331 -- Definitions.
The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

County drug testing policy. The policy of the County is to maintain a workplace free of substance abuse and to work toward a drug-free community. The County shall comply with the requirements of the Federal Drug-Free Workplace Act of 1988, and any amendments or subsequent legislation affecting operations of vehicles, since sufficient evidence has concluded that the use of controlled substances and other forms of drug abuse shall seriously impair an employee's physical and mental health and, thus, job performance. This policy shall not conflict with the existing law enforcement policy as it applies to employees of the Sheriff's Department.

Defensive driving course means a course approved by the Risk Manager to teach drivers, as defined in this article, defensive driving skills.

Driver means as follows:

1) *Designated driver/employee* means an employee that has received the express approval of the Department Head or designee to carry out official business of the County in a County-owned or privately owned vehicle used for conducting County business. See section 28-332

2) *Designated volunteer* means a volunteer who has received the express approval of the Department Head to carry out official business of the County in a County vehicle or a privately owned vehicle.

Risk Manager means the employee responsible for identifying and analyzing risks that would cause major financial loss to the County and/or any potential injury to an employee or citizen, and implementing and monitoring policies and procedures to reduce these risks.

(Ord. No. 2006-10, 8-21-2006)

Cross references: Definitions generally, § 1-2.

Sec. 28-332. Responsibilities of Risk Manager.

1) The frequency of accidents and the damage to County and private property calls for careful attention to developing defensive-driving measures. The Risk Manager shall implement and carry out the measures in subsection 2) to address satisfactory driving standards and determine the preventability of all accidents that occur in the operation of vehicles, as defined in this article.
2) The Risk Manager shall:
    a) Carry out the official actions of this article.
    b) Increase the awareness level of appropriate vehicular safety by:
        i. Developing appropriate defensive-driving courses for drivers, volunteers or other designated personnel;

ii. Developing guidelines for authorized use of privately owned vehicles authorized for County business and functions;
iii. Providing periodic reports, articles, and programs for enhanced vehicular safety; and
iv. Enhancing awareness of proper vehicular maintenance and ensuring the establishment of a regularly scheduled maintenance program.

c) Determine accident trends in terms of number, type, and frequency, patterns of recurrence and vulnerability and implement appropriate corrective action.
d) Review vehicle accidents incurred by drivers where property damage, personal injury, or death occurs; determine the preventability and severity of the infraction; and recommend the necessary corrective action.

Sec. 28-333. -- Authorization.

1) This article applies to all County vehicles, heavy equipment/machinery and private vehicles used for and in the scope of County business.
2) Only employees may operate County-owned vehicles with the exception of approved contract maintenance personnel, reserve deputy sheriffs, and designated volunteers.
3) Drivers shall not operate a County-owned vehicle except upon the express direction and authorization of the Department Head, or designee, who supervises regular work activities.
4) A County vehicle may only be used for official County business. Reports of private use of a County vehicle will be received and investigated by the Department Head, or designee, and appropriate action shall be taken.
5) The Risk Manager shall annually review driving records of current employees to ensure the employee meets County guidelines for drivers as stated in the County's Motor Vehicle Record Policy.
6) Finalists for all positions which require driving shall agree to a Department of Motor Vehicles (DMV) driving record master check as a condition of employment. Such driving checks shall be the responsibility of the Human Resources Director. The Human Resources Director shall be responsible for determining the relevance of the information obtained to the position for which the applicant has applied. Finalists for positions which require driving as described in this article shall not be recommended for hire by the Human Resources Director if a driving record from the Department of Motor Vehicles indicates the applicant has received more than four points within the last three years and/or the overall driving record is deemed unsatisfactory.
7) In the employee orientation session conducted by the Human Resources Department, employees subject to this article shall be informed by the Risk Manager of this article and of their obligation to function according to its provisions. Designated volunteers shall be made aware of their responsibilities under this article by the respective Department Head or designee.
8) It shall be the policy of the County to assign vehicles to a particular department for the general conduct of its business. This is not meant to restrict the use solely to that department. Vehicles, other than emergency response vehicles, at any time may be subject to use outside of the regular department functions.

(Ord. No. 2006-10, 8-21-2006)

Sec. 28-334. -- Maintenance.

1) Maintenance standards applying to a driver operating a County-owned vehicle are as follows:

a) Preventive maintenance and service of County-owned vehicles shall be the function of the County garage. Scheduling required maintenance is the responsibility of each department, or when a vehicle is assigned to an employee, the employee is responsible.
b) A notice of regularly scheduled preventive maintenance shall be provided to the Department Head or designee for each County vehicle in the form of a vehicle sticker. Each operator of a County-owned vehicle is also responsible for the North Carolina emissions inspection/safety inspection. Any fine incurred for failing to maintain the appropriate state inspections shall be the responsibility of the department.
c) The Facilities/Fleet Manager shall possess the authority to confiscate any vehicle that has not received the regularly scheduled maintenance check or if he deems the vehicle not roadworthy. The Facilities/Fleet Manager shall coordinate and maintain temporary alternate vehicles.
d) Upon request, the Facilities/Fleet Manager shall provide to the Department Head or designee and/or the Risk Manager an analysis of vehicle-operation costs.
e) Each driver shall be responsible for ensuring that his vehicle is in good working condition at all times. A driver is responsible for reporting through a maintenance request form, immediately, all defects appropriate maintenance personnel.

2) Drivers operating privately owned vehicles under this article shall be responsible for the proper maintenance and safety of their vehicles, and maintaining insurance as required by state law and County policy.

(Ord. No. 2006-10, 8-21-2006)

Sec. 28-335. -- Accident prevention.

1) It shall be the responsibility of all employees, volunteers and any other person driving in the scope of employment or on behalf of the County to drive defensively to prevent accidents in spite of the incorrect actions of others and regardless of adverse conditions, and to comply with all driving rules and regulations. The Risk Manager shall develop measures to improve driving safety, which includes the defensive-driving course. Such courses, designed both for regular driving and for those driving emergency-response vehicles, shall be scheduled on a regular basis by the Risk Manager, and drivers shall be required to take the course as set forth in this article.
2) An employee assigned a County-owned vehicle as a regular function of the employee's position with the County shall be required to complete the applicable defensive-driving course within six months of being assigned to a designated driving position. Employees of the Sheriff's Department shall be allowed to substitute basic law enforcement training (BLET) and/or the State's 40-hour driving school for the County's defensive-driving course. However, if an employee of the Sheriff's Department is involved in an avoidable accident, the employee must complete the County's next available defensive-driving course or a special training application, which addresses specific driving needs as set forth by the Risk Manager.
3) Designated volunteers responsible for driving a County-owned vehicle or driving a privately owned vehicle for County business must:
    a) Possess a valid driver's license issued by this state;
    b) Agree to a driving record master check from the Department of Motor Vehicles; and
    c) Complete the next available applicable defensive driving course.
4) Other employees are subject to the following:

   a) Employees subject to this article who have the responsibility of transporting clients in their privately owned vehicles shall be required to complete the defensive driving course within six months of hire or reassignment.
   b) Any employee who may have occasion to operate a County vehicle must take the defensive driving course.

5) The Department Head, or division manager, in consultation with the Human Resources Director, may require pre-employment and/or periodic physical or vision examinations to determine an employee's fitness to perform the essential functions of the job. The Department Head, in consultation with the Risk Manager, may also require these examinations for designated volunteers.
6) All drivers shall be instructed on precautionary procedures to take should an accident occur and should obtain the following:
   a) The name of other drivers, passengers and/or pedestrians involved;
   b) The insurance carrier, agent, and policy number of any other driver, if possible;
   c) The names of witnesses; and
   d) The investigating officer's report.
7) Employees subject to Federal Highway Administration (FHWA) and Federal Transit Administration (FTA) regulations are required to attend training, as addressed in the County drug testing policy.
8) Basic safety equipment and supplies for vehicles shall be established by the Risk Manager (e.g., fire extinguisher, flares, signs, blood borne pathogens kits, and the like). It shall be the employee's responsibility to ensure vehicles are appropriately supplied.
9) Employees' driving records shall be updated by the Risk Manager on an annual basis or as needed according to County policy. Employees are required to attend the County defensive driving course every three years from the original date of training, or employment/assignment. If an employee has not been in a preventable accident or has not incurred any points on his/her driving record, the driver shall be exempt from taking the defensive driving course for another three years. No employee shall exceed more than six years without taking the defensive driving course.
10) Department Heads or division managers requiring additional driving instruction outside the scope of this article must have the instruction approved by the Risk Manager.
11) Safe driver award incentive programs will be administered within the respective driver's department.

(Ord. No. 2006-10, 8-21-2006)

Sec. 28-336 -- Accident reporting and review.

1) *Reporting.* When any driver, as defined in this article, is involved in an accident, he shall:
   a) Immediately notify proper law enforcement officials;
   b) Immediately notify the Department Head or division manager;
   c) Immediately notify the Facilities/Fleet manager; and
   d) Notify the Risk Manager within one working day of the accident.

   Safety sensitive employees, as defined by the Federal Transit Administration, and commercial driver's license (CDL) drivers subject to the Federal Highway Administration are required to follow the County drug testing policy requirements for post-accident testing.

2) *Accident review*. Accidents shall be reviewed as follows:
    a) The Risk Manager shall review each accident where property damage, personal injury, or death occurs and determine the preventability and severity of the infraction and determine the necessary corrective action. The Risk Manager shall provide a written report within 30 days to the Department Head or division manager.
    b) The review and consideration of a case by the Risk Manager may include, but is not limited to:
        i. The past driving record of the driver.
        ii. The report of the investigating officer.
        iii. The driver's report pursuant to County policy.
        iv. Oral presentation by the driver, if needed or requested.
        v. Supporting materials or the testimony of witnesses, if warranted.
        vi. The Department Head's or the designated representative's report of the accident pursuant to County policy.

3) *Supporting material or witnesses*. A driver may present supporting material or witnesses to the Risk Manager to assist in the interpretation of the accident.
4) *Suspension of driving duties*. Drivers subject to this article may be suspended by the Department Head or designee or Risk Manager from driving duties, pending an investigation of each incident/accident.
5) *Penalty*. Upon finding that a driver, who is an employee, is involved in a preventable accident, the Risk Manager shall discuss the findings with the Human Resources Director. The Human Resources Director shall recommend to the Department Head or designee the appropriate disciplinary action based on section 28-162. If a designated volunteer is involved in a preventable accident, the Risk Manger shall make recommendations for appropriate action to the Department Head or division manager.
6) *Drug testing*. Certain County drivers are subject to the requirements of the County drug testing policy. Nothing in this policy shall alter any employee's responsibilities under the County drug testing policy.

(Ord. No. 2006-10, 8-21-2006)

Vehicle Operations

Operation of a Catawba County EMS vehicle requires careful skill and awareness of other drivers. This policy discusses areas that are necessary for careful vehicle operation.

- Training
  - New or reserve employees will be required to pass driving skill evaluation and requirements for pre employment, prior to operating an ambulance.
- Shore lines
  - Ambulances should be parked in bay area when possible and plugged in to the shorelines to maintain adequate charge on batteries.
- Backing
  - The driver should have someone at the rear of the ambulance, on the driver side, observing the area and directing the driver while backing. The driver should stop immediately any time they lose sight of the person directing in the mirror.
- Emergency Response
  - Notify communications any time level of response is changed from the level of initial dispatch. Driver should respond obeying all traffic laws and in a safe manner.
- When approaching a school bus with a stop sign displayed.
  - An ambulance shall not pass a stopped school bus displaying a stop sign.
  - An ambulance's running lights and siren must be turned off prior to passing the bus. When stopping the unit, the paramedic should position the ambulance so the bus driver can easily see the unit. For example, when approaching from the rear, the ambulance should make sure the left lane is clear, and then position the ambulance in the left lane at the rear of the bus. Once the bus driver has insured the safety of the students, he/she should lower the stop sign, allowing the ambulance to proceed slowly and with caution around the bus.
- Accidents
  - Personnel should follow guidelines as written in the "Policy for EMS Vehicle Accidents" located in the accident manual that is kept in each unit.

Access, Inspection, and Copy of Protected Health Information

Patients have the right to access their PHI to inspect or copy the information for as long as the PHI is maintained by Catawba County EMS.

- Forms to complete these tasks will be maintained in the office of the records custodian.
- Request forms to access, inspect, and copy can be obtained in person at the office of the records custodian. Request forms may also be mailed or faxed upon request.
- After requests are submitted the requestor will be notified that the request has been approved or denied within 30 days.
    - If the request is *approved* the requester may access, inspect or copy his/her PHI at the office of the records custodian. PHI may be mailed to the requestor's address listed on the form. PHI may not be faxed.
    - If the request is *denied* a limited explanation of the denial should be sent to the requester. The date "The letter of denial" is sent should be recorded in the office of the records custodian.
    - The privacy officer will approve or deny the request based on the law.

Accounting of Uses, Disclosure Tracking Log and Restrictions of Use and Disclosure of Protected Health Information

- Patients have the right to receive an account of the uses and disclosures of their PHI made by Catawba County EMS in the six years prior to the date of the of the request, with the exception of disclosures made prior to July 2003.
    - Within 60 days of a party's request, Catawba County will provide an account of all disclosures made of the patient's PHI made by Catawba County EMS.
    - Catawba County is not required to track disclosures made to carry out treatment, payment, and/or health operations. Tracking disclosures is also not necessary where made to law enforcement when those requests have been made under the confidentiality exception for law enforcement.
    - The records custodian must maintain a log of all disclosures made of the patients PHI.
- Patients have the right to request that their PHI be restricted from certain disclosures. However, Catawba County will not be required to restrict disclosures made to carry out treatment, payment, and/or health care operations, or those made to law enforcement under the confidentiality exception [45 CFR 164.512 (f)(1)].

Amendment to Protected Health Information

Patients have the right to request an amendment of their PHI maintained by Catawba County EMS for six years prior to the request date but no earlier than July 2003.

- Patients wishing to change their PHI must complete a "Request for Amendment of Protected Health Information" and submit it to the record's custodian.

- The privacy officer should review all requests within 60 days of receiving the request and make a determination.

    - If the amendment request is approved, the requestor will be notified and entities having access will also be notified of the amendment. Documentation must include the date that the patient and any other entities were notified.

