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EMS of LeFlore County Policy and Procedures

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General Policies – All Personnel

Abuse Recognition and Reporting

Purpose: Abuse is the physical or mental injury, sexual abuse, negligent treatment of, or maltreatment by a person who is responsible for another person's welfare. The recognition of abuse and the proper reporting is a critical step to improving safety and preventing abuse.

Policy: Assessment of abuse is based upon the following principles:

- **Protect** the life of the individual from harm
- **Suspect** that the person may be a victim of abuse, especially if the injury/illness is not consistent with the reported history
- **Respect** the privacy of the patient and the family
- **Collect** as much evidence as possible, especially information

Procedure:

1. Assess for and document psychological characteristics of abuse, including excessive passivity, compliant or fearful behavior, excessive aggression, violent tendencies, excessive crying/fussy behavior, hyperactivity or other behavioral disorders.
2. Assess for and document physical signs of abuse, especially any injuries that are inconsistent with the reported mechanism of injury. The back, buttocks, genitals and face are common sites for abusive injuries.
3. Assess for and document signs and symptoms of neglect, including inappropriate level of clothing for weather, inadequate hygiene, absence of attentive caregiver(s) or physical signs of malnutrition.
4. Assess for and document signs of sexual abuse, including torn, stained or bloody underclothing, unexplained injuries, pregnancy, or sexually transmitted diseases.
5. Mandated reporters are required to report known or suspected abuse or neglect of a child under the age of 18 immediately to either child protection services or law enforcement. EMS should not accuse or challenge the suspected abuser. This is a legal requirement to report, not an accusation.

Air Ambulance

Purpose: Major trauma patients need to be delivered to regional trauma centers as soon as possible. These guidelines are designed to minimize elapsed time until the patient arrives at the regional trauma center.

Policy: A helicopter air ambulance should be used for patients who meet the trauma inclusion criteria and one of the following:

1. Patient evaluation/preparation and transport time to a regional trauma hospital is more than 45 minutes away or transport time alone is greater than 45 minutes.
2. Multiple critical patients that exceed the capabilities of area responders.
3. Special circumstances which require the services of the helicopter or its crew, such as spinal injury or remote geographical access.

Procedure for Scene Flight:

1. Request for the helicopter response will be made through LeFlore County Dispatch.
 - a. Communication with dispatch should include information regarding location, patient condition, number of patients, radio channel and radio designator for helicopter to contact when in the area.
2. The dispatch center will notify the helicopter service whether “request for availability” or “launch” is requested. Helicopters will not be placed on standby. Based on the information provided, a crew may choose to launch an aircraft prior to arrival on scene and cancel if determined it is not needed.
3. Medical Control approval for helicopter activation is implied under the protocol and direct communication is not required. On line medical direction is available when desired.
4. Patient should be prepared for transport by air in the following manner:
 - a. Patient should be stabilized and immobilized with ground ambulance equipment per existing protocol.
 - b. Ground ambulance personnel will stay with the patient until released by helicopter personnel.

Other Information:

Landing Site:

1. Designate a landing zone coordinator that is responsible for locating a landing zone, maintaining landing zone security and speaking with the approaching helicopter.
2. Locate a level, 100x100 area clear of debris.
3. Mark the landing zone with a marker at each corner.

4. Public safety vehicles should leave on flashers to assist in identifying site from the air.
5. Identify obstacles close to the landing zone and communicate all pertinent information about the landing zone to the flight crew via radio.

Safety

1. Under no circumstance should the helicopter be approached unless signaled by the helicopter pilot.
2. Always approach the helicopter from the front. Never approach the helicopter from the rear due to extreme danger of the tail rotor.
3. Loading and unloading is done at the direction of the flight crew.
4. No hats, bed linens or other objects that can be blown away should accompany the patient to the helicopter.

Notes

1. Limitations of a portable radio is approximately 5 miles and a fixed vehicle radio has an approximate radio range of 25 miles.
2. All helicopter flights from a scene will be reviewed by Medical Control for appropriate activation.
3. Ongoing cardiac arrest (medical or trauma) is a contraindication for activation of the helicopter.
4. It is usually best to NOT stay on scene waiting for a helicopter if the time it would take is more than the time to get to the closest facility. The helicopter can rendezvous at another location.

Ambulance Collision/Damage to Property

Purpose: In the event of a collision or accident involving the ambulance, a crew member, a member of the public or property.

Policy:

1. Protect the scene in the event of a collision. If the vehicles are in a hazardous location or blocking traffic, they may be moved to the side of the street.
2. Notify dispatch immediately to request the following:
 - a. The EMS Director
 - b. The Supervisor On Duty
 - c. The appropriate police agency
 - d. Fire Department, if necessary
 - e. Towing Service, if necessary
3. If the EMS vehicle was enroute to a scene of a call, notify dispatch to immediately dispatch another EMS unit to that assignment.
4. If the patient was being transported and the ambulance has been rendered inoperable, have dispatch send the nearest ambulance to transport the patient.
5. Administer patient care to any injured persons.
6. Complete an Ambulance Accident/Damage Report found in Appendix B.

Blood Draw in the Field

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

Policy: Authorized EMT-Paramedics and EMT-Intermediates, may draw blood samples in out-of-hospital situations for the purpose of blood testing and blood alcohol testing.

Procedure:

1. The patient is requesting to be transported by EMS ambulance to one of the following hospitals:
 - a. Eastern Oklahoma Medical Center
 - b. Choctaw Nation Health Care Center
 - c. Fort Smith, Arkansas hospitals
2. Personnel do not delay transport in order to collect blood sample.
3. Under no circumstances shall the employees of EMS draw blood samples on any patient that will not be transported by EMS ambulance.

Blood Alcohol Collection for Law Enforcement

The law enforcement officer requesting the blood draw will be responsible for:

1. Provides the proper kit recognized by the Oklahoma State Board of Tests for Alcohol and Drug Influence.
2. Completes the proper consent forms and obtaining the patient's signature
 - a. Any driver of any vehicle involved in an accident who could be cited for any traffic offense where said accident resulted in the immediate death of any person shall submit to drug and alcohol testing as soon as practicable after such accident occurs. (Title 47 O.S. § 10-104 D.)
3. Witnesses the blood-draw and accepts all aspects of chain of custody.

There are three methods for obtaining a blood sample:

PVP preps (betadine) should be used in place of alcohol in all procedures. If the IV has been started prior to notification of the need for alcohol testing, then the procedure for blood alcohol sampling in an auxiliary site should be used.

A. Blood sample at a site of an IV line (or saline lock) utilizing a luer adaptor:

If medic elects to draw blood directly from the IV catheter instead of an auxiliary site, this process should be used before the IV line has been attached to the catheter.

1. Thread the appropriate needle into the holder until secure, using the needle sheath as a wrench.
2. Before using, tap all tubes to ensure that all additives are dislodged from the stopper and the wall of the tube. Use only those tubes supplied in the kit.
3. Initiate venipuncture (using a 20 gauge catheter, or larger) following normal IV starting procedures with the exception of the use of alcohol (use PVP only).
4. Attach the leur adaptor and holder to the catheter hub.
5. Insert the blood collection tube into the holder and onto the needle up to the recessed guideline on the needle holder. Avoid pushing the tube beyond the guideline, as this may cause a premature loss of vacuum. The tube will retract slightly. Maintain this position
6. Verify that the patient's arm is in a downward position to prevent reflux.
7. Remove the tourniquet as soon as blood flow is established. Once the draw has started, do not change the position of the tube until it is withdrawn from the needle. During the procedure, do not allow the contents of the tube to contact the stopper. Movement of the fluid back and forth in the tube can cause backflow of blood into the venous system and possible adverse patient reaction.
8. Keep constant, slight forward pressure (in the direction of the catheter) on the end of the tube. Do not vary pressure or reintroduce pressure after completing the draw.
9. Allow the tube to fill until the vacuum is exhausted and blood flow ceases. This will ensure a correct ratio of additive to blood. It is normal for the tube not to be completely filled.
10. When the blood flow ceases, remove the tube from the holder. The shutoff valve recovers the point, stopping blood flow until the next tube is inserted.
11. After drawing, immediately mix each tube that contains an additive by gently inverting the tube 5 to 10 times. To avoid hemolysis, do not mix vigorously.
12. To obtain additional specimens, insert next tube into holder and repeat procedure.
13. The tubes may be used in any order.

B. Blood sample at a site separate from an IV line (or saline lock):

This procedure should be performed distally to any existing IV sites in the same extremity. When feasible the blood draw should be attempted in a separate extremity from the existing IV site.

