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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 and/or medical patients need to be delivered to regional trauma or specialty centers as soon as possible. These guidelines are designed to minimize elapsed time until the patient arrives at the regional or specialty 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 30 minutes away or transport time alone is greater than 30 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. 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. 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 meet at a rendezvous 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.

## **BiPAP Settings**

**Purpose:** Settings for Interfacility BiPAP using the Philips Trilogy BiPAP

**Policy:** Settings are to be used when patient is being transported from one facility to another in accordance with standards set by the AOK Healthcare Consortium.

1. Calculate ideal body weight (IBW)
  - a. Male =  $50 + 2.3(\text{height in inches} - 60)$
  - b. Female =  $45.5 + 2.3(\text{height in inches} - 60)$
2. Parameters for use:
  - A. Normal initial setting is IPAP 10 and EPAP 5. May use IPAP sufficient to achieve tidal volume = 6-10 cc/kg ideal body weight. Minimum tidal volume used should be 300 cc. EPAP may be increased by increments of 2 from 5 cm H<sub>2</sub>O in order to achieve SP<sub>O2</sub> >94% with the hypoxemic patient or to achieve synchrony with the hyperinflated COPD patient. Settings higher than 20 IPAP and 10 EPAP should be discussed with medical control.
  - B. Initial BiPAP rate setting should be 8-10 breaths per minute. Rate can be set as high as 16 breaths per minute if needed. Higher rate settings should be discussed with medical control.
  - C. Oxygen flow rate bleed-in or FiO<sub>2</sub> settings should be set at what is needed to keep SP<sub>O2</sub> >90%.
  - D. If patient complains of too much volume and vitals are okay at settings of 10 IPAP and 5EPAP, a setting of 8IPAP and 4 EPAP for patient may be tried. Volume should not be set lower.
3. Patients with oxygenation issues without ventilation issues may be helped with CPAP alone. Starting at EPAP of 5 cm H<sub>2</sub>O, increase by increments of 2 cm H<sub>2</sub>O, up to 14 cm, H<sub>2</sub>O to achieve SP<sub>O2</sub> >90%. Do not use IPAP with EPAP greater than 10 cm H<sub>2</sub>O with medical control consultation.
4. Assess mask leakage. Manage leak to achieve good synchrony. (Usually 0 leak is best, but if not possible, try for less than 20 liters leak.
5. Monitor patient for comfort and tolerance.

## **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. Personnel will not delay transport in order to collect blood sample if the patient has a time-sensitive medical or trauma condition.

### **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 adapter 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.

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.

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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 a 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.
  - K. EMS Director and Operations Supervisor’s duties require that they have the exclusive use at all times during employment with EMS of an automobile to carry out the business of EMS. EMS shall pay for all attendant operating and maintenance expenses and insurance. Said vehicle shall be used by the EMS Director and Operation’s Supervisor in connection with the performance of his duties and for his professional growth and development. The EMS Director and Operations Supervisor, in his best judgment, may use the vehicle for personal reasons since the EMS Director and Operations Supervisor are “on-call” at all times in the event of an emergency provided however the EMS Director and Operations Supervisor will not have use of vehicle during personal “unavailable” times. There is no limitation on use for official EMS business.
  - L. Fuel Purchases

Comdata fuel cards are the only fuel cards allowed for use to purchase diesel or gasoline fuel. Fuel card users may purchase regular unleaded fuel only for quick response vehicles, generators and mowing equipment owned by EMS of LeFlore County. Within reason, card users are to strive to obtain the best value available. The card may be used to pay for emergency roadside services, e.g., towing, tire changes, and battery jumps with duty supervisor or EMS Director approval.

## **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.

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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.

