

# Davidson County Emergency Services



## 12 Hour Shift General Operational Guidelines

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## Article 1. Professional Standards

## Section 1. Professional Appearance

- (a) It is the responsibility of all personnel to maintain a neat and professional appearance while on duty or while engaged in any function of Davidson County Emergency Services.
- (b) It is the responsibility of all officers to ensure that those whom they supervise comply with departmental appearance standards and that corrective action is taken when necessary.
- (c) The Emergency Services director or his designee shall have the authority to establish or change departmental appearance and uniform standards and policies.
- (d) Hair length shall not extend below the top of the shirt collar and must not extend below the top of the ear and must not touch the eyebrows. Hair must not extend past the facial area when leaning forward. Hair must not be worn in extreme styles, unusual or bright colors or in contrast with natural color. Personnel hair must be kept up in a fashion as to allow conformity to hair regulations at all times while on duty.
- (e) Personnel may not have facial stubble or beards. Employees are permitted to have neatly trimmed mustaches not to extend over the upper lip and / or neatly trimmed goatees. All employees with or without facial hair must be able to pass an N95 fit test.
- (f) Sideburns shall not extend below the middle of the ear. They must be straight, even-width (not flared) and end in a clean-shaven horizontal line.
- (g) Cosmetics must be conservative and in good taste. Cosmetics which may be worn are limited to mascara, liner, soft or muted eye shadows, foundations, and soft toned lipstick applied lightly.
- (h) Cologne and perfumes will be kept to a minimum
- (i) Visible body piercing other than earrings in the ear or a single stud type nose piercing is not permitted. No more than 4 Stud-style Earrings per ear will be permitted. No gauges, bars, hoops or dangling earrings are permitted. Any nose piercing should only be a single non-conspicuous stud type.
- (j) Visible tattoos must be kept to a minimum and in a non-profane fashion. It is highly recommended that personnel considering new tattoos must located in areas that will be covered.
- (k) Acceptable Jewelry consists of watches, bracelets, rings and chains. Fine metal chains are permitted and must be worn inside the shirt. Rings should be limited to one small band on each hand. Medical Alert bracelets and necklaces are permitted.

## Section 2. Uniforms

- (a) It is the responsibility of all officers to ensure that those whom they supervise comply with departmental uniform standards and that corrective action is taken when necessary.
- (b) The administration shall be responsible for seeing that all county issued uniforms and equipment are returned immediately by any employee leaving the service. A final payroll check will not be rendered until this equipment has been turned in.
- (c) The Emergency Services Director or his designee shall have the authority to establish or change department uniform standards and policies.
- (d) The Emergency Services Director or his designee reserves the right to authorize changes to any uniform requirement found herein, as may be dictated by a given event or situation.
- (e) EMS Personnel shall wear and maintain their uniform in such a manner as to present a neat and clean appearance.
- (f) All department uniforms purchased through uniform allowance are the property of Davidson County Emergency Services.
- (g) Personnel shall not wear or use any uniform clothing, or accessory except those approved by this policy.
- (h) Uniforms shirts shall be clean, pressed and free of rips, tears, and holes and shall not be missing any required parts such as buttons, patches and accessories.
- (i) Pockets shall not be stuffed with personal items. Combs, brushes, picks, cigarettes, and etc. shall not be protruding from pockets.
- (j) Uniforms are to be worn only during on-duty working hours unless otherwise approved by the director or shift supervisor. Employees will not wear uniforms for private purposes such as working around the house, outside employment, or other like activities. No part of the uniform is to be worn by itself; i.e., pants or shirt, etc.
- (k) All personnel should maintain a clean uniform in their locker or vehicle in the event that their uniform becomes soiled or damaged.
- (l) All buttons of the uniform shirt, with the exception of the top most buttons shall be buttoned at all times when not in quarters or in view of the public. Zippers on hi-vis shirts should not be completely unzipped.
- (m) Department Logos are the only imprint or design that will be allowed on the T-shirt. With certain chores, such as washing vehicles, clean-up and other activities around the base not involving patient care or in the public view, it is permissible to remove the uniform shirt and wear only a t-shirt. Under no circumstances will employees be without a shirt entirely. Inside, the uniform shirt may be removed for such activities that might get it soiled. The uniform shall be worn in its entirety at other times.
- (n) Personnel shall possess their county ID, valid NC Driver's license and current NC credential card at all times.
- (o) Bandage shears, ink pens and penlight are optional equipment and shall be considered part of the regulation uniform for crewmembers.
- (p) Coat liners are not an acceptable uniform and shall not be worn separate from the hi-visible coat.

- (q) Only departmental issued coats may be worn.
- (r) Personnel without their name embroidered on their hi-vis uniform shirt shall have their county issued ID clipped on their uniform in a visible location.

Section 3. Inclement Weather Clothing:

- (a) Personnel can wear additional personal clothing in the event of inclement weather such as freezing rain, snow, or other severe weather conditions. Personnel shall wear uniform pants, shirts with EMS logos. Clothing such as, insulated undergarments, turtlenecks, gloves and/or stocking caps (toboggans) are permitted as long as they are clean, contains no imprints or design, and not of extreme colors. **All** additional clothing is subject to approval of the on-duty supervisor.
- (b) At the discretion of the Director, Administrative staff has the option of wearing white uniform shirts or other alternative approved admin uniform or street clothes.