1. Thread the appropriate needle into the holder until secure, using the needle sheath as a wrench.
2. Before using, tap all tubes to ensure that all additives are dislodged from the stopper and the wall of the tube. Use only those tubes supplied in the kit.
3. Cleanse the venipuncture site utilizing a PVP prep only.
4. Insert the blood collection tube into the holder and onto the needle up to the recessed guideline on the needle holder. Avoid pushing the tube beyond the guideline, as this may cause a premature loss of vacuum. The tube will retract slightly. Maintain this position
5. Verify that the patient's arm is in a downward position to prevent reflux,
6. Initiate venipuncture.
7. Remove the tourniquet as soon as blood flow is established. Once the draw has started, do not change the position of the tube until it is withdrawn from the needle. During the procedure, do not allow the contents of the tube to contact the stopper. Movement of the fluid back and forth in the tube can cause backflow of blood into the venous system and possible adverse patient reaction.
8. Keep constant, slight forward pressure (in the direction of the catheter) on the end of the tube. Do not vary pressure or reintroduce pressure after completing the draw.
9. Allow the tube to fill until the vacuum is exhausted and blood flow ceases. This will ensure a correct ratio of additive to blood. It is normal for the tube not to be completely filled.
10. When the blood flow ceases, remove the tube from the holder. The shutoff valve recovers the point, stopping blood flow until the next tube is inserted.
11. After drawing, immediately mix each tube that contains an additive by gently inverting the tube 5 to 10 times. To avoid hemolysis, do not mix vigorously.
12. To obtain additional specimens, insert next tube into holder and repeat procedure.
13. The tubes in the blood alcohol kit may be used in any order.

C. Blood sample at a site involving an IV line (or saline lock) utilizing a syringe:

This process should be used before the IV line has been attached to the catheter.

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1. Before using, tap all tubes to ensure that all additives are dislodged from the stopper and the wall of the tube. Use only those tubes supplied in the kit.
2. Initiate venipuncture (using a 20 gauge catheter, or larger) following normal IV starting procedures with the exception of the use of alcohol (use PVP only).
3. Verify that the patient's arm is in a downward position to prevent reflux.
4. Utilizing two 20 cc syringes, insert them one at a time into the IV catheter by twisting the syringe until tight.
5. Slowly fill both syringes (approximately 40 cc of blood is required to fill all four tubes), being careful not to draw in a fast manner, which may cause the cells to hemolyze.
6. To fill the tubes, attach an 18-gauge needle to the syringe and allow the blood to passively flow into the tube. Allow the tube to fill until the vacuum is exhausted and blood flow ceases. It is normal for the tube not to be completely filled.
7. Repeat steps above until all tubes are filled.
8. The tubes in the blood alcohol kit may be used in any order.

Care of Minors

Purpose: Insure individuals under the age of 18 years will receive appropriate evaluation, care and transport in accordance with local and state laws.

Policy: To provide:

- a. Guidelines for “Implied Consent” to treat minors
- b. Guidelines for minors to refuse care
- c. Appropriate contacts for EMS personnel
- d. Pediatric Transport Guidelines

Procedure:

1. Emancipated minors may consent to treatment. Individuals must be married or have court order to declare emancipation.
2. All patients under the age of 18 years will be evaluated to determine the need for care and transportation.
3. Consent is implied in the following circumstances:
 - a. Potential life or limb threatening condition exists.
 - b. Minor patient requesting transport for diagnosis or treatment of:
 - i. Communicable disease
 - ii. Pregnancy
 - iii. Substance Abuse
 - iv. Emotional disturbance
 - c. Minor in the custody of Law Enforcement or Child Protective Service.
4. If no life or limb threatening condition exists, EMS should contact the parent or guardian for consent.
5. If unable to contact the parent or guardian, contact Medical Control.
6. If the parent or guardian refuses care or transportation for a minor patient, a Refusal of Care Form must be completed. Unsuccessful attempts to contact the parent or guardian should be documented on the patient care report. Two EMS personnel should hear/witness telephone refusals.

Cellular Phone Use

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

Policy: Cellular phone use and use of personal digital assistants (PDAs) while on duty shall be limited to necessary work related calls made on work-issued phones. Personal use of cell phones is only permitted during limited times when work responsibilities are not being performed.

Procedure:

I. Personal Cellular Telephones.

- a. Personal cellular telephones are permitted to be carried while on duty, but must be placed on silent mode, and allow voice mail to answer the call. Messages may be checked on “down time” when not actively involved in a call or performing work duties.
- b. Cellular phones may be used for personal purposes, but conversations shall be limited to five (5) minutes, and never be cause for delay in responding to a patient or beginning an assignment.
- c. While attending to a patient or while operating a Company vehicle, personnel shall not, under any circumstances, respond to (or make) a personal cellular telephone call, send text messages, or check electronic mail on PDAs.
- d. In the interest of protecting employee documents, patient confidentiality, and to prevent the capture of inappropriate data, under no circumstances shall any personnel be permitted to use a camera attached or otherwise to a cellular device for purposes of documentation. Additionally, no other personal electronic devices, including PDA’s, cameras, or other personal computers (not issued or authorized by EMS of LeFlore County for patient care purposes) shall be carried by personnel while fulfilling on duty.
- e. Personnel are prohibited from using personal cellular telephones or PDAs between the dispatch of a call and the time that the call is cleared. This is to prevent any distractions while engaged in patient care, and to avoid any possible interference with equipment that may occur based upon the cellular activity.

II. Company-Issued Cellular Phones.

- a. Company-issued cellular phones or PDAs shall be used for Company business only, including, but not limited to, making contact with dispatch, medical command, or a receiving hospital.

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- b. Personnel will not utilize a cellular telephone or PDA while driving. If cellular communication is necessary, the passenger should handle the telephone.
- c. Personnel working aboard one-person vehicles will minimize the use of Company-issued cell phones while operating department vehicles. Where necessary and possible, EMS of LeFlore County will install compatible hands-free cellular telephone equipment in one-person vehicles.

Computer, Internet & E-Mail Use

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

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

Procedure:

I. Background.

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

II. Permitted Uses of the Internet.

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

III. Prohibited Uses of the Internet.

- a. The following uses of the Internet are prohibited:
1. Viewing and accessing sexually explicit or offensive materials, or which may be offensive, hostile or harassing with respect to anyone's race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
 2. Use of the Internet for unlawful purposes such as:
 - A. Downloading or copying information (e.g., sounds, images, documents, etc.) or programs in violation of copyright and software licensing laws.
 - B. Using the Internet for unauthorized access to other computer systems.
 - C. Using the Internet to distribute or receive destructive programs (i.e., viruses and/or self-replicating code), etc.
 3. Use of the Internet for personal commercial or profit-generating activities or for personal advertisements, solicitations, promotions, political material, or any other similar purposes.
 4. The downloading of programs and other executable files (without prior permission from the management), since typical work related Internet research and use should not require the download of any additional programs. Downloading programs without authorization is prohibited.
 5. Other specific violations include, but are not limited to:
 - Sending or posting discriminatory, harassing, or threatening messages or images.
 - Accessing any web sites that are pornographic in nature, including any "adult sites."
 - Stealing, using, or disclosing someone else's code or password without authorization.
 - Copying, pirating, or downloading software and electronic files without permission.
 - Sending or posting confidential material, including information about internal EMS of LeFlore County matters.
 - Violating copyright law.
 - Failing to observe licensing agreements.
 - Engaging in unauthorized transactions that may incur a cost to the organization or initiate unwanted Internet services and transmissions.
 - Sending or posting messages or material that could damage EMS of LeFlore County's image or reputation.

- Sending or posting messages that defame or slander other individuals.
- Attempting to break into the computer system of another organization or person.
- Refusing to cooperate with a security investigation.
- Sending or posting chain letters, solicitations, or advertisements not related to EMS purposes or activities.
- Using the Internet for political causes or activities, religious activities, or any sort of gambling.
- Jeopardizing the security of the EMS of LeFlore County's electronic communications system.
- Sending or posting messages that disparage another organization's products or services, including other ambulance companies.
- Passing off personal views as representing those of the organization.
- Engaging in any other illegal activities or assisting others to engage in such activity via the computer equipment, electronic mail or the Internet.
- Sending offensive or sexually explicit messages, or viewing websites with sexually explicit, pornographic, or offensive materials.