1. Code Stroke: Closest hospital. All hospitals in Leflore County have telemedicine contact with the neurologists at Sparks and have CT and thrombolytics in the ER. All strokes beyond the 3 hour window with active signs of stroke are sent to Sparks or Mercy for stroke care. Sparks is the only hospital in the region that has neurologists on call 24/7 as well as neuro-radiologist/interventional radiologist with wire therapy capabilities.
2. Code STEMI: All active MI patients are transported to Sparks or Mercy. Sparks and Mercy have emergent cath labs with interventional cardiologists 24/7. Both ER's are capable of receiving and forwarding 12 lead from EMS of LeFlore County.
3. LVAD: Patients are taken to the hospital that implanted the device after consult with the contact healthcare provider listed in the LVAD paperwork. Emergently, patients can be transported to Sparks. Sparks has an Impella that can be connected to the patient in order to stabilize the patient.
4. Trauma: All level 1/2 patients meeting CDC guidelines are transported to nearest designated Level II or higher trauma centers.
5. Burns: All burns are transported to Hillcrest or UAMS. Pediatric burns less than 30% can be transported to St. Francis. Burns with Priority I or II trauma will go to Level II or higher trauma centers.
6. Pediatrics: All pediatric trauma is transported to St. Francis or UAMS. Critical pediatric patients are transported to Tulsa. Sparks and Mercy has pediatric capability, but do not maintain pediatric critical care capabilities.
7. Orthopedics: Non-complex orthopedics are taken to Fort Smith hospitals. No hospital in LeFlore County has orthopedic capability.
8. EOMC-Poteau: Has general surgery coverage several days each week. OB and family practice capabilities only. EOMC has an ICU, but no interventionists.
9. Choctaw Nation Hospital-Talihina: ER and med-surg. No ICU. Does not admit any person not Choctaw-eligible. Burn Patients should be transported to the nearest appropriate facility for stabilization or upon consultation with medical

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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
- m. A uniform allowance of three hundred (\$300) is available for full time employees per year that begins and ends with the designated upcoming fiscal year. PRN employees are eligible for a uniform allowance of (\$100) per year that begins and ends with the designated upcoming fiscal year. In order to receive the uniform allowance, employees must complete the physical agility test each year with a passing time of 10 minutes and 30 seconds. Failure to complete or

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failure to take the test, results in no uniform allowance for the upcoming fiscal year. Employees that are hired in the middle of the year, will be given the opportunity to take the physical agility test at hiring and will be eligible for a pro rated amount of the applicable amount. Employees moving from full time to PRN, will be eligible for the remainder amount if they successfully complete the agility test. Upon separation or termination with the company, employees will not receive any of their allotted uniform allowance.

- n. If employment is terminated voluntarily, any uniforms purchased with uniform allowance within the previous 90 days, must be returned to the company.

## Ventilator Settings

**Purpose:** To assist in setting up ventilator settings in the Philips Trilogy Ventilator on patients that required ventilator assistance in SIMV or A/C

**Policy:** Ventilator Guidelines have been developed by the AOK Consortium to ensure consistency across the region in respiratory care.