Article 2. PROFESSIONAL CONDUCT

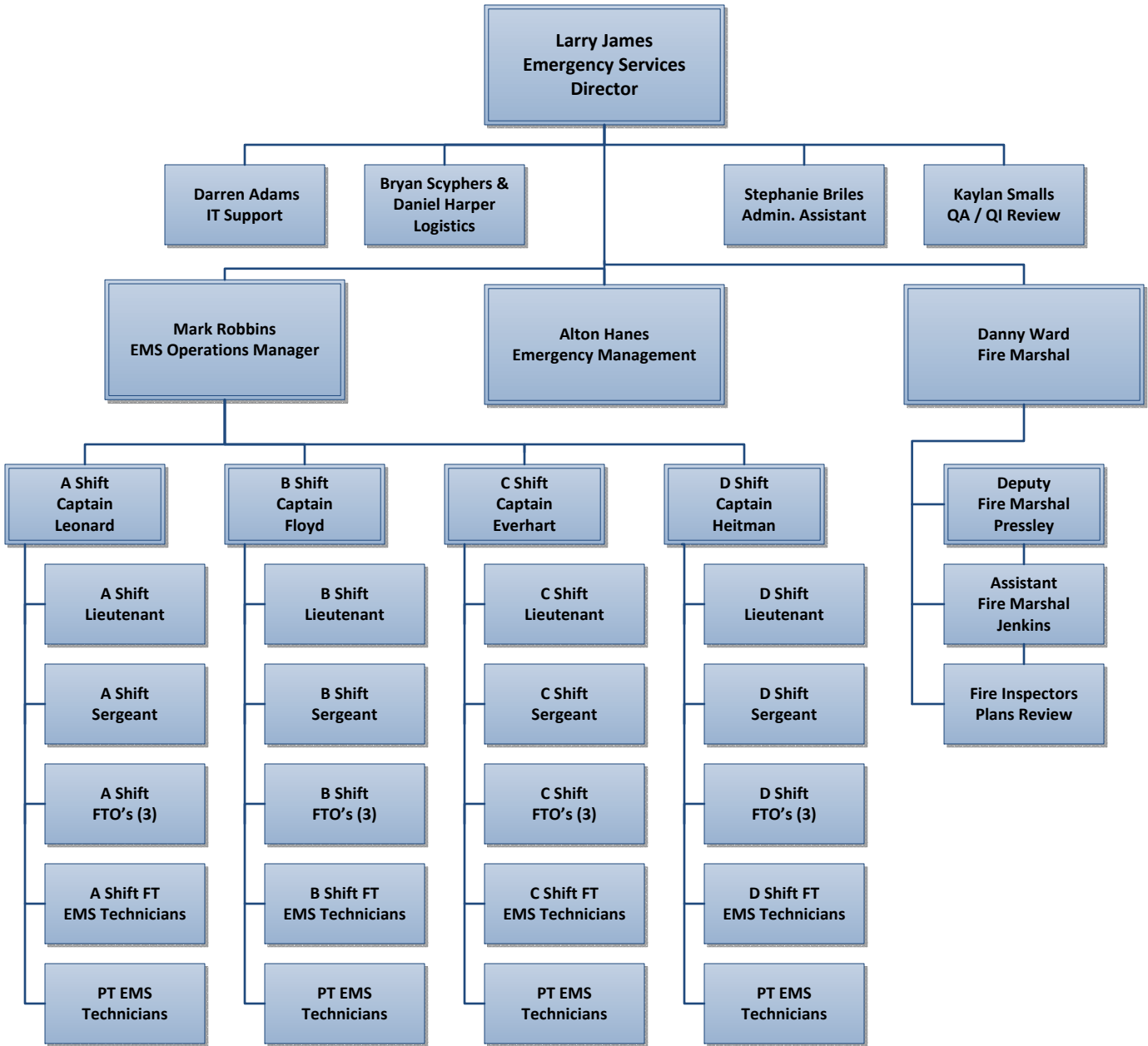
Section 1. Standards of Conduct

- (a) A courteous, professional appearance and attitude shall be maintained at all times.
- (b) No employee shall be on duty, nor participate in any duty-related activity while under the influence of any alcoholic beverage, or with an odor of alcoholic beverage on their breath. The consumption or possession of any alcoholic beverage on-duty or on county premises is cause for disciplinary action or dismissal.
- (c) The use or possession of prescribed medications, or controlled substances not specifically prescribed for the individual shall be cause for disciplinary action or dismissal. This article applies whether the individual is on or off duty.
- (d) EMS employees should avoid places where illegal drugs or controlled substances are consumed for recreational purposes.
- (e) No use of tobacco products is permissible in the presence of a patient or patient's family. (Review on Tobacco Use Policy)
- (f) The possession of firearms on a transport ambulance is prohibited by NCOEMS 10A NCAC 13P .0216. Employees that have a firearm in their personal vehicle while on duty should assure the vehicle is locked and weapon is not visible.
- (g) The prompt and proper treatment of patients is our first consideration. It is generally accepted in the medical profession that medical professionals do not treat members of their own families in an acute situation. EMS employees should relinquish such treatment to other personnel when available.
- (h) The solicitation for or the selling of any product or service while on duty, on county premises or electronic media is prohibited. This section shall not apply to charities which have prior county approval.

Article 3. Command Structure

Section 1. Command Structure

- (a) All administrative and operational questions that may arise are to be handled through the chain-of-command within the department which shall be shown on the organizational chart and updated as personnel changes occur.
- (b) Department officer's rank and authority will be recognized at all times and not confined to their assigned shifts.
- (c) The chain of command will be organized in 4 divisions:
  - (i) Administration
    - 1) Director of Emergency Services
    - 2) Administrative Assistance
    - 3) Logistics
    - 4) Information Technology
    - 5) QA/QI
  - (ii) Fire Marshal
    - 1) Deputy Fire Marshal
    - 2) Fire Inspection
    - 3) Plans Review
  - (iii) EMS Operations Manager/Medical Examiner
    - 1) EMS Shift Supervisor (Captain)
    - 2) EMS Lieutenant
    - 3) EMS Sergeant
    - 4) FTO's
    - 5) General Staff
  - (iv) Emergency Management



Article 4. Operations

Section 1. General Operations

- (a) DCES units will be operated primarily for the rendering of emergency and non-emergency medical care to patients of injury or illness, and provide patient transport with continuing medical care to hospitals. Special operations, stand-by and public relations event are also important functions of DCES
- (a) The majority of operational, administrative, medical and training matters are to be handled through the department chain of command. It is important for information to progress from field providers through operation officers to administration, however issues of immediate importance, (e.g. issues of safety, protocols, compliance, ICS, etc.), may be addressed by any officer.
- (b) Personnel assigned to the DCES units shall be responsible for the proper working condition of the vehicle and its equipment, for sufficient supplies to care for the sick and injured, for the cleanliness and sanitation of the equipment and supplies, and for reporting any deficiencies, shortages, or malfunctioning equipment.
- (c) The attending paramedic is responsible for the treatment of the patient or patients while at the scene or in transit to a medical facility until/unless he or she is relieved by senior paramedic or ranking officer.
- (d) EMS Personnel shall cooperate with all public safety personnel, and be courteous and provide assistance when such assistance does not interfere with any medical emergency.
- (e) Personnel shall ready the unit for response at the beginning of their shift and after every call. The supply and cleanliness of the medic unit and all equipment should be checked and electronic daily checkoff submitted by 09:00 for day shift and 21:00 for night shift. The equipment and the inside of the medic unit will be cleaned in accordance with the Infectious Control Protocol, (See appendices)
- (f) Personnel should check their county email and shall log into the EMS scheduler to time stamp daily. Personnel should check at the beginning of every shift for updates, notifications, changes in operations, and re-scheduling assignments.
- (g) The shift supervisor is responsible for base rotation assignments.
- (h) EMS units will remain in their assigned district at all times that they are not;
  - 1) Responding to a call outside of the district
  - 2) Transporting to a hospital outside the district
  - 3) On standby in another district
  - 4) Re-assigned on approval of supervisor
- (i) EMS personnel will wear protective gloves on all calls with no exceptions.
- (j) All EMS personnel are assigned protective gear. Protective gear is required on the units while on duty and to be utilized at any time that personal injury due to the nature of the incident could occur.
- (k) After arrival at the patient's destination, within the County, the unit is considered available within 5 minutes unless extensive cleanup or decontamination is required. The remainder of operational tasks should be completed within 30 minutes. Personnel must contact CCOM and the on-duty supervisor to notify them of extended down time.