IV. E-Mail Use.

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

V. Access and Security.

- a. Under no circumstances should personnel be logged in under someone else's user name or use any computer on which they have not logged in under their own name.
 1. When a member or an employee uses a machine not assigned to him or her, he or she should, out of courtesy, ask the permission of the employee who is assigned to that particular machine.
 2. For security purposes, personnel should log out of the computer system when they will be away from their desk for a prolonged period of time or use an automatic screensaver password to prohibit others from utilizing an unauthorized machine.
- b. Accessing Internet sites may identify to third parties both the user's name and EMS of LeFlore County's name. Appropriate caution must be exercised in accessing sites.
 1. Disclosing privileged and/or confidential information and offering opinions or advice over the Internet must not occur.
 2. Many Websites have software, which can identify the user accessing the site. When accessing sites, be aware that such access may be tagged or identified with an identifying name and the EMS of LeFlore County name.
 3. The intentional access and use of Internet sites in a manner that could compromise EMS of LeFlore County in any manner is prohibited.
- c. EMS of LeFlore County has the ability to monitor Internet access (all messages sent, sites accessed, and information downloaded). All such information is the property of EMS of LeFlore County. EMS of LeFlore County reserves the right to review and disclose such records or information with or without prior notice. Computer hard drives will contain a history of sites recently visited and information (such as text and graphics) from those sites.
- d. Personnel are permitted to bring in their own computer and use their own modems, Internet, or E-mail connections to access the Internet, or E-mail systems. All Internet and E-mail rules apply to personnel using their personnel computers on company property.

Conflict Resolution & Problem Solving

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

Policy: EMS of LeFlore County will handle and resolve misunderstandings, conflicts, and complaints that may arise in a systematic and non-discriminatory manner to ensure appropriate resolution.

Procedure:

I. Conflict Resolution.

- a. When a complaint or conflict is apparent, personnel should first discuss the situation with a supervisor, preferably immediately following the event or incident.
- b. Complaints received by any personnel coming from non-personnel (e.g. patients, family members, vendors, and business partners, regarding incidents of quality care and poor relations) shall be forwarded to a supervisor as soon as possible.
- c. The nature of the problem or complaint will be documented by the supervisor.
- d. The supervisor will conduct an investigation of the problem.
- e. In cases where the problem relates to compliance, HIPAA, or raises a question of federal or state law, the Executive Director will be notified.
- f. It is the supervisor's discretion if the Executive Director is notified immediately or at the next available opportunity. Supervisors are encouraged to resolve conflict at their own discretion in their own manner.

II. Scope.

- a. Personnel are encouraged to present good faith concerns of any nature to their supervisor, or other manager. Such concerns may pertain to any work-related subject, including the following:
 1. Scheduling conflicts.
 2. Alleged harassment.
 3. Perceived Policy violations.
 4. Perceived HIPAA or other compliance issues.

5. Benefit or pay issues.
6. Personal conflicts among co-workers (e.g. incompatibility, or inability to work together).
7. Disciplinary actions.
8. Any perceived violation of the law, or any perceived unethical conduct.

III. Investigation Procedure.

- a. Management engaged in an investigation of any complaint will gather all appropriate information, and interview all persons involved, or believed to be involved.
- b. Personnel interviewed by management regarding a concern, complaint, suggestion, or conflict are expected to fully cooperate and offer information in a truthful manner.
- c. All attempts will be made to resolve problems in a quick and fair manner. Presenting conflicts, complaints, and suggestions is a useful mechanism to improve working conditions.
- d. Personnel offering complaints, conflicts and problems in good faith will not face retribution or retaliation.

Crime Scenes

Purpose: It is the responsibility of all responding personnel to be aware of the important evidence that can be damaged or destroyed upon entering a crime scene.

Policy:

The law enforcement officer is in charge of a crime scene while the EMS responder is in charge of any necessary patient care that needs to be administered.

The officer will make a determination of status of the scene and make this information available to responding police, fire and medical units. In the absence of being notified, do not assume that scene is secure and take necessary and prudent precautions.

Medical personnel shall consult with police officers before disturbing items that may be evidence of a crime. All involved should take precautions to not disturb crime scene evidence, (weapons, bloodstains, vehicles, skid marks, etc.) or other evidence that can be vital to investigators to reconstruct the crime or accident scene. Do not “clean up” or remove disposable items from the scene or any material that was removed for medical access from the scene.

Every health practitioner who provides medical services for any physical condition to a patient whom he or she knows or reasonably suspects has been physically, mentally, emotionally or sexually abused, shall immediately make a report to law enforcement and shall report suspicion to accepting nurse and/or physician.

Dispatch and Response

Purpose: Communications is an integral part of the EMS system. Communication between dispatch and field personnel as well as communication between EMS personnel and medical control are necessary for the dissemination of information and preparation prior to arrival at the Emergency Department. Communication systems do fail and “dead zones” exist in rural portions of the response area.

Policy:

1. EMS personnel will make every attempt to keep dispatch aware of their location when answering a call. If a location changes, EMS personnel will notify dispatch of their new location.
2. EMS personnel will utilize the radio communications system when speaking with dispatch. Cellular telephones are not acceptable as primary communications devices. Ambulance personnel are assigned designated channels to interact with dispatch.
3. In the event of radio system failure, EMS personnel may use cellular telephones to contact dispatch or medical control.
4. In the event of radio system failure and cellular phone failure, EMS personnel are expected to make sound and reasonable judgment to accomplish their mission.
5. All communication is to be in plain English, do not use 10-code.
6. Upon being dispatched to a call, one member of the responding crew will immediately acknowledge receipt of the call.
7. When the vehicle is enroute to the call, the crew will notify dispatch by saying, “EMS ___ enroute to _____.”
8. When on scene, the crew will notify dispatch by saying “EMS ___ onscene at (give address or location name.)”
9. If motor vehicle collision, give size up with number of vehicles involved.
10. When departing the scene, the crew will notify dispatch, “EMS ___ transporting (number of patients) Code 1 or Code 3 to destination.”
11. Upon becoming in service for another call, the crew will notify dispatch, “EMS ___ in service and available.”
12. If no transport occurred, the crew should notify dispatch, “EMS ___ is in service give disposition.”

Emergency Vehicle Operations

Purpose: To reduce potential liability in the event of an accident and to maintain compliance with current state law by offering guidelines, policies and procedures in the emergency vehicle operations of the ambulances owned by EMS of LeFlore County.

Policy:

1. All employees must possess an valid driver's license that permits the operation of an ambulance.
2. All employees will conform to the provisions of Oklahoma statutes when operating an emergency vehicle.
 - a. The exemptions granted the operator of an authorized emergency vehicle by this section do not relieve such operator from the duty to drive with due regard under the circumstances for the safety of all persons nor do they protect such operator from the consequences of his or her reckless disregard for the safety of others.
 - b. The operation of an emergency vehicle does not relieve the operator of an EMS of LeFlore County ambulance from the duty to drive with due regard under the circumstances for the safety of all persons nor does the operation of any emergency vehicle protect such operators from the consequences of his or her reckless disregard for the safety of others.
3. Seatbelts will be used by the driver and all other passengers in the driver compartment of the EMS of LeFlore County ambulance. Seatbelts should be worn in the patient compartment whenever possible.
4. All EMT's and Paramedics shall successfully complete an Emergency Vehicle Operator Course (EVOC). The material and skills shall be refreshed at least every other year.
5. In order for an employee to be eligible to operate an EMS of LeFlore County vehicle, the following must be met:
 - a. Must be at least 21 years old.
 - b. No positive drug or alcohol test including: pre-employment, post-accident or reasonable suspicion.
 - c. Driving and Accident Record cannot have more than 2 moving traffic violations during the previous 36 months.
 - d. Driving and Accident Record cannot have any driving under the influence (drug or alcohol) conviction during the previous 5 years in a commercial or personal motor vehicle.
6. The following will make an employee ineligible to operate an EMS of LeFlore County vehicle:
 - a. Any driver without a valid driver's license

- b. Any driver with the following violations regardless of the time period:
 - I. Homicide involving vehicle
 - II. Using a vehicle to elude an officer
 - III. Hit and run
 - IV. Manslaughter with vehicle
 - V. Felony with vehicle
 - VI. Any false report to police department
 - VII. Permitting an unlicensed driver to drive

- c. Any driver convicted of any of the following within 5 years.
 - I. Driving while under the influence of alcohol or drugs
 - II. Any refusal to submit to an alcohol or drug test
 - III. Reckless driving
 - IV. Negligent driving
 - V. Exceeding speed limit over 25 mph
 - VI. License suspension

- A. No EMT or designated driver may operate an emergency vehicle until he or she has successfully completed instruction in the operation of an emergency vehicle. This shall include, but is not limited to:

- B. A driving course in the safe operation of an Emergency Vehicle (Guidelines can be found in NFPA 1002)
 - a. A check ride performed by a designated member of the department with whom the driver belongs to. The check ride should demonstrate competence in the operation of all vehicle systems prior to clearance for driving in a non-supervised environment.

- C. When responding to a call emergently, all warning systems must be activated per Oklahoma State Statute. Employees may not utilize only emergency lights without siren or vice-versa.

- D. Ambulance should follow due regard when proceeding through intersections with a green light.

- E. Driver must come to a complete stop before proceeding through a red light or stop sign.