### **Procedure:**

1. Calculate ideal body weight (IBW)
  - a. Male =  $50 + 2.3 (\text{height in inches} - 60)$
  - b. Female =  $45.5 + 2.3 (\text{height in inches} - 60)$
2. Select assist control mode
3. Set initial Tidal Volume (TV) at 6-8 mg/kg of IBW (Male 350-650ml, Female 300-550ml). Watch for auto peep with COPD or ASTHMATIC patients. May need to adjust tidal volume downward by 50-100ml.
4. Set initial rate to estimate baseline minute ventilation (set rate not greater than 25) usually at 12-16 to achieve a ETCO<sub>2</sub> of 35-45.
5. Check peak and plateau pressures. Aim for peak pressure less than or equal to 30 cm H<sub>2</sub>O, but **achieve** a plateau pressure of less than 30 cm H<sub>2</sub>O.
6. Set Inspiratory time for patient comfort and attempt to eliminate auto peep if present. Inspiratory time should not exceed 1 second, usually 0.8-0.9 seconds, may need to go as low as 0.6 seconds for high ventilator demand patient. COPD patients may require 0.7 second inspiratory time for adequate exhalation time. Asthmatics may require short inspiratory times for adequate exhalation time (air trapping) in initial phase of ventilation. Lower tidal volumes require less inspiratory time than higher tidal volumes.
7. Set peak flow rate at 60 liters per minute (range of 50-75 liters per minute).
8. The trigger should be set most sensitive without having auto trigger. A flow trigger of 2 is recommended, but can go to a 1 flow trigger if patient still looks labored to pull a breath.
9. Slope should be routinely kept at 0.2 seconds. If patient is having excess coughing, an increased slope may help. If patient is having a high level work load, a decreased slope may help.
10. Start FiO<sub>2</sub> at 100%. Quickly turn down FiO<sub>2</sub> to 95-98% if SP0<sub>2</sub> >90% to prevent depletion of Nitrogen in alveoli.
11. Start Peep level at 5cm H<sub>2</sub>O. If SP0<sub>2</sub> <90% on FiO<sub>2</sub> 100%, increase Peep to 8 cm H<sub>2</sub>O. (Monitor plateau pressure as peep is increased, maintaining <30 cm H<sub>2</sub>O, watching BP for possible adverse effect of increased positive pressure). If SP0<sub>2</sub> stays less than 90% on FiO<sub>2</sub> 100% and peep 8 cm H<sub>2</sub>O, increase Peep to 10 cm H<sub>2</sub>O. Notify medical control once Peep 10 cm H<sub>2</sub>O and patient condition does not improve.

## **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. Crews will stage during response to potentially violent or unsafe scenes as determined by the crew based on dispatch type/information.

**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.
- d. Personnel are not required to enter any scene they deem unsafe and/or danger to themselves or their co-workers. Ambulance crew members will stage in proximity of the scene out of sight of parties that may be involved. Law enforcement will be requested and will secure any potential threats to property and/or life. Once the scene is determined to be safe, law enforcement will notify EMS of LeFlore County that the scene is safe to enter.

#### **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.

## **DEBIT CARD POLICY**

### **1. PURPOSE**

The purpose of this policy is to establish rules and procedures for the purchases of specified goods and services by EMS of LeFlore County officers using a debit card. The use of debit cards enhances the efficient operation of EMS, but policies regarding the issuance and use of credit cards are necessary to protect the EMS's financial interests.

### **2. POLICY**

1. The HR/Accounting Manager is authorized to secure the issuance of debit cards for use by selected EMS employees, but the pre-authorized card limit shall not exceed \$1500 without the consent of the EMS Board of Directors.
2. Daily administration of debit card policies, including accounting, monitoring, and procedures is the responsibility of the HR/Accounting Manager and the EMS Director.
3. Employees are required to submit a detailed, itemized receipt for all debit card expenditures, including a breakdown of all purchases at dining establishments, purpose of the purchase, name of individuals that item was purchased for, date of the purchase and employee's signature.
4. If the EMS Board determines that the card was used in error (ie: non-district business) or not detailed, itemized receipts are not supplied, then the cardholder is to remit the payment to EMS immediately. If reimbursement is not received prior to the next payroll, improper purchases will be deducted from the employee's next paycheck
5. EMS will make every attempt to utilize the purchase order system prior to using the debit card. The debit card is only to be used in cases of emergency such as major incidents, drills, out of area travel or purchases specifically approved by the EMS Board.
6. Upon receiving bank invoices, the HR/Accounting Manager is authorized to make immediate payment and charge respective budget line items. All debit card receipts must be submitted within 48 hours after purchase or next business day in the office.
7. If a debit card is lost or stolen, it is the responsibility of the employee to immediately notify the HR/Accounting Manager or EMS Director so appropriate protective action can be taken.
- 8 Using the card inappropriately will be subject to disciplinary measures, including discharge.

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9 It shall be the employee's responsibility to present verification of EMS tax exemption status for all in-state purchases and lodging charges in order to capitalize on this savings to EMS.