- (l) Patients will not be transported to medical facilities, other than in facilities in the appropriate transportation protocol, without authorization of the on-duty supervisor.
- (m) Neither equipment nor any linen shall be left with the patient unless patient care will be compromised.
- (n) Request for transfer shall be handled by the closest unit to the requesting medical facility unless otherwise directed by on-duty supervisor.
- (o) Units responding to a local hospital for approved transfers shall use non-emergency traffic when responding to the facility requesting the transfer.
- (p) At all times each crew shall possess (1) portable radios, (1) pagers, (1) cell phone and monitor EMS Main dispatch.
- (q) EMS unit MCT / AVL tablets shall remain powered on and operational at all times. Crews shall communicate unit status changes verbally via radio (i.e. enroute, on scene, etc.) and may log status changes via MCT buttons after verbal acknowledgement or in cases of non-response by telecommunicators. On-duty shift supervisor shall be notified immediately of MCT / AVL connection or operational issues.

**Section 2. Emergency Operations**

- (a) An emergency is defined as any situation requiring the response of the Davidson County Emergency Service to any unforeseen combination of events or circumstances which result in injury or illness requiring immediate emergency medical care of a person or persons.
- (b) Crews will be notified on the primary radio by medic number and by pager through communications that they have been assigned an emergency assignment. Response (wheels rolling) on emergency/non-emergency calls will be initiated within 90 seconds after notification regardless of time of day.
- (c) No open food or drink container will be allowed in the patient compartment per OSHA regulations.
- (d) The attending paramedic will notify communications, handle radio traffic while en-route to the emergency scene, secure directions (AVL, GPS or map book) and assist driver in watching for approaching traffic.
- (e) When a unit is dispatched to a call that is potentially located outside the county, a unit will respond without delay regardless of jurisdictional boundaries. Jurisdictional boundaries will be disregarded upon crew's arrival on the scene. Response can be cancelled upon confirmation of location by CCOM.
- (f) If a unit returning from an out-of county assignment drives upon an incident requiring emergency services, the crew will notify the appropriate communication center and perform an appropriate scene size-up. If it is determined that patients are in need of medical care, personnel will follow Davidson County protocols and will transport to the closest appropriate facility.

**Section 3. Scene Operations:**

- (a) On multiple patient incidents, the senior paramedic will (triage officer) establish the number injured or sick and report to the Operations Sector chief or Medic 1. A triage to determine and correct life-threatening injuries or illnesses will be conducted. If, after triage, it is determined that additional assistance will be required, the medic unit on the scene will notify in the Operations Sector Chief or Medic 1 for additional resources.
- (b) When additional assistance arrives, the Triage Officer will assign and designate priority patients to assisting unit(s).
- (c) Crews will not become separated or leave in vehicles to which they have not been assigned, unless instructed by an officer, or if patient care would be compromised as determined by the senior paramedic.
- (d) Crews will precede with the stretcher, primary jump bag and other appropriate equipment to the patient, conduct an initial survey and attempt to correct, to the extent of his/her certification, any life threatening condition.
- (e) The driver will assist with patient care to the level of their certification.
- (f) The attending paramedic will not leave the patient to get equipment, unless conditions determine otherwise.
- (g) Paramedics will avoid prolonged and detailed questioning of patients. Ask only for pertinent information related to patient care.

- (h) Quickly diagnose patient with life-threatening illness for EMS treatment and stabilization. Minimize scene time with a load and go approach.
- (i) Minimize the time from EMS contact to definitive care
- (j) Emergency operations with Fire/Rescue Departments and Law Enforcement Agencies:
  - 1) On the scene of an emergency the appropriate agency having jurisdiction assumes incident command. The EMS personnel will assume roles of patient care, triage, treatment and transportation.
  - 2) Fire/Rescue/LEO responds to EMS calls as first responders. Responses are based on advanced medical priority dispatch system protocols. The first responders are there to assist the patient until EMS arrives and to assist EMS to the extent EMS personnel permit.
- (k) When responding with Fire/Rescue/LEO Departments on medical calls:
  - 1) DCES personnel remain under operational control of the DCES chain of command.
  - 2) DCES personnel shall assume final responsibility for patient care. (Ref:-N.C.G.S 130-233)
  - 3) All patients shall receive appropriate examinations and treatment.
  - 4) Fire/Rescue/LEO personnel should be requested to accompany the DCES unit to a hospital when the attending paramedic anticipates the need for assistance.
  - 5) When responding to an incident that requires LEO or fire for scene safety all EMS will respond routine traffic and will stage until instructed otherwise.
  - 6) DCES units will provide standbys for Fire/Rescue/LEO operations per the approval of the operations supervisor.
- (l) Transportation of patients to medical facilities;
  - 1) Non-emergency patients shall be transported to the hospital requested provided it meets the criteria of Davidson County Destination Plan.
  - 2) All emergency cases shall be transported to the closest appropriate hospital, unless otherwise diverted by online medical control. Emergency transport to a hospital will not be warranted unless life-threatening conditions cannot be controlled by the attending paramedic.
  - 3) Early notification should be made at the earliest possible opportunity to the receiving hospital on the frequency assigned by CCOM or utilizing the appropriate 800mhz Viper frequency. Common communications is recommended to avoid confusion among the emergency room staff.
  - 4) Competent patients /medical POA's/ guardianship (appropriate documentation must be present) maintain the right to choose their medical disposition.
  - 5) If a patient is found to be in possession of a weapon, the weapon will be turned over to LEO. The patient will be given the LEO's contact information to be able to reobtain their weapon.

- 6) Patients will not be refused transportation to a hospital regardless of sickness or injury.
- 7) Once a patient is on board the transporting unit; that unit will not respond to another call.