- F. Use caution or avoid active school zones or railroad crossings when possible.

- G. When responding to a call with all warning systems activated, the ambulance operator should use due regard to the posted speed limits and street signage.

- H. If there is a request for a third rider to accompany the patient, the following applies:
 - a. The rider must be the patient's family member or close significant other.

- b. The decision to prohibit such a request will be based upon clinical implications at the discretion of the ambulance crew.
 - c. Third party riders are required to wear a seatbelt at all times and should preferably ride in the front passenger seat. Exceptions are at the discretion of the crew and most likely will be in the event a minor child is being transported and a parent or guardian rides in the patient compartment to keep the child calm.
- I. The driver of the ambulance, at no time, should utilize a cell phone while operating the emergency vehicle.
- J. A spotter should be used when backing up the ambulance. If a spotter is not available, the driver must first check clearances by getting out of the vehicle and conducting an “ambulance walk-around” to ensure that the vehicle can safely be driven in reverse.
- a. If the driver of the ambulance is determined to be at fault of the accident, disciplinary actions may occur.

Exposure Control & Education

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

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

Procedure:

I. Exposure Control Plan.

- a. EMS of LeFlore County has implemented an “Exposure Control Plan” (“Plan”) that is consistent with Occupational Safety & Health Administration (OSHA) standards. This Plan also includes relevant safety policies, as required under the Plan.
- b. Relevant exposure and safety areas addressed in the Plan include, but are not limited to:
 - Universal precautions.
 - Sharps disposal (engineering controls).
 - Personal protective equipment.
 - Disposal of regulated waste.
 - Disposal of contaminated linens.
 - Proper use of labels.
 - Exposure reporting requirements.
- c. All personnel shall follow exposure requirements and reporting obligations as outlined in full in the “Exposure Control Plan.”

II. Vaccinations.

- a. Hepatitis B Vaccination.
 - 1. EMS of LeFlore County may make the Hepatitis B vaccination available to personnel at no cost and within 10 days of initial assignment to personnel at risk of bloodborne pathogen exposure. Vaccination is encouraged unless:
 - A. Documentation exists that the employee has previously received the vaccination,
 - B. Antibody testing reveals that the employee is immune, or
 - C. Medical evaluation shows that vaccination is contraindicated.
 - 2. Personnel may choose to decline the vaccination. If personnel choose to decline the vaccination, he or she must sign a refusal form acknowledging the refusal to receive the vaccination. This refusal form can be found at Attachment A.

III. Education and Training.

- a. EMS of LeFlore County shall conduct, on a regular basis, various training and educational sessions regarding bloodborne pathogens, contractions of illness, safety and universal precautions procedures, and other such trainings on topics required or recommended by federal and state safety and regulatory agencies.
- b. EMS of LeFlore County shall provide important safety and health information (e.g. OSHA updates and state Department of Health findings and publications regarding illness, bloodborne pathogens, infectious disease control) on designated bulletin boards, through personnel publications, and by other means.
- c. Education and training is critical for the safety of all personnel and patients that EMS of LeFlore County treats. It is critical that all personnel be involved in the training related to exposure control and proper use and disposal of instruments and gear, to prevent contamination, hazards, or otherwise compromise the health and safety of personnel or patients. Failure to attend mandatory training sessions can lead to discipline.

Firearms, Weapons & Explosives

Purpose: To maintain a safe working environment by prohibiting dangerous weapons and devices in the workplace.

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

Procedure:

I. Definitions.

- a. For purposes of this Policy, “weapons” include both offensive and defensive weapons, including but not limited to, pepper spray/mace, firearms and explosives including fireworks, TASER/stun gun, black jack, or any night stick or billy club.

II. Standards.

- a. This Policy does not apply to legitimate EMS of LeFlore County equipment and supplies that may have dangerous potential (e.g. rescue knives, needles), or may have explosive tendencies (e.g. compressed gasses).
- b. All weapons are prohibited from being on EMS of LeFlore County property, including lockers, personal backpacks or other carrying cases while on company property, and in company vehicles.
- c. If you have any question or concern about what may constitute a prohibited weapon under this Policy, you should immediately consult your supervisor.

Forced Entry into a Structure

Purpose: EMS responders may be faced with a situation where the unit has been called to the residence and no one appears to be present in the home or the occupant is unable to unlock or allow the crew access into the structure. EMS responders may need to consider to use forced entry to gain access to the patient.

Policy: EMS responders may need to consider to use forced entry to gain access to the patient.

Procedure: The on-scene personnel will determine if forcible entry is required, and act according to the following procedures:

- If there is no answer at the residence, have communications try the call back number.
- If the call number is ineffective, without endangering themselves, EMS personnel will try all doors and windows.
- Once the decision has been made to use forced entry, it will not be delayed for any reason.
- Once forcible entry has been decided to gain access into a structure, the following procedures are to be followed:
 1. Law enforcement and/or fire department assistance is to be requested and the EMS Director or Supervisor is to be notified of the emergency.
 2. Forcible entry locations should be sought that will minimize damage to the structure. However, reasonable efforts to gain access should be made regardless of damage estimations.
 3. All personnel will use extreme caution in providing for their own safety.
- All pertinent facts of the situation will be documented on the narrative part of the run form.

Hypoglycemia Patients

Purpose: To properly document the pre-hospital care of a hypoglycemic patient that refuses further care or ambulance transport after the correction of their hypoglycemia. To enhance patient care by providing the documented information to the patient's primary care provider.

Policy: All patients that are treated for hypoglycemia in the pre-hospital environment and subsequently refuse ambulance transport to the Emergency Department. Physician evaluation shall be registered in a universal manner, be documented appropriately and have their information sent to the appropriate physician in a timely manner as outlined below.

Procedure:

- All patients in the pre-hospital environment that are treated for hypoglycemia (i.e. oral glucose, IM Glucagon, IV dextrose) that refuse further care and/or transport will have the call completely documented on an EMS of LeFlore County care report. Included with the report will be a complete and signed refusal form. It is critical that patient's primary physician is discovered and documented.
- A copy of the completed run report and refusal form will be made.
- A copy of the run report, refusal form and physician letter will be faxed to the appropriate physician.

Inclement Weather

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

Policy: EMS of LeFlore County requires all personnel to report for their scheduled shift no matter what the weather conditions.

Procedure:

I. Standards.

- a. As a public safety service organization, EMS of LeFlore County is committed to providing continuous and quality service to our community at all times.
- b. Unfortunately, weather conditions or natural disasters can make the commute to work difficult and time consuming.
- c. Unless otherwise notified, all personnel are expected to report to work regardless of the weather conditions, and EMS of LeFlore County will attempt to operate under our normal work schedules in all weather conditions.
- d. During inclement weather, personnel should plan ahead and allow sufficient time for a safe trip to work.
- e. Standard call-off procedures and use of Vacation, Sick, or Personal Time will apply in situations where weather affects the ability to get to work. In times of serious weather conditions, at the discretion of management, these requirements may be relaxed, and on-duty employees may be required to remain on duty until replacements can safely arrive at work.

Issuance and Use of Company Equipment

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

Policy: EMS of LeFlore County will not tolerate misuse or misappropriation of Company equipment, as respect for Company equipment is expected at all times.

Procedure:

I. EMS of LeFlore County Property.

- a. Any EMS of LeFlore County property issued to personnel, such as keys, pagers, radios, or uniforms, must be returned prior to receipt of any final paycheck.
- b. Personnel may be responsible for paying for any lost or damaged items, as well as for any unreturned items at the time of separation from service. "Damaged items" are items damaged beyond what would be expected with normal "wear and tear."
- c. No item purchased or supplied by EMS of LeFlore County should be removed from the premises without express written authorization of a supervisor.
Further:
 1. All personnel may be subject to random searches as they leave EMS of LeFlore County premises, in accordance with the "Workplace Search" Policy.
 2. Personnel found possessing any EMS of LeFlore County property without express written or verbal authorization may be subject to discipline, up to and including termination.
- d. It is the responsibility of all personnel to understand the equipment needed to perform his or her duties. All personnel must remember that:
 1. Good care of any equipment used during the course of employment, as well as the conservative use of supplies, will benefit EMS of LeFlore County.
 2. If equipment is not working properly or in any way appears unsafe, or damaged, personnel are to notify a supervisor immediately so that repairs or adjustments may be made.
 3. Any knowledge of misuse or damage to EMS of LeFlore County property shall be promptly reported to a supervisor.

- e. Personnel of EMS of LeFlore County work with delicate and expensive equipment. Care must be taken in handling and using such equipment. Personnel will be held responsible for equipment caused by carelessness, misuse, or neglect, and will be responsible for reimbursement for replacement or repair costs, and could be subject to discipline.