**Document Destruction Policy**

**I. Purpose**

This policy provides for the systematic review, retention and destruction of documents received or created by the Organization in connection with the transaction of organization business. This policy covers all records and documents, regardless of physical form (including electronic documents), contains guidelines for how long certain documents should be kept and how records should be destroyed. The policy is designed to ensure compliance with federal and state laws and regulations, to eliminate accidental or innocent destruction of records and to facilitate the Organization’s operations by promoting efficiency and freeing up valuable storage space.

**II. Document Retention**

EMS of LeFlore County follows the document retention procedures outlined below. Documents that are not listed, but are substantially similar to those listed in the schedule will be retained for the appropriate length of time.

**III. Corporate Records**

Annual Reports to Secretary of State/Attorney General	Permanent
Articles of Incorporation	Permanent
Board Meeting and Board Committee Minutes	Permanent
Board Policies/Resolutions	Permanent
By-laws	Permanent
Construction Documents	Permanent
Fixed Asset Records	Permanent
IRS Application for Tax-Exempt Status (Form 1023)	Permanent
IRS Determination Letter	Permanent
State Sales Tax Exemption Letter	Permanent
Contracts (after expiration)	3 years
Correspondence (general)	3 years
Accounting and Corporate Tax Records	
Annual Audits and Financial Statements	Permanent
Depreciation Schedules	Permanent
General Ledgers	Permanent
IRS 990 Tax Returns	Permanent
Business Expense Records	7 years
IRS 1099s	7 years
Journal Entries	7 years
Invoices	7 years
Sales Records (box office, concessions, gift shop)	5 years
Petty Cash Vouchers	3 years

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Cash Receipts	3 years
Credit Card Receipts	3 years
Bank Records	
Check Registers	Permanent
Bank Deposit Slips	7 years
Bank Statements and Reconciliation	7 years
Electronic Fund Transfer Documents	7 years
Payroll and Employment Tax Records	
Payroll Registers	Permanent
State Unemployment Tax Records	Permanent
Earnings Records	7 years
Garnishment Records	7 years
Payroll Tax returns	7 years
W-2 Statements	7 years
Employee Records	
Employment and Termination Agreements	Permanent
Retirement and Pension Plan Documents	Permanent
Records Relating to Promotion, Demotion or Discharge	7 years after termination
Accident Reports and Worker's Compensation Records	5 years
Salary Schedules	5 years
Employment Applications	3 years
I-9 Forms	3 years after termination
Time Cards	2 years
Donor Records and Acknowledgement Letters	7 years
Grant Applications and Contracts	5 years after completion
Legal, Insurance and Safety Records	
Appraisals	Permanent
Insurance Policies	Permanent
Real Estate Documents	Permanent
Leases	6 years after expiration
OSHA Documents	5 years
General Contracts	3 years after termination
Patient Care Reports	5 years
Ambulance Inspection Forms	2 years
Narcotic Usage Forms	3 years

#### **IV. Electronic Documents and Records**

Electronic documents will be retained as if they were paper documents. Therefore, any electronic files, including records of donations made online, that fall into one of the document types on the above schedule will be maintained for the appropriate amount of time. If a user has sufficient reason to keep an email message, the message should be printed in hard copy and kept in the appropriate file or moved to an “archive” computer file folder. Backup and recovery methods will be tested on an annual basis.

#### **V. Emergency Planning**

EMS of LeFlore County records will be stored in a safe, secure and accessible manner. Documents and financial files that are essential to keeping the Organization operating in an emergency will be duplicated or backed up at least monthly and maintained off site.

#### **VI. Document Destruction**

The Executive Director or their designee is responsible for the ongoing process of identifying its records, which have met the required retention period and overseeing their destruction. Destruction of financial and personnel-related documents will be accomplished by shredding.

Document destruction will be suspended immediately, upon any indication of an official investigation or when a lawsuit is filed or appears imminent. Destruction will be reinstated upon conclusion of the investigation.

#### **VII. Compliance**

Failure on the part of employees or contract staff to follow this policy can result in possible civil and criminal sanctions against the Organization and its employees or contract staff and possible disciplinary action against responsible individuals. The Executive Director will periodically review these procedures with legal counsel or the organization’s certified public accountant to ensure that they are in compliance with new or revised regulations.