Operations at Hospitals:

- (a) EMS staff will escort the patient to assigned treatment or triage area. An updated report of all pertinent information about the patient will be relayed to the nurse in charge of the patient and or the physician.
- (b) EMS staff will be respectful and courteous to all hospital personnel. Remember that cooperation can promote a good working relationship. Any time EMS staff encounters a change in policy on the part of the hospital, personnel shall report the change(s) to the shift supervisor, in writing if requested, to be forwarded through proper channels.
- (c) The PCR will be completed before clearing the hospital, if possible. PCR's will not prohibit or delay any unit from handling calls. Crews will complete the PCR as soon as possible and save it to the server **before** the end of their shift. Crews will not leave work with incomplete or open PCR's on the computer.
- (d) Conflict Resolution:
  - 1) Any conflict that arises between ED and EMS staff will be reported to their supervisor immediately.
  - 2) The op-duty supervisor will meet you at the ED upon notification (No matter what time of day or night) if you are unable to contact the supervisor contact should be made to the next level of management.
  - 3) The EMS and the ED staff will discuss the issue(s) in a location away from staff, family and/or patients.
  - 4) EMS/ ED Supervisor(s) will assure productive conversation and facilitate the meeting but should allow the personnel to discuss their issue and form a conflict resolution.
  - 5) If the parties are not able to resolve their conflict, the supervisors will formulate a plan to resolve the conflict.
  - 6) If an agreeable resolution cannot be achieved, the ED and EMS Director and/or Ops Manager (day or night) will be contacted and upon their arrival at the ED the issue will be discussed and a plan of action will be determined.
  - 7) Every conflict will be documented by staff and supervisors and forward to EMS Director or Ops Manager for review. ED Director and EMS will meet once a month to review these issues for corrective action planning.
  - 8) EMS will escort the patient to assigned treatment area and report all pertinent information about the patient to physician or nurse in charge of the patient.
  - 9) Personnel shall be respectful and courteous to all hospital personnel. Remember that cooperation can promote a good working relationship. If disagreements are encountered, report these to the shift supervisor immediately and document the incident in writing.
  - 10) Any time EMS personnel encounter a change in policy on the part of the hospital, personnel shall report the change(s) to the shift supervisor, in writing if requested, to be forwarded through proper channels.

## Section 5. Mutual Aid Request:

- (a) EMS units may be dispatched to locations outside Davidson County. A request for mutual aid from another county will be directed to the on-duty supervisor. Approval of all requests at the discretion of the on-duty supervisor and decisions will be based on; Type (ALS/BLS) and number of units requested, availability of ALS units, and environmental conditions. Units will be assigned a mutual aid frequency by CCOM to contact the requesting agency.
- (b) Units will only transport to the closest appropriate facility in order to return the unit to active duty inside Davidson County.
- (c) Units are under the direction and supervision of the requesting agency(s) until released from the event.
- (d) Personnel will function under Davidson County protocols at all times.

## Section 6. Non-Emergency Operations

- (a) A non-emergency situation shall be considered to be any that does not fall under the definition of an emergency.
- (b) Crews will be notified by medic number and by pager through communications that they have been assigned a non-emergency assignment. Response to emergency / non-emergency calls will be initiated within 90 seconds after notification regardless of time of day.
- (c) Non-emergency patients shall be transported to the hospital requested provided it meets the criteria of Davidson County Destination Plan. Patients will not be denied transportation to a hospital, regardless of illness or injury.
- (d) During inter-hospital transfers, the ED of the receiving hospital should be notified of the transfer, in the event the patient's condition deteriorates and treatment in the ED is needed.
- (e) Return trips after emergency department treatment will be subject to the physician certification of medical necessity and with shift supervisor's approval.

## Section 7. Vehicle Operations

- (a) The primary goals of vehicle operations for Davidson County employees are the fulfillment of our obligations as an emergency service provider, the safety and comfort of our customers and employees, proper equipment use, and timely delivery of services.
- (b) New employees should attend and successfully complete an Emergency Vehicle Driver's course within 6 months of hire date if possible.
- (c) DCES employees are required to be familiar with federal, state and local traffic laws, and to abide by these laws as they pertain to emergency vehicle operations in both emergency and non-emergency situations.
- (d) DCES employees must possess a valid driver's license. Personnel must notify their supervisor if their driver's license becomes invalid or suspended in any way. Under no circumstances should an employee drive a Davidson County vehicle without a valid driver's license.
- (e) All DCES units shall come to a complete stop at all intersections where stop signs are displayed in the unit's direction of travel or where a unit must proceed against a red or flashing traffic signal. When responding emergency traffic DCES units may then proceed against a red traffic signal only when it has been determined that traffic conditions will permit such action.
- (f) When responding emergency traffic, DCES units shall use all warning lights, headlights, and sirens while in motion. When the unit arrives at the scene and must park in the roadway, red lights will remain in use. 4 way flashers are not to be used as emergency response warning lights but may be used as warning indicators while the unit is parked off the roadway.
- (g) Speed limit laws regulating an ambulance in Davidson County are as follows:
- (h) Emergency vehicles are subject to all posted traffic laws and regulations except when responding emergency traffic. Exceptions to laws and regulations are covered in the General statutes of North Carolina, section 20-145.

*SECTION 20-145. The speed limitations as posted shall not apply to vehicles when operated with due regard for safety under the directions of the police, in the chase or apprehension of violator of the law or of persons charged with or suspected of any such violation, nor the fire departments or fire patrol vehicles when traveling in response to a fire alarm, nor to the public or private ambulances and rescue Emergency vehicles when traveling in emergencies. This exemption shall not; however, protect the driver of any such vehicle from consequence of reckless disregard of the safety of others.*

- (i) DCES units shall not pass stopped school buses loading or unloading students regardless of type of traffic or call. A school bus yielding the right of way to a DCES unit may be passed, so long as the "STOP" arm and red warning lights on the bus **are not** activated.
- (j) DCES vehicle shall not pass another emergency vehicle that is running emergency traffic.
- (k) Emergency traffic may be suspended during snow and ice conditions, or any such situation that presents extraordinary hazardous driving conditions. The operations supervisor will make the decision to discontinue emergency traffic. The driver of any DCES vehicle, by notifying Communications and the supervisor, may elect to travel routine traffic due to weather conditions at any time. The safety of the crew, the public, and the vehicle are to be considered at all times.

- (l) DCES employees and passengers are required to wear seat belts while the vehicle is in motion unless patient care dictates otherwise.
- (m) DCES vehicles are to be driven only by employees of Davidson County. This applies to every vehicle, (transport units, medic one, and others). Explorers or students are not employees of Davidson County. This rule does not apply to outside contractors hired to perform service work on the vehicle.
- (n) In the event of natural or man-made disasters, the supervisor or administration personnel may assign non-employees to drive transport units.
- (o) No open food or drink containers shall be allowed in the patient compartment at any time per OSHA regulations
- (p) Emergency vehicles shall not be left running at the hospital.
- (q) The vehicle operator shall be in possession of the vehicle keys at all times when the vehicle is not assigned to a call.
- (r) When the vehicle must be taken out of service for maintenance, all relevant keys including ignition keys will be given to personnel at the county garage. Controlled narcotic drugs shall be removed if crew is switching into a spare unit.
- (s) One person will be allowed to ride in a unit at a time, unless, if in the employee's best judgment, their presence creates an unsafe or disruptive environment. Adult passengers should be placed in the front passenger's seat and seat belts will be utilized, unless they are needed in the patient care area to help calm a pediatric patient.
- (t) Any person wishing to ride with a patient is not allowed to have a weapon on board the unit.
- (u) The attending paramedic shall assist the driver in backing, by placing him/herself behind the rear of the unit, in direct view of the driver. When possible, the unit should be parked / positioned to reduce the need for backing.
- (v) To increase visibility of the unit, all emergency lights will be utilized when backing into roadways.
- (w) All DCES vehicles will be maintained through an organized pre-determined maintenance plan as an effort to prospectively limit vehicle failures and promote vehicle safety.