II. Controlled Substances and Pharmaceuticals.

- a. EMS of LeFlore County has in its control, and has general access to controlled substances, narcotics, and various other drugs that are carried in the ambulances and administered under appropriate circumstances, by approved and certified personnel.
- b. Under no circumstances shall personnel take from EMS of LeFlore County, misappropriate, or otherwise distribute, steal, sell, or inappropriately administer (to self or others) these controlled substances.
- c. Persons found in violation of this provision will be subject to immediate discipline, up to and including termination. Additional penalties may include discipline by the state regulatory agency including loss of licensure certification, financial penalties and criminal prosecution.

III. EMS of LeFlore County Equipment.

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

Mass Casualty Incidents

Purpose: Serve as a guide for the categorization of incidents involving or potentially involving multiple patients, notification of hospitals, documentation and distribution of patients during a disaster.

Definitions

Local Incident: Generally, a scene with less than ten (10) injured persons, which is stable with no danger of escalation. This category will generally not activate the pre-hospital disaster plan but will necessitate early notification to surrounding medical facilities and mutual aid agencies.

Disaster: Generally, ten (10) or more injured, or a situation which could likely escalate into a situation when more than ten persons are injured.

Medical Officer: The Medical Officer as designated by the ambulance service will report and work within the Incident Command system. The Medical Officer is primarily responsible for the provision of care in the area of the disaster and responsible for organizing and implementing the incident medical plan, including supervising all on scene medical personnel, triage, patient care, and transportation activities.

Procedure:

- a. Assessment of the scene will be performed by the first arriving EMS provider. They will report their findings to the dispatch center.
- b. The disaster plan may be activated either by the first arriving licensed EMS provider, by the EMS supervisor, or by the dispatch center.
- c. EMS units will cooperate with law enforcement and fire agencies regarding ingress and egress to the scene, with particular regard to hazardous material or other public safety hazards.
- d. Ambulances should also be instructed to revert to standing orders and give brief incoming reports.
- e. The Medical Officer, or his/her designee shall:
 - 1) Establish communications with Incident Command and identify themselves as Medical Officer.
 - 2) Follow the EMS MCI Plan.

Narcotic Control

Purpose: To provide for control and accountability of narcotic medication onboard ambulances as well as procedures for replacing and exchanging narcotics.

Policy: In order to maintain product security, the following procedure shall be in effect and observed by all field staff. Narcotics should be kept under lock and key at all times unless a paramedic needs them in the course of patient care.

Procedure:

The paramedic should document in the patient report the name of the medication given, the dose and the amount wasted.

Should on-line medical control be consulted and a narcotic authorized, the paramedic should verify the order by repeating the order back to the physician. The paramedic will document in the patient care report the physician name, the amount ordered and the route of administration. Any positive or negative response to the medication administration should also be documented.

Daily Inventory Control

The highest certified person on duty shall be in complete custody and control of the narcotic keys at all times during his or her shift. At the start of the shift, both crew members will visually inspect the contents of the narcotics case and make the appropriate entry on the unit log book. Crews should check to make sure the contents of the vials are intact and the count is accurate. Any discrepancy in counts or damage to vials should be immediately reported to the shift supervisor.

Written monthly logs will be turned in at the first of each month and a new log will be started.

Waste Procedure

Any quantity of a narcotic that is to be wasted shall be accomplished at the receiving facility and witnessed by a Registered Nurse or Physician. The individual witnessing waste should sign the drug log after the waste has been completed.

If the narcotic container is damaged in any way, this shall be immediately reported to the shift supervisor and noted in the log.

Resupply

When a narcotic is used, the paramedic will record the usage in the Drug Log as well as in the patient care report. The paramedic will document the lot number of the medication used, the name of the medication and the PCR run number.

Narcotic resupply will occur at the central station. Paramedics will request resupply from the supervisor or the executive Director. The supervisor or executive director will access the central supply and verify the quantity of medication in the lock box and sign off on the log. The requesting paramedic will also sign off on the verified count. The requested quantity will be given to the requesting paramedic and documented on the central supply log. The requesting paramedic will document resupply on his/her narcotics log. Narcotics should be immediately carried out to the ambulance and placed under lock and key. Central supply narcotics will be placed back under lock and key.

Any discrepancies to the central supply narcotics should be immediately reported to the executive director.

Resupply of Central Stocks

As quantities are exhausted from central supply, the supply officer will advise the executive director, who will verify the quantity on hand and complete a DEA 222 form. When the order is received, the executive director and a supervisor will log the addition of the new narcotics in the Central Log and secure the supply. The central supply officer will verify the count each month and notify the executive director in the event of a discrepancy.

Disposal of Expired Narcotics

In the event that a narcotic reaches the stamped expiration date, the item will be brought to central station and given to the duty supervisor or executive director. The supervisor or executive director and the reporting paramedic will waste the medication in a sink drain at central station. The appropriate log entry will be made in the ambulance log. Follow the above listed policy statement for restock procedures.

Discrepancies

Any discrepancies in drug counts at any level will be investigated by the executive director or a designee. The medical director will be notified of an unresolved discrepancy. Any employee who is found to be involved in missing or misused narcotics will be subject to drug screening in compliance with the Drug and Alcohol Testing Policy. The medical director will receive a written report regarding any unresolved narcotic discrepancy. Any employee involved in missing or misused narcotics may be subject to disciplinary procedures up to and including termination and may be referred to state regulatory or law enforcement agencies for further action.

Patient Relations

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

Policy: All personnel shall be good ambassadors for the goodwill of EMS of LeFlore County and treat others with respect and dignity at all times.

Procedure:

I. Standards.

- a. Personnel must act competently and deal with patients and their families in a professional, courteous, and respectful manner. The way we perform our individual jobs presents an image reflective of our entire organization.
- b. Personnel shall communicate pleasantly and respectfully with other personnel, patients, family members, vendors, health care associates and business partners at all times. Positive relations not only enhance the public's perception or image of EMS of LeFlore County, but also pay off in loyalty and future service requests.
- c. Personnel are expected to follow-up on orders and questions promptly, provide professional replies to inquiries and requests, and perform all duties in an orderly manner. Serving the best interests and needs of all patients is our ultimate goal.
- d. Personnel should take great pride in the work they do, and to perform at the best level possible. Individual behavior and professionalism, as well as that presented by EMS of LeFlore County, is important for all persons with whom we deal.

II. Patient Care.

- a. Personnel must treat all patients equally and without respect to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
- b. Personnel must provide patients, family members, and others with the highest degree of care they are certified to provide and as appropriate to the situation. At no time shall any personnel be expected to perform a service that he or she is not qualified to perform.
- c. Personnel shall follow all relevant patient care procedures. Following these standards helps to assure that the highest level of patient care is provided.

III. Patient Requests and Complaints.

- a. Patient requests and complaints shall be handled in a professional and courteous manner. Nothing is more important than being courteous, friendly, helpful, and prompt in the attention given to patients, since that is the way in which EMS of LeFlore County will be judged.
- b. Patient requests for information should be handled by a supervisor or the Executive Director in accordance with HIPAA release of information policies.
- c. Patient requests (or refusals) during care and/or transport shall be made in accordance with relevant patient care policies and applicable protocols.
- d. Efforts should be made to make management aware of such a complaint as soon as possible, so that quick resolution may be made. Additional information on handling patient complaints can also be found as part of the “Conflict Resolution and Problem Solving” Policy.

IV. Patient Bill of Rights.

- a. In dealing with patients and in rendering care, all personnel are expected to respect the patient's rights, and to provide medical care and transportation at all times in accordance with certain rights. Failure to do so is a basis for discipline, up to and including dismissal.
- b. Patients have the following rights:
 - 1. To receive respectful care given by competent personnel.
 - 2. To receive every consideration of his or her privacy concerning medical care. Case discussion, examination and treatment are considered confidential and should be conducted as discretely as possible.
 - 3. To have all records pertaining to medical care treated as confidential, except as otherwise provided by law.
 - 4. To receive quality care and high professional standards that are continually maintained and reviewed.
 - 5. To expect emergency procedures be implemented without delay.
 - 6. To refuse drugs, treatment or procedures offered to the extent permitted by law, and to be informed of the medical consequences of the refusal of any drugs, treatment, or procedure.
 - 7. To receive medically appropriate services without discrimination based upon race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

REVISION DATE: _____

8. To receive appropriate pre-transport assessment, evaluation and treatment; careful handling, preparation, and monitoring of conditions, including thoughtful regard for those individuals associated with the patient; attention to all medical needs during transport; and a comfortable, safe ride to the acute care facility of their choice and/or the most medically appropriate facility.
9. To be served with state of the art, strictly maintained, and properly functioning emergency medical equipment, including the ambulance, litters, and portable equipment.
10. To receive professional, cheerful and attentive service throughout the course of the transport.