## **Inventory Control**

**Purpose:** This policy establishes a process for the recording, identification, and accountability of all EMS of LeFlore County owned movable equipment items having a minimum cost of \$500 each and a life expectancy of over one year.

### Plan

It is the responsibility of the HR/Accounting Manager to maintain proper equipment records and to ensure that all items of equipment meeting the \$500 and one-year criteria are identified by means of an EMS tag number.

The responsibility for equipment accountability is assigned to the station captain and logistics officer.

### Policies and Procedures

#### I. Receipt of New Equipment

1. When received directly in the using department from the supplier, the logistics officer will locate and tag the equipment.
2. When equipment arrives, the logistics officer will provide the following information to the HR/Accounting Manager for input into the inventory control software.
  - Manufacturer's name
  - Serial number
  - Model number
  - Date received
  - Location
  - Unit acquisition cost (if not already clearly identified)
  - Name of station/unit taking ownership

#### II. Equipment Records Maintained by the HR/Accounting Manager

1. The tag number assigned to a piece of equipment serves as the central mechanism for establishing a unit record in the inventory control system.

#### III. Reporting Changes in Status of Equipment

1. All equipment that is transferred, stolen, scrapped, traded in, etc., must be reported to the HR/Accounting Manager by the station that was accountable for the equipment.

Status changes are to be reported as they occur. Items that are to be removed from inventory must follow Oklahoma guidelines for equipment removal from service.

#### IV. Annual Inventory Conducted by Station Captains

1. Each year, the HR/Accounting Manager will furnish each area of accountability with a detailed listing of equipment assigned to that area, as soon as possible after March 31. The list should be verified by the station captain and all corrections reported to the HR/Accounting Manager. The Certification accompanying the list must be signed by the station captain and returned with the list.

#### V. Audits

Equipment inventories will be periodically audited by both State auditors and the EMS Director and/or Logistics Officer. Therefore, it is imperative that all transactions affecting movable equipment be properly recorded.

### **Open Records Request**

**Purpose:**

To insure that all public records request from any entity or individual is in compliance with Oklahoma Statutes

**Policy:**

The Ems Director will be designated as EMS Public Records Coordinator for all public records request. The HR/Admin Manager will act as Public Records Custodian and assist the Coordinator where necessary.

In the event that this policy conflicts with the Oklahoma Records Request Act, the Oklahoma Open Records Act that precedence and applies.

**Public Records is defined as:**

all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by EMS.

**Procedure:**

**When a public records is received:**

1. Notify the EMS Director (Public Records Coordinator) of the public records request. The public records request must be made in writing.
2. Notification should be done as soon as possible but no later than 2 business days from receipt of request.
3. The written request must include contact information, what documents are being requested and any specific information such as dollar amount threshold, delivery expectations, time expectations, etc.
4. The EMS Director (Public Records Coordinator) will notify the EMS Board of Directors at the next regularly scheduled Board Meeting of the Open Records Request. The EMS Board of Directors will approve release of information.
5. The EMS Director (Public Records Coordinator) will maintain communication with the EMS Board of Directors through completion and will notify the EMS Board of Directors when all aspects of the public records request have been satisfied.
6. Backups will be made for those public records requests that become and/or are made on behalf of litigation.
7. If litigation is pending or reasonably anticipated, records relating to that litigation should not be disposed of in any manner. The EMS Director (Public Records Coordinator) will provide notice when it is permissible to dispose of records relating to litigation.

8. "Standing" public records requests. The County cannot honor public records requests that demand future copying or production (i.e., "please forward all future meeting minutes..."). The Public Records Act requires production of present documents that are available and does not contain provisions to require a custodian to foresee the future as future documents may or may not be generated.

**EXCEPTIONS TO PUBLIC RECORDS INFORMATION**

- Although documents that perpetuate, communicate, or formalize knowledge are public records, not all information found in that public record is necessarily subject to dissemination or release.