Section 8. Daily Duties and Responsibilities

- (a) Personnel reporting for duty must arrive at the assigned base in full regulation uniform no later than 0700 hours (Day shift) or 1900 hours (Night shift) for shift change report. PERSONNEL **ARE NOT** TO LEAVE THEIR ASSIGNED BASE UNTIL THEY ARE PROPERLY RELIEVED BY ON-COMING CREW OR GRANTED PERMISSION FROM THE ON DUTY SUPERVISOR.
- (b) Personnel will time stamp in on the EMS scheduler when they arrive at work. Time stamps after 07:00 (Day shift), 19:00 (Night shift) or no time stamp recorded is considered late for work.
- (c) The crew being relieved from duty shall give a status report on all equipment, supplies, equipment left at hospitals, street closing and any events that will affect any standard operating procedure.
- (d) During shift change, on-board controlled substances will be visually counted and verified by both off-going and oncoming paramedics.
- (e) Control substance log sheets (cards) will be completed and signed by off-going and on-coming paramedics and drug keys transferred.
- (f) Crews will transfer all portable radio, all pagers, county cell phone and chargers and document the quantity and status on the electronic daily truck checkoff.
- (g) Shift reports, base inspections and unit check-off will commence at the beginning of the shift. The operations supervisor will be notified of any problems or needs as soon as possible.
- (h) EMS personnel will notify the on-duty supervisor of riders/observers/students to be included on the daily roster. Demographic and emergency contact information should be forwarded to the supervisor prior to the individual riding on the unit.
- (i) EMS personnel may conduct daily radio checks as part of their daily unit check off. The test will be all VHF frequencies.
- (j) 12 hour shift EMS personnel are not allowed to occupy beds (*cot, cradle, crib, berth etc.*) at any point during their on duty shift at any base regardless of the time of day.

## Section 9. Base Duties and Responsibilities

- (a) Base duties are the responsibility of all full and part-time personnel.
- (b) Base safety inspections and fuel measurements will be completed and sent to on-duty supervision on the first day of each month by the day shift crew.
- (c) Building clean-up will commence daily prior to 1800 hours (Day shift) and 0600 hours (Night shift).
  - 1) Daily Base clean-up for both day and night shift crews will consist of:
    - 2) Empty all trash cans and butt-cans
    - 3) Empty all linen barrels and replace biohazard bags
    - 4) Wash, dry and put away all dishes and cups
    - 5) Clean up bays.
    - 6) Vacuum, sweep, or mop all floors
    - 7) Clean and disinfect all bathrooms
    - 8) Any other duties assigned by any EMS officers or senior personnel
- (d) Extensive Friday Base cleanup will be performed by night shift crews and will consist of:
  - 1) All daily clean-up plus:
  - 2) Empty and wash all trash cans
  - 3) Clean windows
  - 4) Move furniture, vacuum and dust
  - 5) The refrigerator will be cleaned, and all food not labeled and dated will be discarded
  - 6) All bays will be washed out
  - 7) Any other duties assigned by any EMS officers or senior personnel
- (e) At outlying bases, trash cans and recycle bins will be placed curbside on appropriate days and times.
- (f) Base inventory will be performed every Tuesday by the night shift crew and will be emailed to the shift supervisor and the on-duty logistic personnel prior to shift end.

## Section 10. Vehicle Duties and Responsibilities

- (a) Unit check off sheets will be completed at the beginning of each shift. Driver and attendant checkouts will commence daily beginning at 0700 hours (Day shift) and 1900 hours (Night shift) and will be completed *prior* to meal break. If a crew has been assigned a call prior to the completion of the check off, the crew may stop for meal break after completing the call.
- (b) On the 1st three (3) days of each month, all expiration dates, on front line and spare units, will be recorded on the check-off sheets and a completed written check-off report submitted to the on-duty supervisor at the earliest opportunity. This shall be performed by both day and night shifts. Personnel will only be required to complete this task once during their respective work cycle if their shift works more than one of the first 3 days of the month. Any unit out of service on the first 3 days of the month will also be inspected for the following 3 days on its return to service.
- (c) Crews will notify the on-duty supervisor concerning maintenance needs, supplies, and missing equipment at the earliest opportunity.
- (d) The outside of the unit shall be washed daily by the day shift crew and maintained throughout the shift, if the weather permits. If the outside temperature is below 40 degrees the crew is not required to wash the unit.
- (e) The interior of the unit will be inspected for cleanliness and all contact areas will be disinfected according to infection control policy on a daily basis.
- (f) On Wednesday, extensive unit cleaning shall be performed. Day crew will be responsible for exterior cleaning, including all exterior compartments, cleaning all exterior shelves and equipment located within those compartments on all front line and spare units. This includes compartment doors and door jams. Both the interior and exterior surfaces of all windows shall be cleaned. Night crew will perform extensive interior unit cleaning, including removal of all equipment, cleaning and disinfecting shelves, compartments and equipment, cleaning and disinfecting all interior surfaces of the cab, patient's compartment and stretcher of all front line and spare units.
- (g) All crews stationed at a base with spare units should crank the spare unit daily and let run for 15-30 minutes to assure that batteries are fully charged.
- (h) On a semi-annual basis, the EMS units will be washed and waxed. The department will utilize inmates from the Davidson County Detention Center to wax the exterior and EMS crew will assist with washing and cleaning the exterior of the units and thoroughly clean and sanitize the interior surfaces.
- (i) Crews will refuel the unit when the fuel falls below  $\frac{3}{4}$  of tank.
- (j) All oxygen tanks will be replaced at 750 psi. The empty tanks will be stored, secured and properly marked for replacement.
- (k) EMS units shall be plugged into shoreline power whenever the unit is at the base.
- (l) EMS units shall not be left outside the bays on the pad at the base after **2200** (10pm).