Personal Protective Equipment (PPE)

Purpose: Safety equipment is provided to each employee to protect against job related injuries while working in industrial environments or situations where the risk of bodily injury is high.

Policy: Personal protective equipment consists of an EMS turnout coat with reflective bands, a high visibility jacket with removable liner, trousers, suspenders, boots, helmet and gloves. PPE will be worn when responding to any industrial, rescue or vehicle crash with entrapment.

Procedure:

- PPE should be worn when responding to any industrial site or industrial accident, rescue or vehicle crash with entrapment. If the nature of the call is known while at the station, gear should be donned prior to departure. If a call is assigned while out of the station, gear will be donned after scene arrival and prior to entry into the scene.
- Bunker pants shall be snapped shut and suspenders properly adjusted. The coat shall be worn and completely zipped shut. PPE that is not worn properly can lead to unnecessary injury.
- Helmet and front shield shall be worn whenever a medic is working inside or near a crashed vehicle or while rescue equipment is being operated. Helmet and shield will be worn while in or near an industrial site or hard hat required area. The chinstrap shall be cinched tight to maintain the headgear in place and provide proper protection.
- Jackets and/or safety vests will be worn in all low light situations and areas with moving vehicles are present.
- PPE should not be stored or left in a hot vehicle. PPE should not be exposed to direct sunlight for an extended period of time or to weather elements such as rain or snow. Prolonged exposure to weather elements can negatively affect the durability of PPE.
- It is the employee's responsibility to main PPE in a clean and serviceable condition according to manufacturer's guidelines. Employees should report any damage to the duty supervisor for repair or replacement.
- PPE should be kept in the assigned gear bag and carried on the ambulance for the duration of the shift. Employees are responsible for keeping track of their assigned equipment.

Physician Certificate of Medical Necessity (PCN)

Purpose: To ensure a universal practice among Paramedics, EMT's and surrounding facilities regarding Medicare compliance and inter-facility transports.

Policy: The Physician Certificate of Medical Necessity (PCN) is required for the following:

- Non-emergency, scheduled, repetitive services
- Unscheduled, non-emergency ambulance services or non-emergency ambulance services scheduled on a non-repetitive basis for a resident of a facility who is under the care of a physician.
- To provide documentation of the medical necessity for non-emergency ambulance transport.

Procedure:

- a. When a transfer decision is made by a physician that meets the above criteria, the certificate of medical necessity must be filled out either by the physician requesting the transport or the registered nurse directly involved with the patient's care prior to patient transport.
- b. If unable to obtain a physician signature, it is acceptable to obtain a signed certificate of medical necessity from a physician assistant, nurse practitioner, registered nurse or clinical nurse specialist, who has personal knowledge of the beneficiary's condition at the time ambulance transport is ordered or the service is furnished. This individual must be employed by the beneficiary's attending physician or by the hospital or facility where the beneficiary is being treated and from which the beneficiary is transported.
- c. All reasonable attempts will be made to obtain the physician's signature. If, however, that is not possible, the personnel signing the form must meet the criteria of Procedure b and also list the physician's name that made the referral. It also must be written how communication with the referring physician was made.

Physician On Scene

Purpose: In the event that a physician arrives at the scene of an EMS call and wishes to DIRECT medical care, the EMS personnel should document the arrival of the physician on the scene and notify medical control.

Policy: If a physician wishes to assume care of the patient, Medical Control must be contacted and the ED physician must agree to transfer responsibility for patient care to the physician at the scene.

Procedure:

If a physician arrives and wishes to direct medical care on scene:

Inform the on scene physician of the following:

They need to obtain permission from medical control before he/she can direct care on scene.

The on scene physician must be willing to:

- Provide documentation of licensure as a medical doctor
- Accept responsibility for care of the patient
- Accompany the patient in the ambulance to the hospital
- Give report to the Medical Control Physician
- Sign the patient care report

Document the time of physician arrival on your run sheet.

Transfer of responsibility to the physician at the scene, if ordered by the ED physician, should be documented on tape and in writing.

If transfer of care is NOT authorized, EMS personnel should respond as follows to the physician on scene:

“Thank you for your offer of assistance. The Paramedics and/or EMT’s are operating under the authority of Oklahoma law. No physician or other person may intervene in patient care without the emergency physician on duty relinquishing responsibility of the scene via radio or telephone. If the responsibility is transferred to the physician on the scene, that physician is responsible for any and all care given at the scene of the incident and enroute to the hospital. The physician must sign the patient’s record and must accompany the patient to the hospital.”

Privacy and Security of Patient Information

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

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

Procedure:

I. Background.

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

II. Privacy.

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

III. Security.

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

IV. Privacy/Security Officer.

- a. EMS of LeFlore County has appointed a Privacy/Security Officer who is responsible for overall Privacy and Security Policies. If you have any questions about the use or release of any patient information, you should contact the Privacy/Security Officer.

Release of Information to Media

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

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

Procedure:

I. Standards.

- a. Personnel may from time to time, receive media inquiries from various news/media agencies, including:
 1. Newspapers and television stations, for reporting a rescue, accident response, fatality, or reporting on EMS activity, or general coverage” of EMS.
 2. Magazines or periodicals, interviewing personnel related to incidents or general EMS issues of interest to the public.
- b. When contacted by the media you must notify management with general information about the nature of the request and contact information for the reporter/writer. When contacted by the media you should refer the request to management.
- c. All communication with the media must be approved by management. When approved, personnel may discuss general topics of interest and ambulance and EMS related issues with the media. In talking with the media about non-patient or organization specific issues, all personnel should follow the following guidelines:
 1. Refrain from giving an “off the record” comment. Never consider any comment as “off the record.”
 2. The following types of information should NEVER be released:
 - A. Patient-specific information, including names, addresses, assessment of injuries, treatment provided, and history/diagnosis. As a covered entity, we are bound by HIPAA to preserve patient confidentiality. Release of patient-specific information to the media is not permitted.

- B. Information that may be prejudicial to law enforcement investigations (e.g. "I think the driver that caused the accident was drinking alcohol").
 - C. Information that is not known for certain such as subjective or your "opinion" (e.g. "The car must have been speeding at the time of the accident").
 - D. Information that may be an invasion of privacy, such as suicide information, AIDS status, overdose, psychiatric transport, cause of death.
- 4. Personnel are encouraged to respond to requests for media interviews to discuss your job, your role as an EMT, and your experiences at EMS of LeFlore County. As long as patient information is not discussed, the name of EMS of LeFlore County is not placed in a negative light, and confidential business information is not released, such interviews will generally be approved and permitted.
 - 5. In any situation where an interview becomes uncomfortable, you are free to stop it at any time. You are not required to talk to members of the media. You are also free to completely refrain from speaking to the media about any topic at all.
- c. We must balance providing the public with information about the services we provide against the individual rights of the patient to keep their medical information confidential. We fully respect the right of the public to know about our activities as we are a public agency subject to public scrutiny. But we can provide information to the public only to the extent that the law allows us.
 - d. Personnel must refer all media inquiries to the Executive Director. Doing so helps assure that appropriate information is released and our public image is maintained.
 - e. If at any time you are unclear about whether information may be disclosed to the media, always err on the side of caution and do not disclose.

Restraints

Purpose: If a patient endangers the life of the employees, restraints may be needed to keep the employees and the patient safe.

Policy: Every patient must be secured in an EMS vehicle by ordinary restraints for the safety of the patient, bystanders and emergency responders. Periodically the use of additional restraints is necessary to protect the safety and well being of the patient, bystanders and emergency responders. ALL use of additional restraints must follow the guidelines outlined below and documentation must support these points.

Definitions.

Ordinary Restraints Those restraints ordinarily used to restrain a patient to the patient's seat or stretcher, including but not limited to seat belts and a harness restraint system connected to the stretcher.

Additional Restraints Those restraints used in addition to ordinary restraints. Additional restraints do not include those restraints used to immobilize patients, such as immobilizing a patient's back or extremity when a fracture or injury is suspected, where movement could worsen the patient's condition.

Procedures.

- Personnel shall assess each patient carefully to determine if restraints are truly necessary to ensure the safety of emergency responders, bystanders, or the patient.
- All efforts should be made to verbally de-escalate the situation and convince the patient to comply voluntarily.
- On the Patient Care Report, personnel shall state the specific form of additional restraints applied and the detailed basis for using such restraints, including the specific activities
- or condition of the patient which led to the use of the restraint.
- Once the decision to apply additional restraints has been made, personnel should
 - a. Properly apply and adjust restraints to maintain body alignment and patient comfort.
 - b. Regularly monitor the patient's condition, ensuring that the restraints do not improperly restrict circulation or impede the airway.
 - c. The most minimal amount of restraints should be used to maintain the safety of the patient, the personnel and bystanders. Additional restraints should be used as a last resort. The primary objective is to provide quality care, to transport the patient to a location where the patient may receive appropriate care, and to respect the patient's dignity.