The following public documents/instruments are examples that may include sensitive material that is either exempt from the Public Records Act or some other statutory exemption:

- 911 recordings
  - EMS run logs (patient information)
  - Employee records
  - Settlement documents
  - Attorney client communications/bills
- Documents that contain protected sensitive material will be redacted and the document will then be released to satisfy the public records request.

**FEES**

- All fees imposed for duplication of public records will comply with the Public Records Act.
- Unless specifically stated otherwise through state statute, the following statutory fees will apply to copying of public records:
  - a. single sided page (letter & legal): \$ 1 per page
  - b. double sided page (letter & legal): \$ 2 per page
  - c. certified copy: \$3 per page
- Exception: County maps, aerial photographs, large format photos may be reproduced and charged a fee to cover the materials used for those duplications. Also, departments may include a reasonable labor and overhead charge associated with the duplication.
- Extensive information technology / clerical or supervisory assistance: Where the nature or volume of a request requires extensive use of information technology resources or extensive clerical or supervisory assistance, the County may charge a reasonable service charge based on the cost actually incurred for the extensive use of information technology resources and/or personnel.
  - a. "Extensive" is defined as taking more than 15 minutes to locate, review and copy the requested information.
  - b. EMS will assess a fee of \$1 for every 15 minutes after the first 60 minutes to locate, review and copy requested materials.

- c. Deposits: If a request is voluminous by nature, the EMS Director may require a “deposit” before starting the reproduction. The member conducting the request should review the materials needed, develop an estimate for the cost for reproduction, and notify the requesting person or entity of the amount to reproduce the records and the need for a deposit.
- d. Cost overages will be billed the balance; extra monies will be returned.
- e. Once the County department receives the fees associated with reproduction, the County department must provide the copied information.

**RECORDS RETENTION**

- f. Public records must be kept / destroyed in accordance with the retention schedules set forth by EMS.

**Oklahoma Open Records Act**

All records of public bodies and public officials shall be open to any person for inspection, copying, or mechanical reproduction during regular business hours; provided:

1. The Oklahoma Open Records Act, Sections 24A.1 through 24A.28 of this title, does not apply to records specifically required by law to be kept confidential including:

- a. records protected by a state evidentiary privilege such as the attorney-client privilege, the work product immunity from discovery and the identity of informer privileges,
- b. records of what transpired during meetings of a public body lawfully closed to the public such as executive sessions authorized under the Oklahoma Open Meeting Act, Section 301 et seq. of Title 25 of the Oklahoma Statutes,
- c. personal information within driver records as defined by the Driver’s Privacy Protection Act, 18 United States Code, Sections 2721 through 2725, or
- d. information in the files of the Board of Medicolegal Investigations obtained pursuant to Sections 940 and 941 of Title 63 of the Oklahoma Statutes that may be hearsay, preliminary unsubstantiated investigation-related findings, or confidential medical information.

2. Any reasonably segregable portion of a record containing exempt material shall be provided after deletion of the exempt portions; provided however, the Department of Public Safety shall not be required to assemble for the requesting person specific information, in any format, from driving records relating to any person whose name and date of birth or whose driver license number is not furnished by the requesting person.

The Oklahoma State Bureau of Investigation shall not be required to assemble for the requesting person any criminal history records relating to persons whose names, dates of

birth, and other identifying information required by the Oklahoma State Bureau of Investigation pursuant to administrative rule are not furnished by the requesting person.