    - If the amendment request is denied, the requestor should be notified in writing in a timely manner.

Minimum Necessary Requirements

Each employee shall be granted access to the emsCharts Patient Care Reporting System. Those employees will be granted access to certain Protected Health Information based on their function within Catawba County EMS.

- Field personnel entering information documenting an ambulance call shall be granted the access needed to complete this task, edit their information, and view that information.

- Training Committee Members will be granted access to Protected Health Information for the use of quality assurance and investigation as well as for those reasons listed for field personnel.

- Management Team Members will be granted access to Protected Health Information for the use of investigation of a complaint, billing questions from the billing office, and other health care operations. Access will also be granted for the reasons listed for field personnel and chief trainers and field training officers.

- Other access may be granted as needed when deemed necessary by the Administration of Catawba County EMS.

- All Protected Health Information will be maintained by the Catawba County PCR system or emsCharts Patient Care Reporting System. The Specialty Services Coordinator will maintain hard copies of signature forms at the EMS Administrative offices in Newton.

- All employees of Catawba County EMS will be required to attend continuing education to inform them of Catawba County EMS policies relating to HIPAA compliance.

Notice of Privacy Practice Procedures

Notice must be given to all patients treated by Catawba County EMS describing how medical information may be used, disclosed, and how they can access this information.

- Catawba County EMS personnel must present to all patients a copy of the adopted "Notice of Privacy Policies" at the time of service.
- Receipt of "Notice of Privacy Policies" should be acknowledged by the patient's signature on the signature form portion of the patient care report.
- The emsCharts system will be queried to determine which patient did not receive a "Notice of Privacy Policies" due to exigent circumstances.
    - A "Notice of Privacy Policies" will be mailed to these patients within a reasonable time period after service is rendered.
    - EMS Management and Consultants will mail the forms and maintain a record of same.

Special Situations

In Loco Parentis

- Persons legally authorized to act in the absence of the minor's parent or guardian will have access to the patient's Protected Health Information during an emergent need.

Staff Member Verification: Confidentiality and Dissemination of Patient Protected Health Information

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Catawba County EMS prohibits the release of any patient information to anyone outside the organization and discussions of protected health information (PHI) within the organization should be limited to what is necessary within my job duties and responsibilities. Acceptable uses of PHI within the organization include, but are not limited to, peer review, internal audits, quality assurance and billing.

I understand that Catawba County EMS provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Catawba County EMS patients. I understand that it is necessary, in the rendering of Catawba County EMS services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such confidential information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure except for treatment, payment, and health care operations.

I agree that I will comply with all confidentiality policies and procedures set in place by Catawba County EMS during my entire employment with Catawba County EMS. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of Catawba County EMS immediately. In addition, I understand that a breach of patient confidentiality may result in disciplinary actions, including termination, by Catawba County. Upon termination of my employment for any reason, or at any time upon request, I agree to return any and all patient information I may have in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by Catawba County EMS. I agree to all conditions of my employment set forth in this agreement. This is not a contract of employment and does not alter the nature of the employment relationship between Catawba County EMS and me.

Signature: _____ Date:_____

Printed Name:_____

Acceptance to Amend Protected Health Information

[PLACE DATE HERE]

Dear [INSERT NAME OF REQUESTOR]:

This letter is to inform you that I have reviewed your request to amend the Protected Health Information for [INSERT NAME OF PATIENT]. Catawba County EMS has made the appropriate amendments and has notified all necessary entities.

Sincerely,

Bryan D. Blanton, Director
Catawba County Emergency Services

Catawba County Emergency Medical Services
Authorization to Disclose Protected Health Information

Patient Name _____ Date of Birth _____

Patient Medical Record # _____ Patient SSN _____

I, _____ hereby authorize **CATAWBA COUNTY**
(Patient or Personal Representative)

EMERGENCY SERVICES to disclose specific health information from the records of the above named patient to:

_____ _____
(Recipient Name/Address/Phone/Fax)

_____

for the specific purpose(s): _____

_____

Specific information to be disclosed: _____

_____

I understand that this authorization will expire on the following date, event or condition: _____

_____

I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year, except for disclosures for financial transactions, wherein the authorization is invalid. I also understand that I may revoke this authorization at any time and that I will be asked to sign the *Revocation Section* on the back of this form. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my written authorization unless otherwise provided for by state or federal law.

I understand that if my record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing this disclosure will include that information. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g., insurance company) for the sole purpose of creating health information (e.g., physical exam), service may be denied if authorization is not given. If treatment is research-related, treatment may be denied if authorization is not given.

I further understand that I may request a copy of this signed authorization.

_____	_____	_____
(Signature of Patient)	(Date)	(Witness)
_____	_____	_____
(Signature of Personal Representative)	(Date)	(Relationship/Authority)

NOTE: This Authorization was revoked on _____ _____
(Date) (Staff Signature)

REVOCATION SECTION

I do hereby request that this Authorization to Disclose Health Information of _____
(Name of Patient)

signed by _____ on _____
(Enter Name of Person Who Signed Authorization) (Date)

be rescinded, effective _____. I understand that any action taken on this Authorization prior to
(Date)
the rescinded date is legal and binding.

_____ _____ _____ _____
(Signature of Patient) (Date) (Witness) (Date)

_____ _____ _____
(Signature of Personal Representative)*** (Date)
(Relationship/Authority)

VERBAL REVOCATION SECTION

I do hereby attest to the verbal request for revocation of this Authorization by _____
(Name of Patient or Personal Representative)

on _____. The patient or the personal representative has been informed that any
(Date)
action taken on this authorization prior to the rescinded date is legal and binding.

_____ _____ _____ _____
(Staff Signature) (Date) (Witness) (Date)

* * * *

Denial of Request for Amendment to Protected Health Information

[PLACE DATE HERE]

Dear [INSERT NAME OF REQUESTOR]:

We have reviewed your request for amendment to the protected health information of [INSERT NAME OF PATIENT]. Please be advised that we must deny your request to amend this information at this time.

The basis for this denial is:

You have the right to submit a written statement to us if you disagree with our denial of your request. You may file your statement directly with our privacy officer, [INSERT NAME] at the address listed above.

If you do not submit a statement disagreeing with our decision to deny your amendment request, you may request that we provide your initial request for amendment and a copy of our denial of your request with any future disclosures of the protected health information (PHI) that was the subject of your request for denial.

You also have the right to file a complaint with us or with the federal government if you disagree with our decision to deny your request to amend your PHI. We have enclosed a copy of our Complaint Procedure, which outlines the steps you need to take to file either a complaint with us, or a complaint with the federal government.

Sincerely,

Bryan D. Blanton, Director
Catawba County Emergency Services

Denial of Request for Access to Protected Health Information

Dear **[INSERT REQUESTOR'S NAME]:**

We have reviewed your request to have access to certain Protected Health Information (PHI) maintained by Catawba County EMS. Unfortunately, we are unable to grant your request for access to this information.

The basis for this denial is that:

1. ____ The information you request was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;

2. ____ The information you requested was obtained from someone other than a health care provider under confidentiality and the access requested would be reasonably likely to reveal the confidential source of the information.

3. ____ A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person;

4. ____ The protected health information makes reference to another person (other than a health care provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;

5. ____ The request for access is made by you as a personal representative of the individual about whom you are requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that access by you is reasonably likely to cause harm to the individual or another person.

Denials for reasons #1 or #2 are final and you may not appeal the decision to deny access to the information.

Denials of access for reasons #3, #4, or #5 may be reviewed in accordance with the Review Procedures described herein.

Review Procedures

If the denial of your request for access to PHI is for reasons #3, 4 or 5, you may request a review of the denial of access.

Catawba County EMS will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny you access. Catawba County EMS will promptly refer your request

to this designated review official. The review official will determine, within a reasonable period of time, whether the denial is appropriate. Catawba County EMS will provide you with written notice of the determination of the designated reviewing official.

You may also file a complaint in accordance with the enclosed complaint procedures if you are not satisfied with our determination.

Sincerely,

Bryan D. Blanton, Director
Catawba County Emergency Services

Patient Request for Access to Protected Health Information

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your PHI, amend your PHI, request an accounting of the uses and disclosures of PHI for the last six (6) years prior to the date of the request but no earlier than July 2003 from Catawba County EMS, and to request restrictions on the uses and disclosures of your PHI. Catawba County EMS is not required to agree to any restrictions requested by the patient; however any restrictions agreed to by Catawba County EMS are binding on Catawba County EMS.

Please indicate your request.

_____ Access/Review of information

_____ Copied information

_____ Access or Review/Request for Amendment followed

_____ Access or Review/Request for Accounting followed

_____ Access or Review/Request for Restrictions followed

Signature _____ Request Date _____

Catawba County Emergency Medical Services

Release of Protected Health Information to Law Enforcement Officials

I understand that new federal privacy regulations prevent Covered Entities, in this case Catawba County EMS, from releasing protected health information. Exceptions for law enforcement, allowing them access to Protected Health Information, are covered under 45 C.F.R. 164.512(f). I have identified below the exception(s) in the law which entitles me, a sworn law enforcement officer, to this information.

___ 1. The information is required to be reported to law enforcement by N.C.G.S. _____.

___ 2. A subpoena has been issued by the Court. (Attach copy).

___ 3. A valid administrative subpoena has been executed. Said subpoena includes a sworn statement that a) the information sought is material to a legitimate law enforcement inquiry; (b) the request is specific and limited in scope to the purpose for which it is being sought; and c) de-identified information could not reasonably be used (i.e., without SSN or name, the information would be useless as evidence). (Attach copy).

___ 4. The information is needed to locate or identify:
- _____ a suspect
- _____ a fugitive
- _____ a material witness
- _____ a missing person

___ 5. The information is needed:
- _____ because the person is, or is suspected to be, the victim of a crime; or
- _____ to determine if someone else committed a crime and time cannot be delayed until the victim approves the disclosure.

NOTE: Information that can be released under this exception is limited to eight (8) types: name; address; date/place of birth; SSN; blood type/RH factor; type of injury; date/time of treatment; date/time of death.

___ 6. Catawba County believes that the information is evidence of a crime that occurred _____ (name of hospital, nursing home, etc.)

___ 7. The emergency health care worker who responded to an emergency outside the hospital has, and is permitted to disclose to law enforcement, information about:
- _____ the commission and nature of a crime
- _____ location of the crime and victim(s)
- _____ the identity, description or location of the perpetrator

___ 8. The information is related to the victim of abuse, neglect or domestic violence, and:
- _____ disclosure is required by law
- _____ the individual has agreed to the disclosure
- _____ authorized by law and necessary to prevent serious harm
- _____ authorized by law and law enforcement represents information will not be used against individual and law enforcement activity depends on the disclosure and would be materially and adversely affected by waiting until the individual is able to agree.

NOTE: This exception is rare. Usually a subpoena is required.

___ 9. The medical examiner needs the information to determine cause of death.

___ 10. The information is needed to avert a serious threat to health/safety for the following reason(s):

_____ the disclosure is necessary to avert a serious and imminent threat to a person's safety or the public.

_____ to identify or apprehend an individual because the individual admitted participating in a violent crime that may have caused serious physical harm to the victim.

_____ to identify or apprehend someone who escaped from a correctional institution or from lawful custody.

___ 11. One of the miscellaneous exceptions exist:

_____ national security and intelligence

_____ protective services for the President and others

_____ jails, prisons, law enforcement custody to safeguard the prisoner

_____ corrections employees who are in proximity of the prisoner

_____ _____

Person's Name for information sought | Date of Occurrence

_____ _____

Law Enforcement Officer's Signature | Date

_____ _____

Printed Name of Officer | Officer's Badge Number

_____ _____

Name of Requesting Agency | Officer's Telephone Number

_____

Printed Name of EMS Employee Responding to Request

_____ _____

EMS Employee's Signature | Date

Catawba County Emergency Medical Services

Patient's Request for Uses and Disclosures of Protected Health Information

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your PHI, amend your PHI, request an accounting of the uses and disclosures of PHI for the last six (6) years, prior to the date of the request but no earlier than July 2003, from Catawba County EMS, and to request restrictions on the uses and disclosures of your PHI. Catawba County EMS is not required to agree to any restrictions requested by the patient, however any restrictions agreed to by Catawba County EMS are binding on Catawba County EMS.

Signature _____ *Request Date* _____

List of Uses and Disclosures

Date	Name/Address of Recipient	Brief Description of Use or Disclosure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient Request for Restriction of Protected Health Information

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your Protected Health Information, request an amendment to your PHI, request an account of the uses and disclosures of PHI for the last six (6) years prior to the date of the request but no earlier than July 2003 from Catawba County EMS, and to request restrictions to the uses and disclosures of your PHI. Catawba County EMS is not required to agree to any restrictions requested by the patient; however, any restrictions agreed to by Catawba County EMS are binding on Catawba County EMS.

Please indicate your request for restricted uses and disclosures of your PHI.

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ Date _____

Catawba County Emergency Medical Services

Request for Amendment of Protected Health Information

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Information to Amend: (Please check the field that represents the type of information you would like to amend.)

____ Name
____ Billing Address
____ Mailing Address
____ Current Medical Condition
____ Past Medical History
____ Current Medications
____ Allergies

____ Marital Status
____ Surrogate Decision Maker
____ Organ Donor
____ Other: Please describe
_____
_____
_____

Please specifically describe what information you want amended. Please ONLY list the new information.

_____

_____

Catawba County EMS, in its capacity as a health care provider, is entitled to perform and bill for services based on all protected health information in its current form or upon which it has already relied until such time as the amended information becomes effective.

Your signature below indicates that you have agreed to accept these terms as they have been listed and to provide payment, if required, to Catawba County EMS based on existing protected information until such time that the amendments you have made are effective.

Patient Signature: _____ Date: _____

We are now requesting permission allowing us to notify the persons with which the amendments need to be shared. We will provide to those individuals you identify to us as having received the PHI as well as those persons or business associates of Catawba County EMS that may have relied on or could be reasonably expected to rely on the amended PHI.

Identify to us any individuals you know of who may need the amended PHI about you and sign the attached statement giving us permission to provide them with the updated PHI.