## Section 11. Natural and Unnatural Deaths

- (a) If the paramedics evaluation of a patient reveals that death has been present for a length of time that does not warrant attempts for resuscitation, or in the presence of a valid DNR/MOST form, the paramedic may withhold resuscitative efforts.
- (b) Natural deaths may be handled by the personal physician or designee consenting to certify death. The personal physician or designee may authorize release of the deceased to a funeral home or medical facility morgue. The designee shall be an on-call physician in the same practice, physician assistant or nurse-practitioner. Document authorizing person's information in PCR narrative.
- (c) The on-duty supervisor will be notified of all deaths where the physician doubts or declines certifying death. The on-duty supervisor or administrative staff will proceed to the scene. They will contact the local ME for authorization to complete the medical examiner's investigation, documentation and notification for all appropriate agencies.
- (d) Unnatural deaths are under the jurisdiction of the local medical examiner. The medical examiner shall be contacted to determine the disposition of the deceased.
- (e) Personnel will be authorized to move or transport any natural or unnatural death cases after receiving instructions from the physician, their designee or the medical examiner responsible for certifying death.
- (f) Personnel shall attempt to get pertinent information for PCR and DOA reports.
- (g) With any DOA, personnel will protect the integrity of the scene and the patient.
- (h) Under no circumstances should the name of the deceased be solicited or transmitted on any radio channel. This should be handled by telephone or in person.
- (i) Personnel will make no statements to the news media concerning deaths or their possible causes. All media requests should be referred to the on-duty supervisor, EMS administration or law enforcement agency.
- (j) Transportation will be handled by the contracted agency through the Office of Chief Medical Examiner's Office. Transport can also be handled by EMS with authorization of the on-duty supervisor. The preferred funeral home will be contacted for transportation by EMS in cases where deaths are certified by personal physicians or designee.

## Section 12. Behavioral Emergencies

- (a) Patients being involuntarily committed to a medical facility for treatment must be accompanied by a law enforcement officer to release custody of the patient. A law enforcement officer is not required to accompany the voluntary commitment patient.
- (b) If transporting a stable patient from a failed suicide attempt, and is not in custody of law enforcement, the patient may be transported to the facility of choice.
- (c) If transporting an unstable patient from a failed suicide attempt, the paramedics will transport the patient to the appropriate facility for treatment and stabilization.
- (d) If transporting a patient in custody of law enforcement, the patient will be transported to the appropriate facility for treatment with law enforcement on board.

## Section 13. Patients in Custody or in Prison Confinement

- (a) Any patient in custody is under the authority of a law enforcement agency. A law enforcement agent or duly sworn representative must accompany the patient at all times. Following in another vehicle is not sufficient.
- (b) If a patient[s] condition warrants medical care, the attending paramedic shall inform the proper law enforcement officer of the appropriate treatment and transportation.
- (c) If medical care or transport by EMS for the patient in custody or prison confinement is denied by authorized personnel, EMS personnel will advise the staff that they will assume full responsibility for the patient. EMS personnel are required to document the full event in the PCR including the names of the law enforcement officers, agency he/she represents and obtain their signature on the appropriate forms.

## Section 14. Medical Control

- (a) Medical direction for advance life support may be given by ED Physicians, physician assistants, nurse practitioners, or a MICN. Personnel must personally speak to one of these individuals on either the radio or telephone. It is not permissible, according to the Board of Medical Examiners, for orders to be relayed on the radio/telephone. You must speak to the physician, PA, NP, or MICN. There are no exceptions.
- (b) No medical orders may be taken from a RN, under any circumstances.
- (c) Personnel transporting patients between facilities may accept orders from sponsor hospitals other than their own sponsor hospital provided that:
- (d) The care level of the advanced life support issued is consistent with the hospital's approved level of sponsorship.
- (e) The patient is transported to the hospital issuing the orders.
- (f) Personnel must establish and maintain radio or telephone communications with the hospital issuing the orders.
- (g) When there is a physician licensed to practice medicine present at the scene of a medical or traumatic emergency, and that physician chooses to assume medical responsibility for the patient, personnel at the scene shall:

- (h) Require and allow that physician to contact sponsor hospital and the physician who receives the call at the local hospital shall make the decision as to whether or not the physician on the scene is to be allowed to take charge of the patient and give orders.
- (i) If the physician on the scene is allowed to take charge, permit that physician's orders to take precedence over other procedures or protocol normally utilized within the Davidson County ALS Protocols.
- (j) Follow the order of the physician within the limits of the personnel's scope of practice.

(Review Section 17; Presence of a Licensed Physician)

Section 15. Inter-facility Transfers

Inter-facility Ground Transport Policy

**Policy:**

Davidson County EMS ground transport units should only be utilized when an immediate life threat is present, which needs an immediate intervention (i.e. STEMI, Trauma needing immediate surgery, etc...).

**Purpose:**

The purpose of this policy is to:

- To provide consistent guidelines to EMS agencies/providers and hospital personnel for inter-facility transports.
- To maintain adequate EMS units to answer 911 calls from the citizens of Davidson County.

**Procedure:**

All inter-facility transfers **must** be approved by on the On-duty Supervisor and meet the following criteria.

- ALS patient that has an immediate life threat, which needs immediate intervention (i.e. STEMI, Trauma needing immediate surgery, etc..., and patient can't be going to a non-monitored bed).
- If resources are available.

Or

- If critical care refuses the transfer, ED may contact the On-duty Supervisor to inquire if transport is possible.
- ED will need to supply the On-duty Supervisor with a name, reason, and time of the refusal for follow up.
- Patient must be ALS.
- Patient can't be going to a non-monitored bed.
- If resources are available.

## Section 16. Veterans Administration Hospital transports

- (a) Request for inter-facility transfer to a Veterans Administration Hospital must be cleared in advance by the facility requesting the service. The receiving VA facility must agree in advance to the transfer before they will assume financial obligation.
- (b) Request for transports from a residence to Veterans Administration Hospital (Salisbury) is subject to approval of the VA. Contacting the VA should be done by VIPER radio or by phone (704-638-9000 ext: 12577) and you will need the last name of the patient and the last 4 digits of their social security number. If the VA lets you know the patient is eligible to come to their facility, you can then give your patient report of complaint and vitals.
- (c) VA will not accept patients that fall into a current destination plan category, such as: Trauma, STEMI, Stroke etc. and any issue related to pregnancy.