- d. In cases of psychiatric patients in the process of, or who are involuntarily committed to a medical facility for treatment, a law enforcement officer must either ride in the ambulance or follow the ambulance to the medical facility. A patient will not be committed to a medical facility without a law enforcement officer being present to release custody of the patient.
- e. In cases of psychiatric patients being voluntarily committed, a law enforcement officer is not required to accompany the voluntary commitment patient. If the EMS crew believes that a safety issue exists, law enforcement should be requested to assist in assuring safety.
- f. The “Sandwich Technique” using backboards or scoop stretchers to assist in restraining patients is forbidden. Backboards may be used, however, when necessary to immobilize a patient for whom movement could worsen a potential injury.
- g. Sitting on a patient’s back or chest as a means of restraint is forbidden.
- h. Placing anything on or over the patient’s mouth or nose that might obstruct the airway is forbidden.
- i. A patient in a supine position who cannot sit up requires continuous monitoring of airway, breathing, and circulation.
- j. Restraints that are applied too tightly or incorrectly can impair circulation. Extremity monitoring distal to the restraints is required for adequate circulation and perfusion.
- k. Do not position the extremity under the patient’s body, or in any position outside its normal range of motion.
- l. Do not use restraints on extremities having fractures, dislocations, or open wounds.
- m. Use caution in using restraints on extremities in which IVs have been established.
- n. Tie restraints in a manner so other personnel can quickly remove restraints.

Stopping at Incidents

Purpose: To establish consistency and avoid potential liability if an accident or other emergency is noted while on another assignment such as responding to an emergency or transporting a patient to a healthcare facility.

Policy: When an EMS of LeFlore County Ambulance is on an assignment, the crew shall remain committed to that assignment despite finding, passing or witnessing another accident/emergency. The ambulance personnel will make every attempt to notify the dispatch center to summon assistance/help.

Procedure:

While on assignment, if another accident/emergency is noted, the crew shall do the following:

- Assess the scene visually and note type of emergency, number of people involved and location.
- Relay this pertinent information to the dispatch center via cellular phone or radio.

While on assignment, if another accident/emergency is noted and the individuals are on the roadside trying to gain the ambulance or emergency vehicle attention:

- If prudent, the ambulance personnel shall safely pull to the side of the road and relay that they are currently on an emergency assignment.
- The ambulance personnel will also relay that they will summon aid via dispatch as outlined above.

Telephone Procedures

Purpose: To maintain phone lines accessible for business purposes, avoid distractions, and maintain uninterrupted telephone service.

Policy: The telephone system is for Company business. EMS of LeFlore County limits personal phone calls while on duty.

Procedure:

I. Personal calls.

- a. Phone lines are reserved for EMS of LeFlore County business only. Personal incoming and outgoing personal phone calls are discouraged, and should be used for emergency purposes only.
- b. If personal calls must be made or received, conversations should be limited to five (5) minutes.
- c. Long distance telephone calls are only permitted in times of family emergencies and should also be limited to no more than five (5) minutes.
- d. Long distance phone calls for Company and business purposes are acceptable, but should be limited in scope to the greatest extent possible.

II. Answering the phone.

- f. Phones should be answered by saying, "EMS of LeFlore County Station Number ____, How may I help you?"
- g. Requests for ambulance response should be directed to the dispatch center, by calling 911.

Testifying in Court & Depositions

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

Policy: Career personnel are expected to testify about work related matters, when properly subpoenaed to do so, in an honest and truthful manner. Career personnel testifying for work related matters when required shall receive compensation for time spent in providing such testimony. Personnel engaged in court testimony for personal matters will not be paid, and may use personal or vacation time to handle such matters.

Procedure:

I. Standards.

- a. At times, personnel may be required to testify in court, for incidents that relate to EMS of LeFlore County, or personal matters, unrelated to EMS of LeFlore County. In accordance with the "Scheduling" Policy, appropriate provisions for coverage must be made when testimony conflicts with a scheduled assignment.
- b. Career personnel who are subpoenaed and must appear for a hearing, deposition, or court appearance because of an action performed while in the course of duty or related to work will be paid a regular hourly rate for the actual time providing testimony. EMS of LeFlore County will find coverage for an employee that is subpoenaed and must appear in court, for a hearing or deposition if it is related to an event that occurred on duty or related to work. Personnel involved in court testimony for personal matters must find their own coverage if not requested greater than 14 days out.
- c. Personnel who must attend a hearing, deposition or court appearance for reasons other than for testimony related to the performance of job duties with EMS of LeFlore County, will have to request time off, on either a paid, or unpaid basis, depending upon available accrued time off that may be available. In accordance with company scheduling policies, appropriate provisions for coverage must be made when testimony conflicts with a scheduled work assignment.
- d. You must submit to your supervisor a copy of the subpoena or other related court document to indicate the nature of the court appearance and let him or her know the reason for the presence at the hearing or deposition.
- e. You are required to notify your supervisor if you are the subject of personal action by an individual or agency that has any business or patient relationship, affiliation or contact with EMS of LeFlore County. This includes patients, customers, or operators of vehicles that may be involved in an accident with EMS of LeFlore County vehicles, and the employees and staff of

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organization with whom we work. We will make every effort to respect and maintain the confidentiality of such information.

II. Reimbursement.

- a. All time spent on Company related court business or testimony should be accurately recorded and submitted to your supervisor.

Transports

Purpose: To assure that all transfers are conducted in compliance with Federal EMTALA regulations. To provide guidance for bypassing one medical facility for a higher level of care.

Policy: To assure that all transfers are conducted in compliance with Federal EMTALA regulations. To provide guidance for bypassing one medical facility for a higher level of care.

Procedure:

II. DEFINITIONS

- a. "Interfacility transfer" shall mean the movement of a patient from a hospital emergency department or a hospital inpatient area hereafter referred to as "facility", to any other facility for the purpose of evaluation or treatment at a higher level of care.
- b. "Transfer" shall mean the movement of a patient, determined to be a non emergency medical patient, from a hospital's facilities at the direction of any person employed by or affiliated with the hospital. This includes transfers to another facility for diagnostic testing.
- c. "Authorized Patient Transport Provider" shall mean an ambulance provider agency that has the contractual responsibility to provide service in the jurisdiction in which the hospital is located.

Procedures

The transferring hospital shall comply with all EMTALA documentation and destination requirements prior to the transfer of the patient to another facility.

Direct voice contact between transferring physician and receiving physician shall be made and agreement regarding all aspects of the transfer shall be reached prior to transfer.

The transferring facility shall make the necessary arrangements for the transfer (including accompanying personnel where appropriate) in compliance with the agreement reached between the transferring physician and receiving physician.

The following medical records shall accompany the patient:

- A summary of care received prior to the transfer.
- Copies of all current pertinent medical records including laboratory data, current physician's and nursing notes.

- Copies/originals of all pertinent x-rays, sonograms, CT scans, ECGs and other diagnostic tests.
- Copies of pre-hospital care forms including paramedic run reports and Emergency Department records where applicable.
- Written orders shall be provided to the transport personnel, as appropriate, on the transfer sheet and signed by the transferring physician. If the written orders vary from EMS of LeFlore County treatment policies, the EMS personnel will consult with Medical Control for approval to deviate from protocols. All online order and/or deviations from protocol will be documented in the patient care record.

Destination

Destination facilities will, in most cases be the choice of the patient. Non-emergency transports shall be the facility of patient choice so long as it is within our immediate service area that includes Choctaw Nation Health Care center; Eastern Oklahoma Medical Center; Sparks Regional Medical Center; and, Saint Edwards Mercy Medical Center in Fort Smith.

- **Medical:** Life threatening transports will be to the closest, most appropriate facility for stabilization. Patient choice may be considered, but any unstable patient should be taken to the closest facility. Medical control should be consulted if there is any questions.
- **Trauma:** Emergency, injury-related transports shall adhere to the Oklahoma Transport and Trauma Guidelines. A trauma patient will benefit from transport directly to an appropriate facility with the capacity to provide definitive trauma care rather than the closest geographic facility. It must be considered that stopping at another closer geographic facility will further delay trauma care due to EMTALA requirements, so the medic is encouraged to consult with a physician to assist in determining which facility to transport to.
 1. Those patients in traumatic arrest or where the medic is unable to secure an advanced airway, including Priority 1 and 2 patients, should be transported to the nearest facility for stabilization.
 2. Patient preference as well as geographic considerations to definitive care should be considered for most priority 2 and 3 patients.
 3. Priority 1 Trauma patients that meet the Trauma Triage Guidelines should be transported to either Sparks Regional or St. Edwards Mercy hospital in Fort Smith, or from the Talihina area, directly to McAlester Regional hospital. The consideration of air transport should be made for Priority 1 or 2 patients using the air ambulance guidelines.
 4. Should either Sparks or St. Edwards be on trauma or neurological divert the trauma patient will be transported to EOMC. Should McAlester Regional be on trauma or neurological divert, the trauma patient will be transported to Choctaw Nation hospital or EOMC.