Sincerely,

Bryan D. Blanton, Director
Catawba County Emergency Services

By my signature below, I hereby allow Catawba County EMS to provide amended PHI to the following persons and to others who Catawba County EMS has identified have a need for such information provided such information is furnished in accordance with federal law.

Names and contact information for persons I know need the amended PHI about me:

_____

_____

_____

_____

_____

_____

_____ _____

Date **Signature**

Building Evacuation

This document should serve as a guideline for EMS manned buildings in the event evacuation is needed for any purpose. This need for evacuation may be caused by natural and/or man-made causes or reasons.

- Our evacuation plan describes procedures for accounting for all evacuated employees and visitors. It is the responsibility of all personnel to keep exit ways and corridors clear at all times. Exit doors must never be blocked, locked, or obstructed. When the need for an evacuation occurs, due to fire, chemical, or technical disaster, **all** employees are to leave the building after they have safely evacuated those people they are responsible for, and observe the following procedures:
    - Be sure the exits and corridors are always maintained safe and passable.
    - Check to see if the primary evacuation route is available. If it is safe and clear, use this exit to evacuate.
    - If the primary route is blocked, use the secondary route.
    - If both routes are blocked, make every effort to clear at least one of the exits.
    - If both exits are blocked, go to the designated safe room. These rooms are designated on evacuation plans located at each base. Once in the room:
        - Close the door to the room.
        - If necessary, break a window by placing a blanket or coat over the window to prevent cuts.
    - If exits are open and clear, escort visitors, etc. to the nearest exit.
    - Be sure all doors and windows are closed as you exit the building.
    - Once the evacuation is complete, all employees should attempt to locate all visitors, etc. and keep them together in a group in the appropriate assigned designated meeting area.
    - Do not return into the building. Stay with your group unless otherwise instructed.
    - Be careful to stay out of the way of any firefighting equipment or emergency response personnel.
- Although OSHA requires a minimum passage of 28”, The American With Disabilities Act (ADA) mandates a corridor width of 32”. Every employee must be constantly aware of items and equipment stored in the hallways which could potentially block or restrict the free escape of individuals in times of emergency evacuation. Never permit the routine accumulation of

supplies in the hallways. Any time you observe the accumulation of "stuff" either remove it or report it to your Safety Officer.

- Each workplace building must have at least two means of escape, remote from each other, to be used in a fire or other type of emergency. All approved exits are marked by an illuminated, readily visible sign.

- EMS crews should be familiar with the base entrance and exit locations. Evacuation routes are posted in a prominent location at each base. These evacuation routes show primary and secondary evacuation routes, location of fire extinguishers and a floor plan of the building, including location of safe rooms.

- EMS personnel should, whenever possible, remove the ambulances from the bays and secure the units away from the building. This will ensure readiness for the service area as well as provide a place for crews to take shelter during the time of the emergency. If it is to be a long duration incident the crews should be relocated to an appropriate location or facility to cover the service area.

- In the event units cannot be moved (i.e. gas leak in the bay), then they should be left and the EMS Shift Supervisor should be notified so that other crews may be pulled to cover that service area. Units left in place should, at the first opportunity, be secured and moved with permission of the Incident Commander on site.

- Personnel should meet at pre-designated locations for each base. These locations will be designated on the posted evacuation plan. This will ensure that a rapid accountability may take place and a plan of action formulated to mitigate the situation. Ambulance units that are removed from the building should be located away from the building in a manner as to not interfere with incoming emergency response vehicles (i.e. fire units, law enforcement).

- Once all persons are clear of the building and accountability has taken place, EMS personnel should assist in the mitigation of the hazard and secure the property as needed. The EMS Shift Supervisor should respond to assist, and notify the Chain of Command about the incident in progress.

- If a unit is enroute back to the base when an incident occurs, the crew should be notified and rerouted to standby at either Hospital or another appropriate location (i.e. fire department, rescue squad) so that they do not enter the potentially hazardous scene and can cover the service district.

Remember this is only a guideline. Personal safety during an evacuation should ALWAYS come first. Remain calm and think before reacting.

Contractor Acknowledgment

I hereby acknowledge that I have been informed of the presence of Hazardous Chemicals in the work area. I also acknowledge that I have been informed of:

1) The requirements of the Hazard Communication Standard.

2) The location of the Hazardous Chemical List for the site at which I shall work.

3) The location of Material Safety Data Sheets (MSDS) for the Hazardous chemicals at the site.

4) My obligation to inform my employees and agents of the above requirements.

Site: _____

Contractor: _____

Contractor's Representative: _____ Date: _____

Site Representative: _____ Date: _____

Area Director: _____ Date: _____

Original copy maintained at specific site by designated site representative

1 copy forwarded to Risk Manager

Fire Prevention Plan

Purpose

Our written fire plan is easy to administer and all employees must be confident and knowledgeable in the role they play in the event of an emergency situation.

OSHA standards require our organization to provide:

- Properly maintained, marked, illuminated exits
- Appropriate firefighting equipment
- Written emergency plans that provide safe emergency evacuation
- Employee training to prevent fire deaths and injuries in the workplace.

This plan has been developed and written in order to inform all employees of what to do in case of a fire or an evacuation of the building.

All employees shall be responsible for knowing the location of fire extinguishers, fire exits, evacuation plans, and safe rooms for both employees and visitors.

Throughout your work shift, please keep in mind those employees or visitors that may need special assistance in the event of an emergency evacuation.

- General Safety
    - The following are accepted policies and procedures that must be followed by all employees to reduce the possibility of fire:
        - Company policy prohibits smoking, except in designated areas. These areas will be designated by the individual agency.
        - All equipment in the building will be properly maintained to prevent possible fires.
            - The equipment will also be routinely inspected to ensure no frayed cords or other potential safety hazards which could contribute to a fire.
            - Heat producing equipment such as hot water heaters, stoves, toaster ovens, etc., must be properly maintained and kept clean of accumulations of combustible materials.
            - Combustibles are not to be stored in close proximity to these pieces of heat producing equipment or in the hot water heater room.

- Multiple electrical outlet devices must be plugged in UL-approved surge protectors with appropriate circuit breakers.
- Coffee makers must be turned off at the end of each working day.
- Birthday or special occasion cakes with lighted candles must be monitored at all times.
- Wastepaper products must be removed daily from all work areas.
- Flammable sprays, disinfectants, and other solutions must be stored in designated cabinets and areas.
- Aerosol cans become bombs if overheated, so keep away from heat and ignition sources.

- Electrical Safety
  - Keep storage at least 36” from the front of any electrical panel (fuse box).
  - The use of extension cords, gang-boxes, and “cheater plugs” are prohibited.
    - The use of these devices has been linked to fires in structures due to the overloading of circuits installed to handle much lower loads.
    - When absolutely necessary, the utilization of commercially available UL-approved surge protectors, which offer built-in circuit breakers to protect our equipment as well as to prevent the possibility of an accidental fire from the overloading of the electrical system, may be used.
  - Inspect all cords for hazards before use. Any cord observed with a nick, scrape, or cut shall be immediately removed from use.

- Fire Protection Equipment
  - Each base must have a full complement of the proper type of fire extinguisher for the fire hazards present.
  - Extinguishers must be within at least 75’ of each other.
  - CCEMS bases are equipped with clearly identified ABC – All Purpose extinguishers throughout the building. The letters represent the type of fire they can extinguish:
    - A: Represents the typical garbage fire consisting of combustibles, i.e., paper, trash, and wood. Think of the “A” as representing a fire that will burn to an “ASH”.

- B: Represents the typical combustible liquid fire, i.e., consisting normally of alcohols, paint thinners, grease, oil, oil-based paint, and gasoline. Think of the "B" as representing a fire that will go "BOOM" or will "BLOW UP".

- C: Represents the typical fire consisting of short-circuits and electrical sparks. Think of the "C" as representing a fire that starts with an electric "CURRENT".

- Fire Extinguisher Inspection

  - Only approved fire extinguishers are permitted to be used in workplaces, and they must be kept in good operating condition.

  - Portable fire extinguishers must be inspected for cylinder integrity annually and hydrostatically tested every five or six years depending on type.

  - All portable fire extinguishers are to be visually inspected each month in addition to the annual maintenance check.

    - Each extinguisher will have a tag displaying the last date of inspection and each inspection will be verified and validated on the tag.

    - You can inspect your ABC All-Purpose Fire Extinguishers by:

      - Lifting them off the mounting bracket and feel them for weight – they should be HEAVY.

      - Looking at the gauge – it should be in the "*green zone"*. If the unit is not appropriately charged, the extinguisher will not operate properly when activated.

      - Tightening the hose. If the hose is loose, it may come off in your hands when activated or the contents may spray wildly.

      - Looking in the hose. If the hose is obstructed by chewing gum or trash, the propellant will not be able to force extinguishing material out the hose effectively.

      - Ensuring that the pin is securely in place and has not been removed.

- Fighting Fire

  - Never attempt to fight a fire larger than wastebasket size. Even a small fire can generate enough smoke to cause serious injury.

  - Never attempt to fight a fire yourself. Call for help.

  - Always stay between the fire and an exit when using an extinguisher to fight small fires, thus ensuring safe exit if necessary.

- All employees are to be instructed on the hazards of fighting fire, how to properly operate the fire extinguishers available, and what procedures to follow in alerting others to the fire emergency.
    - The PASS method approved by the National Fire Protection Agency (NFPA) has been recommended and should be taught:
        - P = PULL the pin
        - A = Aim the hose
        - S = Squeeze the handle together to expel extinguisher's content
        - S = Sweep the hose back and forth through the base of the fire – NOT INTO THE UPPER PARTS OF THE FLAME!
- Always be sure the fire department inspects the fire site, even if you think you've extinguished the fire.
- In the event of a wastebasket or small trashcan, do not direct the stream into the can, as this may blow the flaming contents out onto the floor. Instead, start over the can and aim the stream into the backside of the can forcing the contents to stay inside.

- Building Evacuation
    - If smoke or fire is discovered anywhere on County grounds or in facilities:
        - Pull the nearest fire alarm and call 911. Warn others.
        - Move away from the area as directed in the evacuation plan. Do not use elevators. Use stairways to leave the building. Do not attempt to retrieve valuables.
        - If you have a co-worker in your area that is hearing impaired, sight impaired, or mobility impaired, insure that person (s) is assisted from the building as necessary.
        - Refer to CCEMS SOG titled Building Evacuation for more detailed information.
    - If evacuation becomes necessary, an acronym known as RACE can be used:
        - R: Rescue any employee, visitor, etc. in the immediate area of the fire.
        - A: Alarm all others in the area of the emergency and then call 911 or the local fire department.
        - C: Confine the fire and Contain the smoke by shutting doors and windows as you leave.

        - E: Escape or Extinguish. If at all possible and proper use of portable fire extinguishers is known, fight the fire using the PASS method described above. If the fire is too big or if you have not been trained, escape using the approved routes posted at each base.

    - If you are aware that someone is trapped in a burning structure:

        - Immediately inform the public safety personnel on the scene.

        - Do not re-enter the building.

        - If you are trapped, stay low to the floor as you try to exit. Do not open any doors that feel hot. Use wet towels or clothes to protect you from flames and smoke. If your clothes catch fire, STOP, DROP and ROLL!

    - All alarms should be taken seriously. If you hear an alarm, evacuate the building.

    - Know the locations of primary and secondary exit routes and the location of all fire extinguishers at your designated bases.

- Training

    - Training will be performed initially upon assignment and annually thereafter to all employees of Catawba County EMS.

Remember – fire safety is everyone's job!

Hazardous Communications Program

Policy

It is the policy of Catawba County Emergency Medical Services to comply with both the Federal OSHA Hazard Communication Standard, 29-CFR-1910.1200 and the North Carolina OSHA Hazard Communication Standard, 13 Nac 7c.0101 (a) (99), or the Worker or Employee Right-to-Know laws.

Purpose

The purpose is to insure that all Emergency Medical Services employees and volunteers who may be exposed to chemicals and/or health hazards are effectively informed on these hazards primarily through the following methods:

- A written hazard communication program.
- Material Safety Data Sheets.
- Container labeling and other forms of warning.
- Employee education and training.

The written program and all relative data is available upon request to employees, volunteers and their designated representatives, if any, also to the North Carolina Commissioner of Labor.

Personnel effected applies to all Emergency Medical Services employees, volunteers, students and observers who, while performing their jobs, are exposed to materials which may cause chronic or acute physical or health hazards.

Application

- Listing of Hazardous Substances
  - Not all chemicals used by Emergency Medical Services are hazardous.
  - CCEMS does maintain a list of those which the standards refer to as “hazardous.”
  - A determination of the hazardousness of some chemicals used by CCEMS employees or volunteers does not necessarily mean an immediate and present danger to the safety and health of these employees or volunteers.
  - It does mean that these chemicals have certain hazardous properties which the employees or volunteers should be informed about and which require adequate caution in their handling and possible utilization of special protective measures.
    - Each designated Emergency Medical Services representative will survey their employees’ or volunteers’ work area and review the materials used in their department.

- Each designated Emergency Medical Services site representative will keep a list of all known products used by employees which qualify as hazardous materials. This includes any chemical capable of producing acute or chronic health effects in personnel who may be exposed to a hazardous material.

    - Source documents for this list are The American Conference of Governmental Industrial Hygienists - Threshold Limit Values and North Carolina OSHA Standards for General Industry. Please contact the County Risk Manager if you need a copy of the above listings.

    - This list shall be reviewed and updated as new chemicals are added or removed. A copy will be forwarded to the County Risk Manager annually.

    - Each new chemical brought into the workplace must have a Material Safety Data Sheet, container labeling and employee training.

- A master list of all known products that qualify as hazardous chemicals used at EMS sites will be kept on file with the EMS Safety Officer. These records will be kept on file for at least thirty years in accordance with 29CFR 1910.20

- Exempted items include the following:

    - Any food, food additive, color additive, drug, or cosmetic that is covered in the Federal Food, Drug and Cosmetic Act.

    - Any consumer product brought into the workplace to be used for personal consumption.

- Material Safety Data Sheets

    - It is the responsibility of the Safety Officer to ensure that a Material Safety Data Sheet (MSDS) is on file for each hazardous material at all EMS sites. There should be a MSDS for each item listed on the Hazardous Materials list.