## Section 17. Presence of Licensed Physician on the Scene

- (a) When on the scene of an emergency or non-emergency, county personnel may occasionally be approached by a person claiming to be a physician, and may indicate a willingness to dictate a course of treatment. Ask this person for proof that he or (she) is a licensed Medical Doctor in North Carolina. Dentist, Chiropractors, Osteopaths, and Veterinarians are not considered appropriate medical personnel on the scene of an emergency. Ask if the physician is willing to assume all responsibility for the treatment of the patient. NOTE: Patient care will not be delayed while these decisions are made.
- (b) When a physician accepts responsibility, contact a sponsor hospital physician by radio or phone. Have the on-scene physician identify himself to the sponsor hospital physician. Monitor their conversation by having the radio speaker on. Allow the physicians to determine the course of action. Any physician accepting on-scene responsibility will accompany the patient (s) in the back of the unit to the appropriate medical facility. Personnel may take direction from a physician on the scene only after it has been approved by a physician in the emergency department of the sponsor hospital. The following information of the accepting physician will be required in the PCR:
  - i. Name
  - ii. Address
  - iii. Telephone #
  - iv. Hospital affiliation or practice
  - v. \*May be gathered after the call has ended\*
  - vi. NOTE: Patient Care will not be delayed while these decisions are made.
- (c) If the on scene physician declines responsibility for treatment of the patient, personnel will follow DCES protocols for treatment. Any on scene physician that makes contact with a patient and refuses to accept responsibility for that patient, needs to be appropriately documented in the PCR.
- (d) When at doctor's offices or medical facilities every attempt will be made to comply with PCP's recommendations or directives within the scope of DCES protocols. Ultimately the patient's healthcare condition is the responsibility of DCES personnel regarding treatment and transport.

## Section 18. Forcible Entry into a Dwelling

- (a) DCES personnel may take all reasonably necessary steps to enter a secured dwelling when there has been a call for emergency medical assistance at that dwelling and when there is clearly a need to gain immediate entry to save a life before law enforcement personnel arrive.
- (b) The term "immediate" should be defined as any of the following:
  - 1) A patient, who in the employee's best judgment, appears to need immediate medical care or intervention in order to preserve safety, life and limb, or health status, can be seen through windows, doors, or other openings in the dwelling.
  - 2) Any sounds or cries for help that would indicate the need for immediate assistance.
  - 3) Any other situation that creates in the mind of an employee a reasonable belief that a patient is inside the building and requires immediate intervention to preserve safety, life, limb, or health status.
- (c) Except as defined above, when DCES personnel respond to a call for medical assistance and arrive to find the dwelling locked and secured and no visible signs of occupancy, then DCES personnel should solicit assistance from law enforcement personnel and the DCES Supervisor before any forcible entry is initiated. When law enforcement arrives, a joint agency decision should be made as to the need for forcible entry or any follow-up action.
- (d) If law enforcement is not on the scene and the need for entry has been determined, DCES personnel will make every effort to minimize the amount of damage. Before leaving the residence DCES personnel should attempt to make the property as secure as possible as allowed by patient care needs
- (e) When the dwelling is secured and the occupant is unable to open the door, but is communicative, obtain the occupant's permission prior to entry. If at all possible have the patient provide their consent to communications via telephone so that it is recorded.
- (f) EMS should not force entry in a non-emergent situation prior to arrival of law enforcement. If law enforcement is on the scene they should be utilized to make entry and should be responsible for building security afterwards.
- (g) A medical alarm will be considered a call for help from the residence. Before forcible entry is made into a residence to determine if a patient is inside, the following criteria should be met:
  - 1) Request law enforcement as above
  - 2) Contact the neighbors for information about the patient and the availability of a key.
  - 3) Determine from the alarm service if a key holder is available.
  - 4) If the residence is an apartment, public housing, or other managed housing, contact the management for a key.
  - 5) Have communications contact local hospitals to ascertain if the patient is at their facility. When appropriate, other hospitals should be contacted.
- (h) Alarms, which are "help needed" or other types of "occupant initiated" alarms, will be considered a cry for help and entry will be made without delaying for a key. Unless compelled by an immediate need as specified above, personnel will wait for a key if reasonable.

## Section 19. Airport Operations

- (a) This article covers operations involving aircraft flight events at the Davidson County Airport. This article does not cover/concern events occurring in buildings on airport property or accidents/injuries or illness that are not on the flight line. This plan only covers the EMS functions. Do not forget there will be a host of other responders on most incidents.
- (b) C-COM will assign transport unit(s) to pre-designated staging area:
  - 1) Old Linwood road at Brown Street
  - 2) Hargrave Road at Hargrave Lane
  - 3) Anna Lewis Drive at South Main Street
- (c) All responding EMS units will report to the pre-designated staging area, await instructions, and confirmed incident location. No EMS units are to enter the taxiway or runway until the location has been confirmed, the scene is secured by fire/hazmat and the unit is authorized to advance by EMS field operations
- (d) The first arriving DCES supervisor, or administrative personnel, should respond to the COMMAND POST, report to the Incident Commander and assume the duties of Medical Group Supervisor. The next arriving supervisor, or administrative personnel, will be responsible for EMS field operations at the actual event site.
- (e) All units will contact CCOM on main frequency, acknowledge arrival at the airport, and notify Medical Group Supervisor of your arrival on EMS tactical (Medical Operations) frequency assigned by CCOM
- (f) If a staging officer has been appointed, crews will park per their directions. While staging DCES personnel should don full blue protective gear and PPE.
- (g) Fire department apparatus will respond to the event location for investigation and report back to the Incident Commander as to the situation found. Fire/Rescue personnel will remove victims to a safe location and establish a Casualty Collection Point (CCP). Only if the scene is safe are DCES personnel to work in, on or around the actual crash site.
- (h) Upon direction of the Medical Group Supervisor, units will respond to the CCP and triage, treat, and transport patients per protocol.
- (i) When exiting the airport property after loading patients, DCES units will exit property promptly to ease congestion of multi-agency response. In the event of multiple responses for a large number of victims all in-bound units will be directed into the scene by the treatment/transportation officer.
- (j) In the event of medical flights, ill passengers or other incidents on the flight line, DCES units will follow CCOM directions on how to approach the incident. No unit will enter a taxiway or runway area without the permission of the FBO (Fixed Base Operator). Permission should be obtained via CCOM or inside the main terminal.
- (k) All DCES Vehicles will operate all emergency lights while on any taxiway or runway area.
- (l) If helicopter resources are requested by DCES to respond to the airport property, as part of a response to airport incident, then DCES MUST advise the FBO or terminal through Incident Command.

Article 5. Employment

Section 1. General

- (a) The employment of close relatives within the service of the county, within the same department or unit / section of a division, at the same time is to be avoided. This policy applies to promotions, demotions, transfers, reinstatements, and new appointments. See Davidson County Resolution Article 5 Section 5(a)(b)
- (b) Members of supervision and management shall not engage in a (intimate or amorous) relationship with an employee on their shift, or that is part time, or with whom they supervise, or may supervise, or have influence over such things as scheduling, discipline, promotions or other personnel considerations.
- (c) Full time employees staffing EMS units and the on-duty supervisors work a 12 hour shift schedule. Hours are: Day shifts: 0700 – 1900; Night shifts: 1900 – 0700. Shifts are designated A - D shift. A & B shifts are day shifts. C & D shifts are night shifts.
- (d) Employees shall not work more than 16 consecutive hours in any combination. In the event of a disaster, emergency situation, weather event or special circumstances, the Director has authority to approve any type alternative shift schedule / pattern.
- (e) Full time personnel will not be permitted to work more than 1 additional 12 hour shift on their timesheet per pay period unless special circumstances exist. All overtime beyond an employee's regular work schedule must be approved by EMS Management.
- (f) Outside employment shall not conflict with an employee's responsibility to Davidson County EMS nor render the employee fatigued prior to the start of their duty shift.
- (g) Full and Part time employees shall participate and keep up-to-date their CE for their NCOEMS credential level. This will be done through DCES online CE and periodic skills evaluation. All DCES system requirements as well as NCOEMS requirements shall be met in order to function within the DCES system. Failure to meet requirements shall result in disciplinary action.