3. Any request for a record which contains individual records of persons, and the cost of copying, reproducing or certifying each individual record is otherwise prescribed by state law, the cost may be assessed for each individual record, or portion thereof requested as prescribed by state law. Otherwise, a public body may charge a fee only for recovery of the reasonable, direct costs of record copying, or mechanical reproduction. Notwithstanding any state or local provision to the contrary, in no instance shall the record copying fee exceed twenty-five cents (\$0.25) per page for records having the dimensions of eight and one-half (8 1/2) by fourteen (14) inches or smaller, or a maximum of One Dollar (\$1.00) per copied page for a certified copy. However, if the request:

- a. is solely for commercial purpose, or
- b. would clearly cause excessive disruption of the essential functions of the public body,

then the public body may charge a reasonable fee to recover the direct cost of record search and copying; however, publication in a newspaper or broadcast by news media for news purposes shall not constitute a resale or use of a record for trade or commercial purpose and charges for providing copies of electronic data to the news media for a news purpose shall not exceed the direct cost of making the copy. The fee charged by the Department of Public Safety for a copy in a computerized format of a record of the Department shall not exceed the direct cost of making the copy unless the fee for the record is otherwise set by law.

Any public body establishing fees under this act shall post a written schedule of the fees at its principal office and with the county clerk.

In no case shall a search fee be charged when the release of records is in the public interest, including, but not limited to, release to the news media, scholars, authors and taxpayers seeking to determine whether those entrusted with the affairs of the government are honestly, faithfully, and competently performing their duties as public servants.

The fees shall not be used for the purpose of discouraging requests for information or as obstacles to disclosure of requested information.

4. The land description tract index of all recorded instruments concerning real property required to be kept by the county clerk of any county shall be available for inspection or copying in accordance with the provisions of the Oklahoma Open Records Act; provided, however, the index shall not be copied or mechanically reproduced for the purpose of sale of the information.

REVISION DATE: \_\_\_\_\_

5. A public body must provide prompt, reasonable access to its records but may establish reasonable procedures which protect the integrity and organization of its records and to prevent excessive disruptions of its essential functions.

6. A public body shall designate certain persons who are authorized to release records of the public body for inspection, copying, or mechanical reproduction. At least one person shall be available at all times to release records during the regular business hours of the public body.

## **Purchasing Policy**

### **I. Purpose**

The Board of Directors is vested with the governance of the EMS System. Within its authority is the governance of all finance and management matters, including without limitation, investment; collections; contractual authority; acquisition, development, and disposition of property; financial aid; financial emergency; and buying and selling goods and services.

### **II. Authority to Sign Contractual Documents**

The authority for any individual to sign contractual documents on behalf of EMS originates with The Board of Directors. The Board of Directors grants to the EMS Director the power to sign contracts. Unless the EMS Director specifically delegates this authority to an individual by formal written communication, no individual may sign any document whatsoever that binds or has the appearance of binding, the Board of Directors, the EMS System, and/or any element thereof.

Such documents include, but are not limited to, purchase orders, grants, contracts, sub-contracts, licenses, leases, funding documents, applications, extensions and renewals, letters and/or memoranda of understanding, sales orders, assurances, work orders, and the like. The common feature of such documents is the obligation they impose on EMS, the breach of which may impose legal liability on EMS. Such documents may involve products and services that EMS provides to other parties for compensation (revenue), and products and services that EMS acquires from other parties in exchange for payment. They may also involve agreements by which duties and responsibilities of the parties involved are formally delineated, even though monetary or other valuable consideration may not be involved.

The delegated authority to sign contractual documents does not carry with it any exemption from other policies and procedures that otherwise govern. For example, the authority to sign a purchase order in the amount of \$100,000 does not exempt that transaction from competition and/or from being approved by the Board of Directors if such requirement would otherwise apply.

### **III. Emergency Planning**

EMS of LeFlore County records will be stored in a safe, secure and accessible manner. Documents and financial files that are essential to keeping the Organization operating in an emergency will be duplicated or backed up at least monthly and maintained off site.

### **IV. Document Destruction**

The Executive Director or their designee is responsible for the ongoing process of identifying its records, which have met the required retention period and overseeing their destruction. Destruction of financial and personnel-related documents will be accomplished by following the EMS Document Destruction Policy

## **V. Compliance**

Failure on the part of employees or contract staff to follow this policy can result in possible civil and criminal sanctions against the Organization and its employees or contract staff and possible disciplinary action against responsible individuals. The Executive Director will periodically review these procedures with legal counsel or the organization's certified public accountant to ensure that they are in compliance with new or revised regulations.