        - New MSDS's: must be received at the time a new chemical is received into the workplace on the first shipment. The Safety Officer must send a copy of each new MSDS to the Risk Management Team Chair.

        - Acquiring MSDS's: The respective purchasing agent for each site should not accept any hazardous chemical unless a MSDS for the chemical has been received.

        - Control of MSDS's: The original MSDS must be kept at the site where the chemical is used. If a company issues a new MSDS, the Safety Officer should keep a copy of the older version in file and use the newer version for employee training. A copy of the new MSDS must be sent to the Risk Manager Team Chair to update the master chemical list.

- ❖ Availability of MSDS's: MSDS sheets will be readily accessible to all employees at each site upon request.

- Container Labeling

  - It is the responsibility of the Safety Officer to ensure that each container of a hazardous material within the department is labeled, tagged, or marked with the following components:

    - ❖ The identity of the contents.
    - ❖ Hazard warnings appropriate for employee protection.
    - ❖ The name and address of the manufacturer, importer, or other person responsible for the chemical and from whom more information about the chemical can be obtained.

  - If improperly or inadequately labeled hazardous materials are in stock the Safety Officer will contact the Purchasing Agent to secure the proper information.

- Employee Training

  - No employee shall be asked or required to work with a chemical covered by this policy unless they have been trained in the use and hazards of that chemical. Training is conducted on an annual basis.
  - All new hires will be trained prior to starting scheduled shifts and annually thereafter.
  - Each Emergency Services employee and volunteers will receive training from the Safety Officer or his/her designee on the following:

    - ❖ Existence and requirement of the standard as the standard relates to the operations of the site.
    - ❖ Operations which involve hazardous materials.
    - ❖ Location of written material (MSDS's) and other related information.
    - ❖ Hazards of the work area, methods/observations for detecting the presence of these hazards, and protective measures to be taken.
    - ❖ Instructions on the issue of new hazards being introduced into the workplace.
    - ❖ Documentation of training is to be kept at each site and available for review by the Risk Management Team Chair.

  - The County Risk Manager may also offer Hazard Communication standard training to supplement EMS site specific training to include the following:

        - Organize/provide annual update for EMS employees and volunteers to include reporting, inventory and training.
        - Maintain necessary OSHA record keeping and provide assistance to Emergency Medical Services.

- Informing Outside Contractors and Employers
    - Before a contractor commences work, EMS will be responsible for informing the contractor of the following:
        - Informed of the Hazard Communication Standard.
        - Location of hazardous chemicals in the workplace and the location of MSDS's.
        - Obligation of the contractor to inform its employees of the above requirements.
        - Signed acknowledgement.
    - Emergency Medical Services will also ensure that the contractors have provided this agency with the following information:
        - Hazardous chemicals to which our employees and volunteers may be exposed to while the contractor is on the job.
        - Precautions our employees and volunteers may take to lessen the possibility of exposure by usage of appropriate protective equipment.
- Non-routine Tasks
    - Prior to the performance of non-routine tasks, such as spill cleanup, unusual repairs, unlabeled pipes, which might involve potential exposure to hazardous chemicals, the employees and volunteers involved, will receive specific hazard training.

- See also Contractor Acknowledgement

Infection Control

- Need for Infection Control Policy
  - Infection with a communicable disease, including Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other communicable diseases represents a small but real hazard to Emergency Medical Caregivers of Catawba County.
  - The increase in cases of AIDS and Hepatitis B means an increased potential for exposure to all employees and caregivers.
  - Catawba County and its caregivers should take reasonable precautions to prevent exposure.
  - As an Emergency Medical Caregiver, Catawba County is committed to providing a healthy and safe work environment to provide the best possible services to County citizens and to maintain the public's confidence in its employees.
  - The well being of County citizens demands that the County take the actions necessary to protect its employees.
  - Catawba County will abide by all laws and recognized standards of care in its efforts to fulfill its duties.
  - Catawba County complies with 29 CFR 1910.1030, the OSHA Bloodborne Pathogens Standard, and relevant sections of the North Carolina communicable disease laws and rules (G.S. 130A-144, 15A NCAC 1 in A.0201 (b) (4) (e) and (f), .0202 (4) in Sections 9), and .0203 (b) (3), and 309.26 and 15A NCAC 13 B.1200 to .1207).
- Purpose for policy
  - To prevent the spread of infectious diseases that are spread by blood, tears, sweat, saliva, sputum, gastric secretions, urine, feces, cerebrospinal fluid, semen and breast milk.
  - To establish guidelines and procedures to reduce risk of EMS employees, volunteers and the general public to infectious/communicable diseases.
  - This policy will apply to all EMS personnel and volunteers of Catawba County and affiliated agencies including but not limited to:
    - Employees
    - Reserve personnel or other volunteers
    - Students and trainees on units
    - Observers
    - Rescue squad and/or other First Responder personnel
    - Clergy members

- An annual review and update will be conducted to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. Medical devices with engineered sharps injury protections and needle-less systems constitute an effective engineering control and will be considered during our review. These devices will be used where feasible to ensure employee safety.

- Infection Control Responsibilities

  - Education and Orientation

    - This Exposure Control Plan will be provided and reviewed with every new employee, reserve, volunteer, observer or student during his or her orientation.

    - Periodic in-service training will be provided for all personnel annually.

    - The month of January has been allotted as training for bloodborne pathogens. New employees will receive bloodborne pathogens training in rookie school prior to working in the field.

    - Training will stress Universal Precautions and appropriate selection of protective clothing as well as the modes of transmission of various communicable diseases.

    - Personnel will be instructed as to:
      - Precautions to be followed in the event of an exposure.
      - Proper techniques for cleaning equipment and units.
      - Management of spills involving blood and/or body fluid.

    - The Exposure Control Plan will be distributed to all agencies that provide First Responder services under the auspices of the Catawba County EMS. These agencies, with the assistance of EMS and the Personnel Department, shall provide the necessary initial training and in-service of all personnel in their agency.

    - Job titles that are subject to possible exposure include:
      - EMS Manager
      - EMS Training Officer
      - EMS QA Officer
      - EMS Logistics Technician
      - EMS Shift Supervisors
      - Emergency Medical Technician – Paramedics
      - Emergency Medical Technician – Intermediates
      - Emergency Medical Technicians

    - Education Program Objectives
      - At the conclusion of the training session, personnel will be familiar with:

        - Definitions of:
          a. Universal Precautions/Universal Isolation

b. Hepatitis A, B, non-A, and non-B
c. Blood borne pathogens
d. Sterilization vs. disinfection
e. HIV vs. AIDS

- Demonstrate proper Infection Control procedures to be used with ALS procedures:
  a. IV
  b. Intubation/airway management/suctioning
  c. Wound dressing/Hemorrhage control
  d. Blood/vomitus/urine/feces spillage
  e. Childbirth

- Proper handling of "sharps".

- Proper use of disinfectants.

- Procedures for handling exposure to blood/body fluid.

- Proper hand washing procedures.

- Knowledge of location of infection control supplies.

- Proper handling of soiled supplies/linens.

➢ Universal Precautions

- Communicable diseases and their modes of transmission necessitate specific precautions on the part of all EMS employees and volunteers. Since medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens, blood and body fluid precautions should be consistently used for <u>all</u> patients.

- Universal Precautions shall be taken on every patient if contact with their blood or body fluid is possible. This includes, but is not limited to basic and advanced techniques including starting IV's, intubations, suctioning, caring for trauma patients, and assisting with OB/GYN emergencies.

- The following procedures should be followed to minimize the opportunity for infection:

  - Staff PPE
    - All EMS staff and volunteers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or body fluids of any patient is anticipated.
    - Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be

changed after contact with each patient and when they become grossly soiled.
- ❖ Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
- ❖ Helmets are provided and should be worn when caring for a patient during vehicle extrication. Turnout gear is provided to all employees and should be worn when involved in patient care while vehicle extrication is being performed.

- Patients with suspected TB
  - ❖ Patients who, upon examination by Catawba County EMS personnel, present with a combination of persistent productive cough (longer than 3 weeks), unexplained weight loss, anorexia, fever <u>and</u> a history of being immunocompromised, a nursing home patient, or high risk exposure to either tuberculosis or HIV should be presumed to have active tuberculosis.
  - ❖ Catawba County EMS personnel and volunteers will take appropriate airborne infection control measures, as outlined in the Catawba County Operating Procedures manual.

- Hand washing
  - ❖ Hands and other skin surfaces should be washed as soon as possible and thoroughly with alcohol based cleaners if contaminated with blood or body fluids.
  - ❖ Hands should be washed immediately after removal of gloves.
  - ❖ Waterless hand soap is available for situations when running water is not immediately accessible but should not be used as a substitute for hand washing.

- Precautions
  - ❖ All EMS staff and volunteers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.
  - ❖ To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
  - ❖ After use, disposable syringes and needles, scalpel blades, and lancets should be placed in an approved sharps container.
  - ❖ Sharps containers are mounted on the interior walls of each ambulance and located in each primary medical bag.
  - ❖ Sharps containers that are approximately three-fourths full should be closed, secured properly and disposed of in an appropriate OSHA approved container at the appropriate hospital. The disposal area at both Catawba Valley Medical Center and Frye Regional Medical Center is in the designated soiled utility room.

- Sharps with Engineered Sharps Injury Protection
  - Non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids, administering medications or other fluids, or other procedures involving the risk of sharps injury will be used where feasible.
  - During the annual review, these devices will be discussed and reviewed as to their effectiveness with current procedures, and used where feasible.
  - This covers a broad array of devices, including:
    - Syringes with a sliding sheath that shields the attached needle after use.
    - Needles that retract into a syringe after use.
    - Shielded or retracting catheters.
    - Intravenous medication (IV) delivery systems that use a catheter port with a needle housed in a protective covering.
- Needle-less Systems
  - Needle-less systems are defined as devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps.
  - During the annual review, these devices will be discussed and reviewed as to their effectiveness with our current procedures, and used where feasible.
  - Types of needle-less systems include:
    - IV medication systems which administer medication or fluids through a catheter port using non-needle connections.
    - Jet injection systems, which deliver liquid medication beneath the skin or through the muscle.
    - Lancets, used when checking a patient's blood glucose level.
  - Other Precautions
    - Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
    - EMS staff and volunteers that have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
    - All EMS staff and volunteers that participate in invasive procedures should use appropriate barrier precautions to prevent skin and mucous membrane contact with blood and other body fluids of all patients. Gloves should be worn for all invasive procedures. Protective eyewear, masks, or shields should be worn for procedures that commonly result in the generation of droplets, splashing of blood or other body fluids, or the generation of bone chips. Gowns or aprons made of materials that provide an effective barrier should be worn during invasive procedures that are likely to result in the splashing of blood or other body fluids. All EMS staff and volunteers that perform or assist in vaginal

deliveries should wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin and should wear gloves during post delivery care of the umbilical cord.

- If a glove is torn or a needle stick or other injury occurs, the glove should be removed and a new glove used as promptly as patient safety permits; the needle or instrument involved in the incident should also be removed from the sterile field.

- Cleanup and Decontamination

  - Avoid contact with your skin from contaminated medical equipment.

  - Avoid touching face and clothing before you have washed your hands.

  - Wash your hands and contaminated surfaces carefully after treating a patient or handling soiled or potentially contaminated articles, i.e., the steering wheel, medical equipment, etc. touched while your hands are contaminated.

  - Wear disposable gloves during equipment clean up, especially when you have an open wound on your hand(s).

  - When appropriate, you may wish to cover yourself with a disposable gown and mask. However, when using these items be sure to dispose of them in a red biohazard bag and dispose of appropriately.

  - Clean and disinfect (with a micro-bactericidal cleaner) all equipment used to treat the patient, i.e., bag valve mask, ambulance stretcher, stethoscope, cardiac monitor, etc. Cleaning contaminated equipment is a necessary part of emergency medical work. Equipment that is contaminated or in dirty condition can serve as a reservoir for infections. This is an endangerment to the patient and the health care worker.

  - Clean unit. Remove all potentially contaminated matter with micro-bactericidal cleaner. Red bags should be used for collection of equipment (non-disposable) requiring sterilization. Regular scheduled cleaning of units and equipment should be performed. Any spills involving blood and/or body fluid or potentially infected materials will immediately be cleaned in the prescribed manner. All equipment used in patient care will be cleaned immediately after use so as to limit the possibility of the spread of contaminated materials, using the following steps:
    - Disassemble equipment if necessary.
    - Wash with warm soapy water.
    - Wipe equipment with approved disinfectant.
    - Rinse with water.
    - Allow to air dry.
    - Reassemble if necessary.
    - Clean in approved and assigned decontamination area. Water should have the capability of being contained and not able to runoff.
    - If cleaning is done at the bases, there should be an assigned decon sink. Do not use kitchen or bathroom sinks for decontamination.

- The patient compartment of the vehicle shall be cleaned with an approved disinfectant daily and after any soilage has occurred.

- All potentially contaminated disposable supplies shall be placed in a leak-proof bag. Double-bagged red biohazard bags are preferred.

- Any item, which requires soaking, should be done so for a minimum of 20 minutes in (1:10) Clorox solution.

- If necessary, employees should be allowed to shower.

➢ Guidelines for decontamination of uniforms or linens soiled with blood or body fluids

- Soiled uniforms or linens should be handled as little as possible and with a minimum of agitation to prevent gross contamination.

- Linen soiled with blood or bodily fluids during patient treatment or transport should be placed and transported in separate bags that prevent leakage. Bags should be sealed.

- If personnel contaminate their clothing with blood or body fluid, they should shower and change into a clean uniform prior to answering another call. Supervisory personnel shall allow adequate time for the technician to change after exposure to blood or body fluids. Contaminated uniforms should be bagged in red biohazard bags and shall be taken to the individual agency for cleaning.
  - Manufacturer's recommendations of the article of clothing should be followed when washing is performed.
  - Uniforms and linen visibly soiled with blood and body fluids can be dry-cleaned if the individual chooses to do so. Ordinary dry cleaning involves exposing the garment to organic solvents and high temperatures for about 20 minutes; subsequent steam pressing of the garment involves even higher temperatures. These processes would kill the AIDS, even if the clothing were heavily contaminated. Inform the vendor that the garments may be contaminated.
  - Shoes that become soiled with blood or bodily fluids can be wiped with alcohol, wiped with clear water, and allowed to dry.