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5. Burn Patients should be transported to the nearest appropriate facility for stabilization or upon consultation with medical control, transported directly to either Sparks Regional or St. Edwards Mercy Medical Center in Fort Smith.

Uniform, Dress Code & Personal Appearance

Purpose: To maintain a professional appearance at all times within the community, projecting a positive image to the public.

Policy: EMS of LeFlore County requires all personnel to meet appropriate dress code and uniform standards for the respective position of the staff member.

Procedure:

I. General standards of appearance.

- a. Pins, jewelry, hats, name/insignia or other identifying symbols which are not professionally related to authorized uniforms are prohibited from being worn.
- b. Any tattoos should be covered wherever possible.
- c. Hair (including facial hair) is to be neat and groomed at all times. If a member or employee has long hair then he or she must arrange it in such a way that it does not present a safety hazard or distract from duties. Mustaches and beards must be clean, well trimmed, and neat, and must not interfere with the wearing of any safety or medical device, including personal protective equipment (PPE).
- d. Perfume, cologne, aftershave, scented lotion, etc., should be used in moderation or avoided altogether. Jewelry should not be excessive and should be limited to items that do not functionally restrict the employee or create a danger to personnel or others. Facial jewelry, such as eyebrow rings, nose rings, lip rings and tongue studs, is not permitted to be worn during working hours or while on duty.
- e. Personnel are expected to arrive to work in a clean, presentable manner with all appropriate uniform attire in place. The shirttail must be tucked in when in public.

II. Uniform(s).

- a. EMS of LeFlore County will provide two (2) uniforms (or reimburse for the cost) for all full-time personnel and one (1) uniform shirt to all part-time staff. Additional uniforms may be purchased through EMS of LeFlore County's designated vendor.
- b. Only the standard EMS of LeFlore County uniform shall be worn while on duty. Company approved t-shirts may be worn after 10 pm until the end of the shift.
- c. Uniforms must remain clean, unwrinkled, neat, and in good repair. Uniforms items that are faded, torn, or worn are not acceptable.
- d. Pants are the responsibility of the employee and must be EMS style pants and black in color. EMT pants will not be bloused or tucked into boots unless employees are engaged in special operations.
- e. Footwear is the responsibility of the employee and must be a black boot or low-quarter shoe. Tennis shoes are not permitted due to safety concerns.
- f. Pager, radio, or Company-issued phone is considered a part of the uniform and must be worn appropriately.
- g. All personnel are responsible for the care and maintenance of their uniforms. If your uniform becomes soiled during a shift, it should be changed, if at all possible.
- h. Personnel should not wear their uniform when not on duty or involved in company sanctioned events.
- i. EMS of LeFlore County will replace uniforms that are contaminated or damaged in the line of duty.
- j. Any caps or headwear worn by staff shall be issued by EMS of LeFlore County.
- k. Rain gear and cold weather gear will be either by issued by EMS of LeFlore County or available for purchase from EMS of LeFlore County. No other gear may be worn.
- l. The EMS director may authorize optional uniform items for wear during special events

Visitors

Purpose: To prevent possible harm, maintain patient confidentiality, and prevent distraction of personnel while on duty that may occur with personal visits.

Policy: Visitors in the workplace shall be restricted to specified areas and may be limited in the time of their visit.

Procedure:

I. Standards.

- a. When a visitor comes to the building, the visitor must be met in the lobby, other public area near the entrance to the station. This is to prevent unnecessary visitor access to areas of the station that may house patient information and to prevent possible injury. A staff member must remain with the visitor at all times during the visit.
- b. Visitors are not permitted in areas where patient information is stored or may easily be viewed or in other areas that could negatively impact operations.
- d. No visitors are allowed in the facility between 2200 and 0730 hrs in order to allow personnel adequate rest time.

Workplace Safety & Safety Committee

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

Policy: EMS of LeFlore County fosters a safe work environment, free from unsafe or dangerous activities, and has created a Safety Committee to coordinate safety training and provide input on safety related issues. Staff members are expected to promptly report unsafe conditions.

Procedure:

I. Standards.

- a. Workplace safety is of utmost concern to EMS of LeFlore County. Personnel and patients alike must be protected from unsafe conditions.
- b. Personnel shall always act in a professional manner, especially during patient contact. Horseplay or inattention to work assignments or patient care will not be tolerated.
- c. Our jobs require rapid response, but this response must be a safe response. Reckless driving to arrive at a scene is not permitted, as dangerous driving can pose a danger to personnel and other drivers.

II. Reporting Unsafe Conditions.

- a. Personnel must immediately report any unsafe condition to a supervisor. This includes unsafe storage or use of equipment, instances of horseplay, or unsafe driving or other dangerous activities that may pose a danger to patients and others.
- b. Personnel who violate safety standards, who cause hazardous or dangerous situations, or who fail to report (or, where appropriate, remedy) such situations, may be subject to disciplinary action, up to and including termination.
- c. Where reports of unsafe situations are made in an honest manner, personnel should have no fear of possible reprisals in the event that a violation is found, or discipline against a violator occurs.

III. Safety Committee.

- a. EMS of LeFlore County has created a Safety Committee that is responsible for reviewing safety requirements, learning about safety updates (e.g. OSHA publications and warnings), reviewing safety-related incidents, providing recommendations for safety improvements, and assisting with the training of staff as to proper safety procedures.

Workplace Violence

Purpose: To help prevent incidents of violence from occurring in the workplace, and to further ensure as safe workplace as possible.

Policy: EMS of LeFlore County forbids acts or threats of violence by any staff member against any other person, customer, visitor, or patient in or about EMS of LeFlore County vehicles and buildings, or on EMS of LeFlore County premises at any time.

Procedure:

I. Background

- a. EMS of LeFlore County expects all its personnel to conduct themselves in a professional and courteous manner at all times. All staff should treat others in a manner that they would want to be treated.
- b. Any behavior that a reasonable person would construe as indicating a potential for violence are strictly prohibited. Examples of improper behavior include, but are not limited to: shouting angrily at others, swearing at others, making threatening gestures towards others, throwing or tossing things, slamming down equipment with the intent to startle another person, pounding or punching a wall, purposely breaking things, etc.

II. Prevention of Workplace Violence.

- a. In keeping with the spirit and intent of this Policy, EMS of LeFlore County shall strive to:
 1. Provide as safe a work environment as possible.
 2. Take prompt remedial disciplinary action against any personnel who engage in any threatening behavior or acts of violence or who use any obscene, abusive, or threatening language or gestures.
 3. Take appropriate action when dealing with customers, former employees, or visitors who engage in such behavior. Such action may include notifying the police or other law enforcement personnel.
 4. Establish viable security measures to ensure that facilities are safe and secure to the maximum extent possible and to properly handle access to Company facilities by the public, off-duty employees, and former employees.
- b. In keeping with the spirit and intent of this Policy, Personnel shall:
 1. Notify management of any suspicious workplace activity or situations or incidents that they observe or that they are aware of that involve

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other employees, former employees, customers, or visitors and that appear problematic. This includes, for example:

- A. Threats or acts of violence.
 - B. Aggressive behavior.
 - C. Offensive acts.
 - D. Offensive comments or remarks.
2. Not participate in any form of retaliation against other personnel for making a good faith report under this Policy.

ATTACHMENT A

Hepatitis B Vaccination Declination Form

Sign and return this form only if you DO NOT want a hepatitis B vaccination.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Date

Printed Name

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ATTACHMENT B

EMS of LeFlore County Accident/Damage Report

Date: _____ Date of Incident: _____ Time of Incident: _____

Unit # _____ Date of Discovered Damage: _____

Run Incident #: _____

Describe Incident: _____

See attached for continuation of description.

Describe Damage to Vehicles: _____

Witness: _____

Personal Injuries: ____ Yes ____ No List Names:

Law Enforcement Agency Investigating: _____

Officer Name and Badge #: _____

REVISION DATE: _____

Name of Driver/Owner of Other Vehicle/Object: _____

Year and Make of Vehicle or Description of Object: _____

Insurance Company: _____

List all Persons in Other Vehicle at Time of Incident: _____

Other Information: _____

Ambulance Crew Members: _____

Report Filled Out By: _____ Date: _____