## **VI. Purchases**

EMS's legal capacity to acquire goods and services from others in exchange for payment, and to provide goods and services to others in exchange for revenue, originates with the Board of Directors. EMS funds are budgeted on an annual basis, and these budgets are approved by the Board of Directors. The Board of Directors recognizes that this is a large institution with sizeable annual cash flow, and realizes that substantial authority must be delegated.

### **BUYING GOODS AND SERVICES**

EMS purchases a substantial volume of goods and services. Except in certain limited situations, EMS employees shall acquire these goods and services through an open and competitive process aimed at fairness to interested suppliers and best value for EMS. Competition allows for the use of new technology in communications and of prior competitive history. Existing contracts established by cooperative associations and state and federal entities that meet the criteria for formal competitive process may be considered competitively bid.

### **PURCHASES THAT MUST BE APPROVED BY THE BOARD OF DIRECTORS**

Generally, the dollar amount of a purchase determines whether it must be pre-approved by the Board of Directors. The dollar limitations are on a per-transaction basis and are not cumulative. However, certain purchases, regardless of dollar amount, must be pre-approved by the Board of Directors:

- 1) If the purchase involves a contractual document of any kind, or if it is a type of product or service that would reasonably involve a contractual document, it must be signed and approved by Board of Directors. The reason for contract review is to avoid obligating EMS to any terms or conditions that may conflict with the State Constitution, statutes, or case law; and to avoid binding EMS to any duties or liabilities against its best interests.
- 2) Purchases involving space maintenance or construction.

3) Purchases exceeding \$5,000 must be pre-approved. If competition is required, it must be conducted formally. Splitting orders to avoid this dollar limit is prohibited.

#### PURCHASES THAT DO NOT REQUIRE BOARD APPROVAL

Because of their unique or peculiar nature, the following types of purchases do not require formal competition or pre-approval/notification. The dollar limits are on a per-transaction basis and are not cumulative.

Purchases of medical, accounting, consulting, engineering, interior design, appraisal, landscape design, or similar professional services, only when such services are pursuant to EMS-wide matters of importance, and only when such services represent discrete short-term engagements with specific goals and/or objectives.

Unless they are otherwise governed, restricted, or addressed by EMS policy, purchases of \$5,000 or less do not require competition or pre-approval, although competition is recommended. Splitting orders to take advantage of this dollar limit is prohibited. EMS shall ensure that such purchases meet all other requirements including, but not limited to legality, availability of funding, and whether the purchase is allowable, as in the case of a sponsored grant or contract.

#### DEMONSTRABLE EMERGENCY

The EMS Director shall have authority to approve a financial decision up to \$10,000 only in the case of a demonstrable emergency.

REVISION DATE: \_\_\_\_\_

### Segregation of Duties

**Purpose:** Adequate segregation of duties reduces the likelihood that errors (intentional or unintentional) will remain undetected by providing for separate processing by different individuals at various stages of a transaction and for independent reviews of the work performed.

Segregation of Duties -- Receipting/Revenue										
Received in the Mail										
	Open Mail, Stamp for Deposit Only & Make List of Deposit	Issue Receipts for Mail-In Checks	Post Receipts to Accounting Records	Verify All Receipts are Recorded	Cash/Checks and Make Daily Deposit	Deposit with the Bank	Verify Deposit Slip with Amount Recorded in the Records of the Day	Examine Audit Log and Review for Discrepancies	Reconcile Ledger to Bank Balances Monthly	Review & Approve Reconciliations
Four Person Office										
HR/Accounting Mgr				X			X		X	
Billing Mgr			X					X		
Billing Assistant	X	X			X	X				
EMS Director			X	X	X	X	X	X	X	X
** EMS Director will only participate when normal employee is off work and accounting work must be completed. EMS Director only function in receipting/revenue will be review and approve reconciliations										

**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

REVISION DATE: \_\_\_\_\_

**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: \_\_\_\_\_