- Any exposure should be notified to your supervisor or officer in charge and the Personnel Department. File a detailed incident report.

- Complete in detail <u>The Injury/Exposure Report.</u>

- The following resources will be committed to each response unit for infield decontamination efforts:
  - Clorox Clean-Up and TNT anti-microbial spray is provided for decontamination of the unit. The solutions are used for cleaning apparatus, stretchers, floors, etc.
  - A supply of disposable gloves (sterile and non-sterile).
  - Disposable face masks
  - Disposable Tyvex coveralls

- Safety glasses
- Red contamination bags
- Roll of insulation tape
- Dirty needle container
- Anti-microbial waterless hand soap
- Other items as deemed necessary by EMS administration as further research progresses

- Hepatitis B Vaccination

  - The Bloodborne Pathogens Coordinator, also referred to as the Risk Manager of Catawba County is in charge of the Hepatitis B vaccination program.

  - The County's Occupational Health Department or other identified facilities will administer vaccinations.

  - Hepatitis B vaccinations will be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure.

  - If an employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons, the employee may be exempt.

  - Individuals who are hired by Catawba County EMS and have received the vaccination series by Catawba County EMS, a titer will be given to determine their status. If not converted, the series will be administered again.

  - Those individuals, who are hired by Catawba County EMS and have not yet received the vaccination but wish to participate in the vaccination series, will be given the vaccinations at no cost to the employee.

  - After the initial series is given, during the sixth or seventh month after the vaccination is complete a titer will be given to determine if the individual has the proper antibodies.

  - If the individual does not have the proper antibodies the entire Hepatitis B Vaccination series will be repeated. After completion of the second series of vaccinations and the individual still does not convert, the subject will be counseled on the risks involved in their particular job.

  - If the employee initially declines the Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.

  - Each employee who declines the Hepatitis B vaccine offered, shall sign a declination form indicating his or her refusal. Appendix C includes the OSHA declination statement to be used for this purpose.

- Post-Exposure Evaluation and Follow-Up

  - These guidelines are provided to facilitate prompt reporting, evaluation, counseling, and follow-up of exposed employees and the use of the Injury/Exposure Report.

  - Because Hepatitis Band HIV require immediate follow-up, the responsibility for prompt reporting lies with the employee.

  - Only through prompt reporting can Catawba County provide proper follow-up for exposures experienced by employees and volunteers.

  - All information regarding the exposed employee and the source person **<u>will be treated confidentially.</u>**

    - Employee and/or Volunteer – Immediately after exposure:
      - Encourage cuts or needle sticks to bleed freely. Flush exposures to mucous membranes with water.
      - Wash cuts or needle stick injuries vigorously with warm water and soap.
      - Further medical attention may be necessary, i.e., suturing, tetanus, or antibiotic therapy. The employee or volunteer should consult the emergency room physician.

    - Reporting
      - All exposure incidents shall be reported, investigated, and documented. When the employee or volunteer incurs an exposure incident, it shall be reported to the immediate supervisor or officer in charge at the volunteer organization.
      - The *<u>Injury/Exposure Report Form</u>* should be downloaded from the Intranet and filled out completely. Copies of the form should be forwarded to the EMS Manager and Shift Supervisor. The Shift Supervisor will be responsible for forwarding the form to the Catawba County Risk Manager.

    - Medical Evaluation
      - Following a report of an exposure incident, the exposed employee or volunteer shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:
        - Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
        - Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
        - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Bloodborne Pathogens Coordinator/Risk Manager shall establish that legally required consent cannot be obtained. When law does not

require the source individual's blood, if available, shall be tested and the results recommended.
- When the source individual is already known to be infected with HBV or HIV, testing the source individual's known HBV or HIV status needs to be repeated.
- Results of the source individual's testing shall be made available to the exposed employee or volunteer, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

❖ Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed employee or volunteers blood shall be collected as soon as feasible and tested after consent is obtained.
- The employee or volunteer will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status.
- The blood sample will be preserved for up to 90 days to allow the employee or volunteer to decide if the blood shall be tested for HIV serological status.

▪ Evaluation and Follow-Up
  ❖ Each employee or volunteer who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.
  ❖ The County's Occupational Department or another identified health care provider will perform all post exposure follow-ups.

➢ Tuberculosis

- If any persons with pulmonary or laryngeal tuberculosis sneeze, cough, speak, or sing, infection occurs when a susceptible person inhales these nuclei.

- Some tuberculosis patients will not, or cannot cover their mouths and noses when they cough or sneeze. **Reverse precautions may be needed when a patient cannot do this.**

- Remember to use personal masks and that suctioning can cause airborne droplets.

- Symptoms of TB may include:
  - Listlessness
  - Vague chest pain
  - Inflammation of the membranes that surround the lungs (pleurisy)
  - Loss of appetite
  - Fever
  - Weight loss.

- As the disease progresses symptoms may include:
  - Bleeding in the lungs
  - Persistent cough
  - Dyspnea
  - Night sweats.

- High-risk groups for TB include:
  - HIV infected persons
  - Homeless persons
  - Nursing home residents
  - Refugees/Immigrants from Southeast Asia
  - Blacks, Pacific Islanders
  - Prison inmates
  - Alcoholics, IV drug users

- A diagnosis of tuberculosis should be considered for patients who report the above symptoms.
  - Early identification, preferably during triage or initial assessment, of persons with potentially infectious tuberculosis should be made.
  - Unless a patient is definitely non-infectious, isolation procedures should be instituted as soon as possible.
  - Environmental methods for preventing the spread of infectious droplets would include negative ventilation. In the ambulance the patient compartment windows can be opened and the venting can be adjusted to a non-recirculation cycle.

- Personnel having contact with an "Isolated Precautionary" patient suspected of having tuberculosis will be at significant risk if they do not follow barrier precautions.

- Should the health care worker have become involved in an unprotected exposure to a patient deemed to have active TB, the Injury/Exposure forms should be completed and a TB skin test should be performed ASAP to determine a baseline. A retest should be performed in six to eight weeks. A chest x-ray should be done if the health care worker tests positive and he/she should seek further diagnostic tests and medical treatment.

➢ PPD Testing

- All PPD's will be placed using the Mantoux method.

- Standard criteria will be used to place and interpret PPD's.
- Results of the PPD tests will be recorded in the individuals HCW's employee or volunteer health record, maintained in Personnel.

- Results of PPD tests should be read within 48-72 hours.

- PPD testing will be performed on an annual basis or when needed by new employees.

➢ Hand washing

- Hand washing is the single most important step in the prevention of disease transmission.
- Hands must be washed following patient contact or contact with potentially contaminated surfaces or materials.

- Hands must be washed, even if gloves have been worn.

- Handwashing Procedures
  - Handwashing shall not be done in a food preparation area.
  - Stand away from the sink to reduce contamination of clothing.
  - Use warm, running water and antiseptic soap.
  - Work up lather and rub briskly for at least 15 seconds.
  - Rinse with warm flowing water, with water running from wrist to fingertips.
  - Dry hands with paper towels and turn off water faucet with towel. Dispose of towel in appropriate receptacle.
  - Where hand washing facilities are not available, a waterless (alcohol-based) hand cleaner should be used, in accordance with product instructions. Personnel will wash hands with soap and water at the earliest possible opportunity.

➢ Personal Protective Equipment

- Catawba County Emergency Medical Services provides its employees the necessary PPE for situations which may be encountered while on duty.

- The following is a list of personal protective equipment provided:
  - Turnout gear which is to be worn any time personnel are involved in patient care while extrication is taking place around them.
  - Traffic safety vests which are to be worn any time personnel are on or near the roadway for visibility.
  - Safety glasses which are worn any time there is the possibility of blood or other body fluid splatter.
  - N95 HEPA masks which are worn any time there is the possibility of airborne transmission.
  - Helmets should be worn when personnel are involved in any situation that warrants protection to the head.

- The PPE policy should be referenced regarding further explanation of PPE

Injury / Exposure Reporting

This guideline is designed to inform employees of the procedure for reporting and documenting injuries and / or exposures that occur in the workplace.

- Injury / Exposure Form
  - An Injury / Exposure Form is used to document all injuries and / or exposures that occur on county property or in the performance of a county service.
  - A separate form is to be completed for each involved employee, patient, client, inmate, visitor, student, etc.
  - When potential for injury and / or exposure is recognized
    - The County makes every effort to provide as safe a work environment as possible.
    - To this end, employees are required to assist the department in eliminating hazards and reporting situations that may be hazardous.
    - An Injury / Exposure form will also be completed when the potential for an injury and / or exposure was recognized. (i.e., MVC's in which everyone involved appears to be uninjured and refuses any type assessment, treatment, etc…)
  - The employee shall fill out the first two sections of the form, assuming he or she is able. If not, and if the employee's work partner is able, the partner or Crew Chief will complete as much of section 1 and 2 as possible. This must be completed prior to the end of the duty shift.
  - The Crew Chief shall then fill out the last page of the form. Prior to submission to the Risk Manager the Shift Supervisor or EMS Manager must review and co-sign the form.
  - The Injury Exposure form can be downloaded from the Catawba County Intranet site. (Discard any forms previously distributed for this purpose.)
  - In addition to the Injury Exposure Form a Needle Stick Reporting Form must be completed for any puncture type wounds (i.e., needle sticks, surgical instrument, glass, etc…). The Needle Stick Reporting Form can be downloaded from the Catawba County Intranet site. (Discard any forms previously distributed for this purpose.)
- Notification
  - Once an injury or exposure occurs (or a high potential exists), the individual shall notify his or her Crew Chief as soon as possible.
    - The Crew Chief will obtain the basic information about the incident and notify the Shift Supervisor.

- The Shift Supervisor will immediately notify the EMS Manager of any significant injury and / or exposure.
- If the situation is not deemed significant the EMS Manager will be notified on the next regular business day.
- The Crew Chief or Shift Supervisor will also notify the Risk Manager within twenty-four (24) hours of the injury and / or exposure.
- E-mail may be used for the initial notification of an incident that occurs during non-regular business hours.
- If e-mail is used for initial notification, then it must be followed by personal contact on the next regular business day.
- For evaluation and treatment of the injury and / or exposure, the employee shall report to the Employee Health Connection during regular clinic hours.
- If the incident occurred when the Employee Health Clinic is closed then, the employee shall report to the Emergency Department at Catawba Valley Medical Center.

Personal Protective Equipment

Purpose

To issue a policy to all Catawba County EMS employees and volunteers that will help prevent on the job exposure and the correct use of PPE.

This policy was developed to comply with OSHA standards 29 CFR 1910.132 for Personal Protective Equipment.

- The standard requires the employer to perform and certify a hazard assessment for personal protective equipment (PPE), especially for the head, hands, feet, face, and eyes.
- OSHA requires the employer to pay for personal protective equipment and its upkeep (maintenance and/or cleaning) and replacement.

➢ Requirements

- OSHA specifies the need for appropriate personal protective equipment for healthcare workers under three separate standards and guidelines:
  - The Bloodborne Pathogen Standard
  - The Hazardous Communications Standard
  - The CDC's Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities.
- This policy will apply to all the above mentioned.

➢ Responsibilities

- Catawba County Emergency Medical Services will provide, at no cost to the employee, the required personal protective equipment.
- Volunteer organizations under the EMS Systems will be responsible for supplying its member's appropriate personal protective equipment.
- Selection of personal protective equipment will be based on the findings of the assessment, with accommodations for individual needs (i.e. latex allergy).
- Additional information will be included in the pertinent sections of the written program.
- The Safety Coordinator is responsible for
  - The hazard assessment and its certification.

        - Making any necessary revisions.
        - Ensuring the availability of appropriate personal protective equipment
        - Ensuring proper, necessary employee training in the use of PPE. This will be included in initial and annual employee training. This includes full time and reserve staff and volunteer agencies.
        - Hazard assessment documentation will be maintained in the Safety Manual and shall be reviewed annually to ensure that it is accurate and current.
    - Personal protective equipment is designed to protect the healthcare provider's skin and uniform from contamination with chemicals or infectious materials.
    - PPE will be cleaned or replaced by Catawba County EMS if damaged while personnel are on duty.
    - Volunteer organizations will be responsible for cleaning and replacing its members' PPE.
- General Guidelines
    - All EMS staff and volunteers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated.
    - Gloves should be worn when
        - Touching blood and body fluids, mucous membranes, or non-intact skin of all patients.
        - Handling items or surfaces soiled with blood or body fluids.
        - Performing venipuncture and other vascular access procedures.
        - Gloves should be changed after contact with each patient.
        - Gloves of various sizes are provided and readily available.
    - Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
    - Respiratory protection (N95 Masks) is required for employees who enter areas occupied by a confirmed or suspected TB patient or who perform high-risk procedures on such patients.
        - N95 masks are provided to each individual.

    - Fit testing is done on an annual basis.

- Safety glasses shall be worn as protection during any situation that might pose a safety hazard to the face or eyes.
    - Safety glasses are issued to each employee upon employment
    - Examples of situations when safety glasses should be utilized include:
        - Intubations
        - Suctioning
        - Establishing intravenous lines
        - Assisting with childbirth
        - During care of a patient where extrication is being performed around you
        - Any time splatter of blood or body fluids is suspected
- Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
- OSHA requires foot protection only in situations where there is danger of foot injuries due to falling or rolling objects, or object piercing the sole, and where the employee's feet are exposed to electrical hazards.
    - In the clinical/field area, there is always the potential for spills of chemicals or biohazardous materials to the feet. Therefore, only black leather boots with fiberglass or steel shank toes are allowed.
- Turnout gear will be provided and is to be worn on all motor vehicle accidents and hazardous materials incidents where employees and volunteers are involved in extrication activities or may come into contact with broken glass or metal.
- Helmets are provided on each ambulance for head protection. Helmets should be utilized in the same situations as mentioned with turnout gear.
- High-visibility traffic safety vests are provided on each ambulance.
    - Three high-visibility safety vests are issued to each crew.
    - The vests must be worn when individuals are working on, or near, a roadway.

- The vests are designed to warn motorist that you are on or near the roadway, thus they must be worn as the outermost garment. The vests will be worn over your regular uniform shirt, jacket, coat, or turn-out gear.

- Other forms of reflectivity are not to be substituted for the vests.

  - The sole exception to this rule is the issued high visibility rain coats, which are ANSI complaint and may be worn in lieu of the vests.

- The extra vests assigned to each crew are for trainees, riders, observers, or students that may accompany you while on calls.

- SCBA will be supplied to the Catawba County EMS SMAT team. Members will be fit tested initially and when changes are needed thereafter.

- All PPE will be cleaned, maintained, and/or replaced by Catawba County Emergency Medical Services as needed. Volunteer organizations are responsible for cleaning, maintaining, and/or replacing their members PPE.

Safety Glasses

The purpose of providing each employee with a pair of safety glasses is to ensure that each employee have the proper safety gear for situations they may encounter while working for Catawba County Emergency Medical Services.

- Catawba County Emergency Medical Services will supply each employee with a pair of safety glasses.
- The County will incur the costs associated with the initial purchase of these glasses.
- Employees are expected to wear their safety glasses during any situation that might pose a safety hazard to the face or eyes.
    - Some examples of situations when the safety glasses will be utilized include:
        - Intubations
        - Establishing intravenous lines
        - Assisting with childbirth
        - During care of a patient where extrication is being performed around you
        - Anytime splatter of blood or body fluids is suspected
- Should an employee lose or damage their safety glasses while on-duty or from a secure location, the County will replace the safety glasses at no expense to the employee.
- Should an employee lose or damage their safety glasses beyond repair while off-duty or from an un-secure location, then the employee must reimburse the County for the cost of the replacement glasses.
- The Safety Officer will be notified and take care of any problems involving the safety glasses.

Safety

This policy is designed to inform employees of the OSHA/Safety concerns for Catawba County Emergency Medical Services, and where to locate further information on each topic.

- Building Evacuation
  - See the Building Evacuation guidelines located in the Safety Manual.
- Fire Prevention Plan
  - See the Fire Prevention Plan located in the Safety Manual.
- Infection Control Policy
  - See the Infection Control Policy located in the Safety Manual.
- Personal Protective Equipment
  - See the Personal Protective Equipment Policy located in the Safety Manual.
- HEPA Masks/Respiratory Protection Guidelines
  - See the Tuberculosis and Respiratory Protection Guidelines located in the Safety Manual.
- Hazardous Communication
  - See the HazCom Policy located in the Safety Manual.
- Violence in the Workplace
  - See the Violence in the Workplace Guideline in the Safety Manual.

Tuberculosis and Respiratory Protection

- What is Tuberculosis?
  - Tuberculosis is a contagious bacterial infection caused by Mycobacterium tuberculosis (TB).
  - The lungs are primarily involved, but the infection can spread to other organs.
  - Tuberculosis can develop after inhaling droplets sprayed into the air from cough or sneeze by someone infected with Mycobacterium tuberculosis.
- Dangers to Health care workers
  - Healthcare workers must wear HEPA filtered respiratory protective devices in the following situations:
    - Inadequate ventilation during procedures that are likely to produce bursts of droplet nuclei on patients with known or suspected TB, (intubations, administration of nebulized medications, suctioning, etc.).
    - When employees enter rooms housing individuals with suspected or confirmed infectious TB disease.
    - When emergency medical response personnel or others must transport, in a closed vehicle, an individual with suspected or confirmed TB disease.
  - The respirator should be placed prior to entering the room/place of possible contamination and removed only after patient contact is completed.
  - All Catawba County EMS employees and volunteers may use the approved HEPA filter respirators when entering area of possible contamination.
  - Disposable HEPA filter respirators may be used. Respirators should be placed in a clean plastic bag. Other objects should not be stored in bag with respirator and attempts should be made to avoid crushing or damaging the respirator.
  - Damaged or visible soiled respirators should be immediately disposed of in a regular waste receptacle.
  - **RESPIRATORS SHOULD BE IMMEDIATELY DISPOSED OF FOLLOWING EACH USE.**
- Procedure for dealing with patients suspected of having TB
  - When EMS personnel or volunteers must transport patients who have confirmed or suspected active TB, a surgical mask should be placed, if possible, over the patient's mouth and nose.

- Because administrative and engineering controls during emergency transport situations cannot be ensured, EMS personnel or volunteers should wear respiratory protection when transporting such patients.

- If feasible, the windows of the vehicle should be kept open. The heating and air-conditioning system should be set on a non-recirculating cycle.

- Annual employee TB testing

  - EMS personnel or volunteers shall be included in a comprehensive PPD screening program and shall receive a baseline PPD test and follow-up testing on an annual basis.

  - CCEMS employees should also be included in the follow-up of contacts of a patient with infectious TB.

- N95 Respirators

  - N95 respirators used in health care settings are able to efficiently filter the smallest particles in its range.

  - Fit testing with a saccharine solution is performed on an initial basis and then as needed due to changes in facial features, weight gain or loss, etc.

  - Fit testing is performed on all new employees prior to being released into the pre-hospital environment.

  - Prior to being fitted for an N95 TB respirator, all Catawba County EMS employees and volunteers must attend the TB and Infection Control training conducted by EMS. This training is covered in the required Safety and Infection Control training sessions. The required medical questionnaire must be completed and signed off by the Employee Health Nurse prior to fit testing being performed.

EMT – Basic

General Statement of Duties

Performs skilled and technical work in driving an ambulance and in administering basic emergency medical care to patients.

Distinguishing Features of the Position

An employee in this class drives an ambulance to the scene of emergency and non-emergency calls. The employee applies necessary EMT level emergency medical care to sick or injured persons and transports persons. Tact, courtesy, and firmness are required in dealing with patients, families, other responders and medical personnel, as well as the general public. Work is performed in accordance with established emergency medical procedures and techniques. The employee must exercise considerable independent judgment in diagnosing a patient's condition and in applying short-term relief. Work is performed under the general supervision of a Crew Chief, Supervisor, EMS Training Officer, and/or EMS Manager and evaluated by the employee's ability to respond effectively.

Illustrative Examples of Work

1. Responds to emergency calls, performs necessary rescue work, and administers EMT level emergency medical care.
2. Responds to non-emergency calls, such as requests to transport patients from hospitals to their homes, or from a local medical facility to a specialized medical center.
3. Participates in a continuous training program to maintain certification and improve competence in medical technical work and in ambulance service and operation.
4. Studies street and road patterns and networks of the county in order that future runs may be made with minimum difficulty and delay.
5. Maintains accurate records and reports.
6. Performs daily inspection and cleaning of ambulance and base.
7. Performs related work as assigned.

Knowledge, Skills, and Abilities

1. Thorough knowledge of EMT level emergency medical procedures and policies.
2. Thorough knowledge of skills in assessing a patient's condition and applying EMT level emergency medical care.
3. Thorough knowledge of equipment and supplies employed in the emergency care of patients.
4. Thorough knowledge of city and county geography and of the location of roads and streets within the county.
5. Considerable knowledge of automotive and radio communications equipment.
6. Ability to safely drive an ambulance under a variety of weather and traffic conditions.
7. Ability to respond quickly and calmly to emergency situations.
8. Ability to lift substantial weight pursuant to state standards.
9. Ability to tactfully, courteously, and firmly deal with patients, families, other responders and medical personnel, as well as the general public.
10. Ability to communicate effectively, both written and verbally.

Desirable Training and Experience

1. The employee must be certified by the NC Board of Medical Examiners as an Emergency Medical Technician.
2. The employee must possess a valid NC driver's license.

EMT – Intermediate

General Statement of Duties

Performs skilled and technical work in driving an ambulance and in administering Intermediate level emergency medical care to patients.

Distinguishing Features of the Position

An employee in this class drives an ambulance to the scene of emergency and non-emergency calls. The employee applies necessary EMT-Intermediate level emergency medical care to sick or injured persons and transports persons. Tact, courtesy, and firmness are required in dealing with patients, families, other responders and medical personnel, as well as the general public. Work is performed in accordance with established emergency medical procedures and techniques. The employee must exercise considerable independent judgment in diagnosing a patient's condition and in applying short-term relief. Work is performed under the general supervision of a Crew Chief, Supervisor, EMS Training Officer, and/or EMS Manager and evaluated by the employee's ability to respond effectively.

Illustrative Examples of Work

1. Responds to emergency calls, performs necessary rescue work, and administers Intermediate level emergency medical care.
2. Responds to non-emergency calls, such as requests to transport patients from hospitals to their homes, or from a local medical facility to a specialized medical center.
3. Participates in a continuous training program to maintain certification and improve competence in medical technical work and in ambulance service and operation.
4. Studies street and road patterns and networks of the county in order that future runs may be made with minimum difficulty and delay.
5. Maintains accurate records and reports.
6. Performs daily inspection and cleaning of ambulance and base.
7. Performs related work as assigned.

Knowledge, Skills, and Abilities

1. Thorough knowledge of Intermediate level emergency medical procedures and policies.
2. Thorough knowledge of skills in assessing a patient's condition and applying Intermediate level emergency medical care.
3. Thorough knowledge of equipment and supplies employed in the emergency care of patients.
4. Thorough knowledge of city and county geography and of the location of roads and streets within the county.
5. Considerable knowledge of automotive and radio communications equipment.
6. Ability to safely drive an ambulance under a variety of weather and traffic conditions.
7. Ability to respond quickly and calmly to emergency situations.
8. Ability to lift substantial weight pursuant to state standards.
9. Ability to tactfully, courteously, and firmly deal with patients, families, other responders and medical personnel, as well as the general public.
10. Ability to communicate effectively, both written and verbally.

Desirable Training and Experience

1. The employee must be certified by the NC Board of Medical Examiners as an Emergency Medical Technician-Intermediate.
2. The employee must possess a valid NC driver's license.
3. Successful completion of an ITLS course is preferred.

EMT – Paramedic

General Statement of Duties

Performs skilled, technical work in driving an ambulance and in administering Paramedic level emergency medical care to patients.

Distinguishing Features of the Position

An employee in this class drives an ambulance to the scene of emergency and non-emergency calls. The employee applies necessary EMT-Paramedic level emergency medical care to sick or injured persons and transports persons. Tact, courtesy, and firmness are required in dealing with patients, families, other responders and medical personnel, as well as the general public. Work is performed in accordance with established emergency medical procedures and techniques. The employee must exercise considerable independent judgment in diagnosing a patient's condition and in applying short-term relief. Work is performed under the general supervision of a Crew Chief, Supervisor, EMS Training Officer, and/or EMS Manager and evaluated by the employee's ability to respond effectively.

Illustrative Examples of Work

1. Responds to emergency calls, performs necessary rescue work, and administers Paramedic level emergency medical care.
2. Responds to non-emergency calls, such as requests to transport patients from hospitals to their homes, or from a local medical facility to a specialized medical center.
3. Participates in a continuous training program to maintain certification and improve competence in medical technical work and in ambulance service and operation.
4. Studies street and road patterns and networks of the county in order that future runs may be made with minimum difficulty and delay.
5. Maintains accurate records and reports.
6. Performs daily inspection and cleaning of ambulance and base.
7. Performs related work as assigned.

Knowledge, Skills, and Abilities

1. Thorough knowledge of Paramedic level emergency medical procedures and policies.
2. Thorough knowledge of skills in assessing a patient's condition and applying Paramedic level emergency medical care.
3. Thorough knowledge of equipment and supplies employed in the emergency care of patients.
4. Thorough knowledge of city and county geography and of the location of roads and streets within the county.
5. Considerable knowledge of automotive and radio communications equipment.
6. Ability to safely drive an ambulance under a variety of weather and traffic conditions.
7. Ability to respond quickly and calmly to emergency situations.
8. Ability to lift substantial weight pursuant to state standards.
9. Ability to tactfully, courteously, and firmly deal with patients, families, other responders and medical personnel, as well as the general public.
10. Ability to communicate effectively, both written and verbally.

Desirable Training and Experience

1. The employee must be certified by the NC Board of Medical Examiners as an Emergency Medical Technician-Paramedic.
2. The employee must successfully complete an AHA ACLS, BLS and PALS course.
3. The employee must possess a valid NC driver's license.
4. Successful completion of an ITLS course is preferred.

EMT – Paramedic / Field Training Officer

General Statement of Duties

Assists with the training and evaluation of employees and students, as well as performing all of the skills and duties of an Emergency Medical Technician – Paramedic.

Distinguished Features of the Position

An employee in this position will work closely with the Chief Trainer to provide standard training and evaluations for employees and students. The Field Training Officer will also assist with Quality Assurance by reviewing Patient Care Reports. This employee will assist the Chief Trainer as necessary. The Field Training Officer will assist the Management Team in conducting interviews for potential employees as necessary. Work is performed under the general supervision of both the Crew Chief for operations and the Chief Trainer for training. The Field Training Officer is evaluated by the employees' ability to perform effectively.

Illustrative Examples of Work

1. Train and evaluate employees and students who are upgrading their current certification.
2. Assist with continuing education classes.
3. Teach in New Employee Orientation classes.
4. Identify clinical area deficiencies with current personnel and assist with developing modalities to facilitate improvement.
5. Assist the Chief Trainers with monthly skill evaluations as needed.
6. Attend and participate in Training Committee Meetings.
7. Assist the Training Officer, Chief Trainer, EMS Manager, Medical Director, and Education Medical Advisor in conducting oral boards for employees of Catawba County EMS, as well as for other agencies in the Catawba County Model EMS System.
8. Assist the Management Team in conducting interviews for potential employees as necessary.
9. Assist with reviews of Patient Care Reports.
10. Cooperate with other agencies as needed.
11. Perform related work as required by the position.

Knowledge, Skills, and Abilities

1. Meets all job requirements of Emergency Medical Technician - Paramedic with Catawba County Emergency Medical Services.
2. Considerable knowledge of the Catawba County Personnel Code, Catawba County Emergency Medical Services Standard Operating Guidelines, Catawba County Emergency Medical Services Field Treatment Protocols, and the Catawba County Emergency Medical Services Continuing Education Program Guidelines.
3. Considerable knowledge of the geography of Catawba County.
4. Ability to educate, evaluate, and remediate employees and students.
5. Ability to establish and maintain effective working relationships with peers.

Desirable Training and Experience

1. The employee must maintain certification as an Emergency Medical Technician – Paramedic in the State of North Carolina.
2. The employee must have at least three (3) years of full time field experience as an Emergency Medical Technician – Paramedic with at least one (1) year of full time experience with Catawba County Emergency Medical Service.
3. The employee shall be an individual that is highly motivated and very competent in his/her skills. He/She must excel in patient care as indicated by patient care documentation from Patient Care Reports and by direct observation of the Training Officer and/or Chief Trainer.
4. The employee must possess a valid NC driver's license.

EMT – Paramedic / Chief Trainer

General Statement of Duties

Responsible for the training, evaluation, and remediation of the full-time and part-time staff members assigned to a particular shift, as well as performing all of the skills and duties of an Emergency Medical Technician - Paramedic.

Distinguishing Features of the Position

An employee in this position supervises the training, evaluation, and remediation of an assigned shift. The Chief Trainer has the responsibility to coordinate with the appropriate Crew Chief and Shift Supervisor to ensure each unit is staffed with adequately trained personnel. This employee conducts investigations relating to the medical care of Catawba County Emergency Medical Services and makes recommendations to the Administration based on the findings of the investigations. For this reason, this position is an essential part of the Catawba County Emergency Medical Services Management Team. This position requires frequent contact with the public, patient, and other allied health professionals, which requires the employee to have strong personal relationship skills. Work is performed under general supervision of both the Shift Supervisor for operations and the Training Officer for training. The Chief Trainer is evaluated by observation and effectiveness of the medical care rendered by the employees.

Illustrative Examples of the Work

1. Supervises and coordinates the training of an assigned shift.
2. Performs monthly field training and evaluation for an assigned shift.
3. Performs a Scope of Practice Evaluation for each staff member on an assigned shift.
4. Performs daily reviews of Patient Care Reports.
5. Performs investigations of medical care as required by the Remediation Policy.
6. Conducts an EMS field study and produces quarterly reports to EMS Administration and the Peer Review Committee.
7. Assigns training to the Field Training Officers and manages this training.
8. Coordinates with the Crew Chiefs and Shift Supervisor to ensure appropriately trained personnel staff each unit.
9. Coordinates with the Training Officer to ensure all employees maintain training and certifications as required by the State of North Carolina OEMS and Catawba County Emergency Medical Services.
10. Attends and participates in Training Committee Meetings and Chief Trainer Meetings.
11. Cooperates with other agencies as needed.
12. Performs related work as required by the position.

Knowledge, Skills, and Abilities

1. Meets all job requirements of an Emergency Medical Technician – Paramedic with Catawba County Emergency Medical Services.
2. Considerable knowledge of the rules and regulations that govern Emergency Medical Services within the State of North Carolina.

3. Considerable knowledge of the Catawba County Personnel Code, Catawba County Emergency Medical Services Standard Operating Guidelines, Catawba County Emergency Medical Services Field Treatment Protocols, and the Catawba County Emergency Medical Services Continuing Education Program Guidelines.
4. Considerable knowledge of the geography of Catawba County.
5. Ability to educate, evaluate, and remediate the employees of Catawba County Emergency Medical Services.
6. Ability to establish and maintain effective working relationships with peers.
7. Ability to communicate effectively, both written and verbally.

Desirable Training and Experience

1. The employee must maintain certification as an Emergency Medical Technician – Paramedic in the State of North Carolina.
2. The employee must maintain certifications as a Certified Emergency Medical Technician Level I Instructor - Paramedic in the State of North Carolina and an American Heart Institute Advanced Cardiac Life Support Instructor. *(Applicants have 1 year to complete this requirement.)*
3. The employee must have 5 consecutive years of field experience as an Emergency Medical Technician – Paramedic. Of this, at least three years must be with Catawba County Emergency Medical Services.
4. The employee must have an Associate's Degree in Emergency Medical Services or a related field (or the equivalent based on education and experience).
5. In order to apply for this position an employee must be a current member of the Catawba County Emergency Medical Services Training Committee.
6. The employee must possess a valid NC driver's license.

EMT – Paramedic / Specialty Services Chief Trainer

General Statement of Duties

Responsible for the training, evaluation, and remediation of the full-time and part-time staff members assigned to a particular shift, as well as performing all of the skills and duties of an Emergency Medical Technician - Paramedic.

Distinguishing Features of the Position

An employee in this position supervises the training, evaluation, and remediation of an assigned shift. The Chief Trainer has the responsibility to coordinate with the Specialty Services Crew Chief to ensure each unit is staffed with adequately trained personnel. This employee conducts investigations relating to the medical care of Catawba County Emergency Medical Services and makes recommendations to the Administration based on the findings of the investigations. For this reason, this position is an essential part of the Catawba County Emergency Medical Services Management Team. This position requires frequent contact with the public, patient, and other allied health professionals, which requires the employee to have strong personal relationship skills. Work is performed under general supervision of both a Crew Chief for operations and the Training Officer for training. The Chief Trainer is evaluated by observation and effectiveness of the medical care rendered by the employees.

Illustrative Examples of the Work

1. Supervises and coordinates the training of an assigned shift.
2. Performs monthly field training and evaluation for an assigned shift.
3. Performs a Scope of Practice Evaluation for each staff member on an assigned shift.
4. Performs daily reviews of Patient Care Reports.
5. Performs investigations of medical care as required by the Remediation Policy.
6. Conducts an EMS field study and produces quarterly reports to EMS Administration and the Peer Review Committee.
7. Assigns training to the Field Training Officers and manages this training.
8. Coordinates with the Crew Chiefs and Shift Supervisor to ensure appropriately trained personnel staff each unit.
9. Coordinates with the Training Officer to ensure all employees maintain training and certifications as required by the State of North Carolina OEMS and Catawba County Emergency Medical Services.
10. Attends and participates in Training Committee Meetings and Chief Trainer Meetings.
11. Cooperates with other agencies as needed.
12. Performs related work as required by the position.

Knowledge, Skills, and Abilities

1. Meets all job requirements of an Emergency Medical Technician – Paramedic with Catawba County Emergency Medical Services.
2. Considerable knowledge of the rules and regulations that govern Emergency Medical Services within the State of North Carolina.
3. Considerable knowledge of the Catawba County Personnel Code, Catawba County Emergency Medical Services Standard Operating Guidelines, Catawba County Emergency Medical Services Field

Treatment Protocols, and the Catawba County Emergency Medical Services Continuing Education Program Guidelines.

4. Considerable knowledge of the geography of Catawba County.
5. Ability to educate, evaluate, and remediate the employees of Catawba County Emergency Medical Services.
6. Ability to establish and maintain effective working relationships with peers.
7. Ability to communicate effectively, both written and verbally.

Desirable Training and Experience

1. The employee must maintain certification as an Emergency Medical Technician – Paramedic in the State of North Carolina.
2. The employee must maintain certifications as a Certified Emergency Medical Technician Level I Instructor - Paramedic in the State of North Carolina and an American Heart Institute Advanced Cardiac Life Support Instructor. *(Applicants have 1 year to complete this requirement.)*
3. The employee must have 5 consecutive years of field experience as an Emergency Medical Technician – Paramedic. Of this, at least three years must be with Catawba County Emergency Medical Services.
4. The employee must have an Associate's Degree in Emergency Medical Services or a related field (or the equivalent based on education and experience).
5. In order to apply for this position an employee must be a current member of the Catawba County Emergency Medical Services Training Committee.
6. The employee must possess a valid NC driver's license.

EMT – Paramedic / Crew Chief

General Statement of Duties

Provides supervision of and responsibility for an assigned crew(s), as well as performs all of the skills and duties of an Emergency Medical Technician – Paramedic.

Distinguishing Features of the Position

An employee in this position supervises and coordinates the activities of an assigned crew(s). The employee has the responsibility of assuring that equipment and ambulances are in working order and each unit is staffed with appropriate personnel to assure operational readiness. This position requires frequent contact with the public requiring the employee to have strong interpersonal and communication skills. Work is performed under general supervision of the Shift Supervisor and is evaluated by observation and by effectiveness of the crews operation.

Illustrative Examples of Work

1. Supervises and coordinates the activities of personnel of an assigned crew(s).
2. Approves and schedules leave time for personnel assigned to the crew(s).
3. Reviews and submits time sheets for assigned personnel.
4. Conducts annual performance reviews for assigned personnel.
5. Performs daily reviews of demographic information for Patient Care Reports.
6. Attend and participates in Management Team meetings.
7. Serves as the Shift Supervisor as needed.
8. Cooperates with other agencies as needed.
9. Performs related work as required by the position.

Knowledge, Skills, and Abilities

1. Meets all job requirements of an Emergency Medical Technician - Paramedic with Catawba County EMS.
2. Considerable knowledge of the rules and regulations that govern Emergency Medical Services within the State of North Carolina.
3. Considerable knowledge of the Catawba County Personnel Code, Catawba County EMS Standard Operating Guidelines, and treatment protocols.
4. Considerable knowledge of the geography of Catawba County.
5. Considerable knowledge of all required documents and forms related to Catawba County and Catawba County EMS.
6. Ability to supervise and evaluate the work of others.
7. Ability to establish and maintain effective working relationships with peers and subordinates.

Desirable Training and Experience

1. The employee must maintain certification as an Emergency Medical Technician - Paramedic in the State of North Carolina and must be employed full time by Catawba County EMS.
2. The employee must have a minimum of five (5) years field experience as an Emergency Medical Technician - Paramedic.

3. The employee must have an Associate's Degree in Emergency Medical Services or a related field (or the equivalent based on education and experience).
4. The employee must possess a valid NC driver's license.

EMT – Paramedic / Specialty Services Crew Chief

General Statement of Duties

Provides supervision of and responsibility for an assigned crew(s), as well as performs all of the skills and duties of an Emergency Medical Technician – Paramedic.

Distinguishing Features of the Position

An employee in this position supervises and coordinates the activities of an assigned crew(s). The employee has the responsibility of assuring that equipment and ambulances are in working order and each unit is staffed with appropriate personnel to assure operational readiness. This position requires frequent contact with the public requiring the employee to have strong interpersonal and communication skills. Work is performed under general supervision of the EMS Manager and is evaluated by observation and by effectiveness of the crews operation.

Illustrative Examples of Work

1. Supervises and coordinates the activities of personnel during an assigned crew.
2. Approves and schedules leave time for personnel assigned to the crew.
3. Reviews and submits time sheets for assigned personnel.
4. Conducts annual performance reviews for assigned personnel.
5. Performs daily reviews of demographic information for Patient Care Reports.
6. Periodically coordinates with the Specialty Services Chief Trainer to assure staff maintains training and certifications as required by the State of North Carolina OEMS and Catawba County EMS.
7. Attend and participates in Management Team meetings.
8. Coordinates non-emergent transfers for EMS in the absence of the Specialty Services Coordinator.
9. Serves as the Shift Supervisor as needed.
10. Cooperates with other agencies as needed.
11. Performs related work as required by the position.

Knowledge, Skills, and Abilities

1. Meets all job requirements of an Emergency Medical Technician - Paramedic with Catawba County EMS.
2. Considerable knowledge of the rules and regulations that govern Emergency Medical Services within the State of North Carolina.
3. Considerable knowledge of the Catawba County Personnel Code, Catawba County EMS Standard Operating Guidelines, and treatment protocols.
4. Considerable knowledge of the geography of Catawba County.
5. Considerable knowledge of all required documents and forms related to Catawba County and Catawba County EMS.
6. Ability to supervise and evaluate the work of others.
7. Ability to establish and maintain effective working relationships with peers and subordinates.

Desirable Training and Experience

1. The employee must maintain certification as an Emergency Medical Technician - Paramedic in the State of North Carolina and must be employed full time by Catawba County EMS.
2. The employee must have a minimum of five (5) years field experience as an Emergency Medical Technician - Paramedic.
3. The employee must have an Associate's Degree in Emergency Medical Services or a related field (or the equivalent based on education and experience).
4. The employee must possess a valid NC driver's license.

EMT – Paramedic / Shift Supervisor

General Statement of the Duties

Provides supervision of and responsibility for an assigned shift, as well as performing all of the skills and duties of an Emergency Medical Technician – Paramedic.

Distinguishing Features of the Position

An employee in this class supervises and coordinates the activities of an assigned shift. The employee has responsibility of assuring that his/her shift is operationally ready at all times and performs in the most effective and efficient manner possible. This position requires frequent contact with the public, medical staff, and peers which requires strong interpersonal and communication skills. Work is performed under general supervision of the EMS Manager and is evaluated by observation and by effectiveness of the operation of the shift.

Illustrative Examples of the Work

1. Supervises and coordinates the activities of the operation of the shift.
2. Approves and schedules leave time for the Crew Chiefs and Chief Trainer assigned to the shift.
3. Reviews and approves time sheets for Crew Chiefs and Chief Trainer.
4. Reviews Crew Chiefs' reports and consults with the Crew Chiefs and Chief Trainer.
5. Conducts annual performance reviews for Crew Chiefs and Chief Trainer.
6. Responsible for dissemination of supplies, equipment, and paperwork as needed and responsible for random base/unit checks to assure operational readiness as per the Catawba County Emergency Medical Services Standard Operating Guidelines.
7. Assures that daily unit check-off sheets are completed.
8. Coordinates general maintenance of assigned bases and units.
9. Completes Injury / Exposure forms for all on-duty injuries, exposure, or accidents.
10. Coordinates out-of-county and out-of-state transfers after normal hours of operation.
11. Attend and participates in Management Team meetings.
12. Periodically coordinates with his or her Chief Trainer to assure staff maintains training and certifications as required by the State of North Carolina OEMS and Catawba County EMS.
13. Cooperates with other agencies as needed.
14. Responds to emergency medical calls as supervisor, performs necessary rescue work and administers emergency medical care.
15. Performs related duties as assigned.

Knowledge, Skills, and Abilities

1. Meets all job requirements of an Emergency Medical Technician - Paramedic with Catawba County EMS.
2. Considerable knowledge of the rules and regulations that govern Emergency Medical Services within the State of North Carolina.
3. Considerable knowledge of the County Personnel Code, Catawba County EMS Standard Operating Guidelines, and treatment protocols.
4. Considerable knowledge of the geography of Catawba County

5. Considerable knowledge of the rules and regulations concerning COBRA, OBRA, IMTALA, HCFA and any regulations regarding inter-facility transfers.
6. Ability to supervise and evaluate the work of others.
7. Ability to communicate effectively, both written and verbally.
8. Ability to establish and maintain effective working relationships.
9. Ability to handle multiple tasks in an effective and efficient manner.

Desirable Training and Experience

1. The employee must maintain certification as an Emergency Medical Technician - Paramedic in the State of North Carolina and must be employed full time by Catawba County EMS.
2. The employee must have a minimum of eight (8) years of field experience, with five (5) years as an Emergency Medical Technician - Paramedic.
3. The employee must have a minimum of two (2) years of experience in a supervisory position.
4. The employee must have an Associate's Degree in Emergency Medical Services or a related field (or the equivalent based on education and experience).
5. The employee must possess a valid NC driver's license.

Specialty Services Coordinator

General Statement of Duties

Coordinates non-emergent and scheduled calls for Catawba County EMS. Acts as custodian of medical records and performs administrative duties as needed.

Distinguished Features of the Position

An employee in this position coordinates the non-emergent and scheduled calls for EMS. The Specialty Services Coordinator will serve as the Administrative Assistant for the EMS Manager and Training Officer. Considerable tact and courtesy are required in dealing with hospital and medical staff, as well as the general public. Work is performed under the general supervision of the EMS Training Officer and is evaluated by the employees' ability to perform effectively.

Illustrative Examples of Work

1. Coordinate non-emergent and scheduled calls for EMS.
2. Processes requests for medical records in compliance with federal regulations and other legal constraints.
3. Processes accounts payable for EMS.

Knowledge, Skills, and Abilities

1. Thorough knowledge of the operations of Catawba County Emergency Medical Services.
2. Thorough knowledge of the billing processes of Catawba County Emergency Medical Services.
3. Considerable knowledge of the Medicare and Medicaid regulations as they apply to Emergency Medical Services.
4. Ability to tactfully, courteously, and firmly deal with the general public and medical personnel.
5. Ability to communicate effectively orally and in writing.

Desirable Training and Experience

1. An Associates' degree in computer/business office management is preferred or the equivalent of experience and education.
2. The employee must have three(3) or more years of experience in Emergency Medical Services/office setting.
3. The employee must have knowledge of two-way radio and Computer Aided Dispatch System (CAD), as well as other office equipment (copier, computer software/printer, calculator, facsimile machine, etc.).
4. The employee must have good interpersonal skills, which are essential in dealing with coworkers, supervisors, the medical community, and customers of varying socioeconomic standing and educational levels.

Logistics Technician

General Statement of Duties

Performs all of the skills and duties of an Emergency Medical Technician – Paramedic, as well as ensuring the operational readiness of the neonatal units for the contractual agreements.

Distinguishing Features of the Position

An employee in this class ensures the operational readiness of the neonatal units, as well as other emergency service equipment as time allows. This employee also maintains the stockroom and delivers supplies to the bases and units. Tact, courtesy, and firmness are required in dealing with patients and the general public. Work is performed in accordance with established emergency medical procedures and techniques. The employee must exercise considerable independent judgment in diagnosing a patient's condition and in applying short-term relief. Work is performed under the general supervision of the EMS Training Officer and evaluated by the employee's ability to perform effectively.

Illustrative Examples of the Work

1. Respond the neonatal unit as needed.
2. Check and ensure the operational readiness of the neonatal units and neonatal spare units.
3. Check and ensure the operational readiness of the SMAT and Special Event Team equipment, as well as other emergency service equipment as time allows.
4. Maintain the stockroom and deliver supplies to the bases/units.
5. Perform required ambulance inspections for NC OEMS.
6. Maintain biomedical equipment to include routine inspection, repairs, and maintenance as necessary.
7. Cover for sick or injured employees until part time staff can arrive.
8. Performs related work as assigned.

Knowledge, Skills, and Abilities

1. Meets all job requirements of Emergency Medical Technician -- Paramedic with Catawba County Emergency Medical Services.
2. Thorough knowledge of the operation of neonatal units, as well as the equipment for the neonatal units.
3. Thorough knowledge of equipment and supplies employed in the Catawba County EMS.
4. Thorough knowledge of the supply inventory.
5. Ability to maintain the adequate amount of supplies.
6. Ability to tactfully, courteously, and firmly deal with medical personnel and the general public.
7. Ability to communicate effectively, both written and verbally.

Desirable Training and Experience

1. The employee must be certified by the NC Board of Medical Examiners as an Emergency Medical Technician – Paramedic.
2. The employee must possess a valid NC driver's license.

Quality Assurance Officer

General Statement of the Duties

Performs administrative work in planning, organizing and implementing the quality management program for the Catawba County Emergency Medical Services System.

Distinguishing Features of the Position

An employee in this class is responsible for the quality management process for the EMS System within Catawba County. Work includes the case reviews, statistical analysis, and direct observation of personnel while performing their duties. In addition to the quality management responsibilities, this position will assist the Training Officer with the Continuing Education Program of Catawba County EMS. Considerable tact and courtesy are required in dealing with a variety of medical personnel, community college instructors and officials, other governmental agencies, EMS personnel, and the general public. Duties are performed under the general direction of the Emergency Medical Services Manager and Training Officer through conferences and reports and the overall effectiveness of the quality management program.

Illustrative Examples of the Work

1. Develop and implement a quality management program for the EMS System.
2. Direct efforts toward quality patient care and documentation, including providing procedures, training and resources for team members.
3. Establish criteria for quality reviews / performance improvement.
4. Through a random selection process, select reports for review.
5. Review the patient care report against patient care policies, procedures, and protocols.
6. Provide timely and consistent feedback to the EMS System administration and technicians in order to eliminate repetition of errors.
7. Assists the EMS Training Officer with planning, organizing, and implementing training activities as needed.
8. Participates in the recruitment and selection of EMS personnel; serves as a clinical preceptor and trainer; participates in the evaluation of all personnel in field performance.
9. Prepares special reports and studies; participates in short and long range planning.
10. Serves on local, state, and regional advisory councils for emergency medical services.
11. Serves as the Public Relations and Injury Prevention Coordinator.
12. Responds to emergency medical calls, performs necessary rescue work and administers emergency medical care.
13. Performs related work as assigned.

Knowledge, Skills and Abilities

1. Meets all job requirements of an Emergency Medical Technician – Paramedic with Catawba County Emergency Medical Services.
2. Thorough knowledge of the rule and regulations that govern Emergency Medical Services in North Carolina.
3. Thorough knowledge of current emergency medical service needs of the county.
4. Thorough knowledge of equipment and supplies used in emergency medical service.

5. Ability to plan, organize, and implement a quality management program.
6. Ability to provide instruction, training and supervision to adults.
7. Ability to prepare and maintain accurate records and reports.
8. Ability to respond quickly and calmly to emergency situations.
9. Ability to establish and maintain effective working relationships with local, state, and federal officials, employees and the general public.
10. Ability to communicate effectively, both written and verbally.

Desirable Training and Experience

1. The employee must maintain certification as Emergency Medical Technician – Paramedic in the State of North Carolina.
2. The employee must maintain certification as an EMT – Paramedic Level II Instructor in the State of North Carolina.
3. The employee must maintain certification as an AHA ACLS and PALS instructor.
4. The employee must maintain certification as an ITLS instructor.
5. The employee must possess a valid NC driver's license.

Training Officer

General Statement of Duties

Responsible for the continuing education and quality management program for the Emergency Medical System in Catawba County to ensure the best possible prehospital medical care is administered.

Distinguishing Features of the Position

An employee in this position develops, implements, and manages the continuing education program and quality management program for the Emergency Medical System in Catawba County. This employee directly supervises the Specialty Services Coordinator, Specialty Services Crew Chief, Specialty Services Chief Trainer, Quality Assurance Officer and the Logistics Technician, as well as the overall management of the Public Relations / Marketing Program, Injury Prevention Program and the Special Events Team. This employee is the primary administrative back-up to the EMS Manager. Considerable tact and courtesy are required in dealing with local, state and federal officials, hospital and medical staff, and the public. Work is performed under general supervision of the EMS Manager and is evaluated by the overall effectiveness of the continuing education program.

Illustrative Examples of the Work

1. Develops, implements and manages the continuing education program for the EMS System.
2. Manages the quality management program.
3. Supervises the Specialty Services Coordinator, Specialty Services Crew Chief, Specialty Services Chief Trainer, Quality Assurance Officer, and Logistics Technician.
4. Manages the Public Relations / Marketing Program, Injury Prevention Program and the Special Events Team.
5. Investigates medical complaints / develop remediation programs for identified problems.
6. Recredentials all EMS System participants.
7. Selects and trains new employees.
8. Serve as the administrative back-up for the EMS Manager.
9. Serves on local, state, and regional training committees for Emergency Medical Services.
10. Prepares special reports and studies; participates in short and long range planning.
11. Coordinates and participates in public education and special event programs.
12. Attend and participates in Management Team meetings.
13. Responds to emergency medical calls as supervisor and/or Paramedic, performs necessary rescue work and administers emergency medical care.
14. Approves and schedules leave time for direct reports.
15. Reviews and submits time sheets for direct reports.
16. Conducts annual performance reviews for direct reports.
17. Performs related work as required by the position.

Knowledge, Skills, and Abilities

1. Thorough knowledge of advanced emergency medical care practices, procedures and techniques.
2. Thorough knowledge of the laws, regulations, and policies governing Emergency Medical Services in the State of North Carolina.

3. Thorough knowledge of the Catawba County Emergency Medical Services Field Treatment Protocols and the Catawba County Emergency Medical Services Continuing Education Program Guidelines.
4. Considerable knowledge of the Catawba County Personnel Code and Catawba County Emergency Medical Services Standard Operating Guidelines.
5. Ability to educate, evaluate, and remediate the employees of Catawba County Emergency Medical Services.
6. Ability to prepare and maintain accurate training records and reports.
7. Ability to respond quickly and calmly to emergency situations.
8. Ability to establish and maintain effective working relationships with local and state officials, employees, other responding agency personnel and the general public.
9. Ability to communicate effectively both orally and in writing.
10. Ability to perform duties and responsibilities of an EMT -- Paramedic.

Desirable Training and Experience

1. The employee must maintain certification as an Emergency Medical Technician – Paramedic in the State of North Carolina.
2. The employee must maintain certification as a Certified Emergency Medical Technician Level II Instructor - Paramedic in the State of North Carolina. *(Applicants have 1 year to complete this requirement.)*
3. The employee must have 5 consecutive years of field experience as an Emergency Medical Technician – Paramedic. Of this, at least two years must be in a supervisory / training role.
4. The employee must have an Associate's Degree in Emergency Medical Services or a related field (or the equivalent based on education and experience).
5. The employee must be certified as an AHA ACLS Instructor, PALS Instructor, and BLS Instructor.
6. Certification as an ITLS or PHTLS Instructor is preferred.
7. The employee must possess a valid NC driver's license.

EMS Manager

General Statement of Duties

Performs administrative work in planning, organizing, and directing the county's Emergency Medical Service program.

Distinguishing Features of the Position

An employee in this class is responsible for planning, organizing and directing the operation of the county's Emergency Medical Service. Work includes the preparation and implementation of the annual budget, development and implementation of long range goals and outcomes, approval of new equipment and vehicles, investigation of citizens' complaints and supervision of staff. Considerable independent judgment and initiative are required in planning and directing all activities, policies and procedures of a complex Emergency Medical Service. Considerable tact and courtesy are required in dealing with local, state and federal officials, hospital and medical staff, and the public. Duties are performed under the general direction of the Emergency Services Director through conferences and reports and the overall effectiveness of the Emergency Medical Service.

Illustrative Examples of the Work

1. Plans, organizes, and directs comprehensive Emergency Medical Service programs with local medical authorities, fire and law enforcement agencies.
2. Supervises and directs Emergency Medical Service personnel.
3. Serves on local, state, and regional advisory councils for Emergency Medical Services.
4. Prepares special reports, studies, annual division budgets, and short and long range plans.
5. Investigates citizen complaints about treatment received from departmental personnel.
6. Responds to emergency medical calls as supervisor, performs necessary rescue work and administers emergency medical care.
7. Approves and schedules leave time for direct reports.
8. Reviews and submits time sheets for direct reports.
9. Conducts annual performance reviews for direct reports.
10. Performs related work as assigned.

Knowledge, Skills, and Abilities

1. Thorough knowledge of advanced emergency medical care practices, procedures and techniques.
2. Thorough knowledge of the laws, regulations, and policies governing Emergency Medical Services in the State of North Carolina.
3. Thorough knowledge of current emergency medical service needs of the county.
4. Thorough knowledge of and ability to maintain the budget of Catawba County Emergency Medical Services.
5. Thorough knowledge of the geography and layout of the county including the location of roads and streets within the county.
6. Thorough knowledge of equipment and supplies used in emergency medical service.
7. Considerable knowledge of automotive and radio communication equipment.

8. Ability to supervise and coordinate emergency vehicles, equipment and personnel in emergency situations, as well as non-emergency situations.
9. Ability to plan, organize, and direct operations and supervise personnel of a large division.
10. Ability to prepare and maintain accurate records and reports.
11. Ability to respond quickly and calmly to emergency situations.

12. Ability to establish and maintain effective working relationships with local, state, and federal officials, employees and the general public.
13. Ability to communicate effectively both orally and in writing.
14. Ability to perform duties and responsibilities of an EMT-Paramedic.

Desirable Training and Experience

1. The employee must have graduated from a four year college or university, have three (3) years of experience in emergency medical care, and one (1) year of experience in administrative or supervisory work. OR The employee must have an Associates' Degree supplemented by courses in emergency medical care, five (5) years of experience in emergency medical care and one (1) year of experience in administrative or supervisory work. OR The employee must have an equivalent combination of education and experience.
2. The employee must maintain certification as an Emergency Medical Technician – Paramedic in the State of North Carolina.
3. The employee must successfully complete an AHA ACLS and PALS course.
4. The employee must possess a valid NC driver's license.
5. Successful completion of an ITLS course is preferred.