Section 2. Probation

- (a) EMS employees hired to permanent positions shall serve a probationary period of six (6) months and are responsible for all duties and regulations covered in this manual.
- (b) Employees serving a probationary period in a permanent position shall receive all benefits with the exceptions as documented in the County Resolutions
- (c) New employees will be required to successfully complete all departmental orientation programs.
- (d) Probation may be extended up to (9) nine months for failure to complete terms of employment (Review County Resolution Article 7, Section 9)
- (e) During probation, employees may be disciplined or dismissed for violations of Davidson County Personnel Resolution and/or Departmental policies. (Review County Resolution Article 7)

Section 3. Termination of Employment

- (a) To receive pay for accrued holiday and vacation time, a two (2) week written notice must be turned into the director.

- (b) You may take vacation time during this two (2) week period, only if this is agreeable with the county. It shall be the County's option to require the notice to be worked.
- (c) Equipment should be returned in the following manner before the last payroll check will be issued. Administration will provide a detailed list of returnable items. All equipment will be turned into the administration office. All clothing should be hung on separate hangers. This includes:
  - 1) Uniforms
  - 2) Coats
  - 3) Turnout gear and gear bag
  - 4) Class-A Uniforms
  - 5) Any other County issued clothing or equipment

Section 4. Part-time Employment

- (a) Part-time employees are responsible for all duties and regulations covered in this manual
- (b) Part-time employees will be provided with workman's compensation, liability, and malpractice insurance.
- (c) Part-time employee's daily base assignments will be determined solely by on-duty supervision.
- (d) Part-time employees will not be allowed to swap time with other part-time personnel.
- (e) All part-time employees are required to work a minimum of 120 hours per quarter. Failure to meet minimum quarterly requirements in 2 consecutive quarters or failure to work at least 60 hours in any single quarter may result in termination of employment. Part-time personnel cannot exceed 38 hours per week or 950 hours in a calendar year. Continuing Education does not count toward the minimum hours. It is the employee's responsibility to schedule required time.
- (f) Part-time personnel employees will not schedule time that conflicts in anyway with the schedules of the personnel's primary employment. Part-time personnel are expected to be at their assigned base at the scheduled time. Exceptions to this are subject to the approval of the on-duty supervisor and shall not be abused.
- (g) Part-time personnel shall not work any combination of hours that would constitute the employee working more than 16 hours consecutively. In the event of a disaster, emergency situation, weather event or special circumstances, the Director has authority to approve any type alternative shift schedule / pattern.
- (h) Part-time must provide a minimum of 72 hour notice for cancellation of previously scheduled time. Do not schedule time if you can't work. Abuse will not be tolerated and may result in disciplinary action.
- (i) Part-time personnel shall sign onto DCES Scheduler to provide availability and schedule available time to meet quarterly required minimum hours.
- (j) Part-time personnel shall maintain valid contact information with administration and in the scheduler.
- (k) Failure to comply with DCES scheduler requirements are subject to disciplinary actions up to and including termination.

Section 5. Leave Policy

- (a) The rules and policies contained in the Davidson County Personnel Resolution may differ from the rules and policies in this document. This document provides additional definitions and policy

clarification as it relates to the EMS department and EMS work requirements and due to the necessity to maintain 24hr operations, may be more stringent than in county policy and shall be followed.

- (b) Once the schedule is posted, it is the supervisors' discretion whether a shift can be altered or personnel are reassigned. If a problem or conflict exists, the employee must contact the Operations Supervisor as soon as possible. If an employee is unable to reach the supervisor at least by one hour prior to the shift starting time, he/she should contact the next ranking officer on the shift or the administration office. Notifying CCOM, other personnel, or leaving messages is not acceptable.
- (c) All Comp Time (TFT) and vacation leave requests must be submitted on the EMS Scheduler a minimum of 14 days prior to the requested leave. All leave is subject to administration approval and availability of backfill.
- (d) No more than 3 approved requests for vacation or compensation time off are allowed per shift. Any request for hardship exceptions must have a written justification from the employee and be approved by the Operations Manager or Director.
- (e) Employees submitting RTO's must use banked TFT before requesting the use of vacation time if the amount of TFT the employee has available is equal to, or greater than the amount requested.

#### Section 6. Vacation Leave

- (a) Accumulation of vacation and sick time is accrued according to the length of service with the county. Vacation time may be accrued during the probationary period, but not taken. (Review the Davidson County Personnel Resolution.)
- (b) Request for vacation leave must be submitted on the EMS Scheduler to the EMS Director, no later than 14 days prior to the requested time off.

#### Section 7. Time for Time

- (a) Time for Time (TFT) may be accrued by full time non-exempt personnel only. Time will accrue at 1.5 hours for each one (1) hour worked.
- (b) Acceptable duties performed for TFT compensation is any duty that may be authorized for TFT by administration which includes, but is not limited to, the following: SMAT, Bike Team, Tactical Medics, PR events, committee meetings, mandatory meetings / trainings, special events, extra shifts on the EMS unit or authorized standbys.
- (c) TFT must be used within a reasonable time after accrual and will not meet or exceed 72 hours. If an employee reaches 72 hours of TFT, he / she will be notified to submit an RTO to take off using TFT. The hours should be reduced below 72 within a 30 day period. If the employee does not submit an RTO after being notified, administration will schedule the employee time off using TFT on the first date available in order to reduce their total TFT below 72 hours.
- (d) Calls or duties that carry over after the end of an assigned shift are not eligible for TFT. They must be put on the employee's time sheet.
- (e) Employees must complete a TFT form and submit it within 10 days of the TFT duty performed unless a bulk roll for the TFT event is completed by a supervisor.
- (f) Employees must use all accrued TFT prior to terminating their employment with Davidson County. TFT cannot be used within the last 2 weeks of employment unless prior written approval is given by the Emergency Services Director prior to the beginning of the 2 week period.

## Section 8. Sick Leave

- (a) Sick leave shall be granted to employees who are unable to work because of illness or injury of the employee or a member of his/her immediate family living in the employee's household or because of medical/dental appointments or other ongoing treatment. It is also the policy of the Department to take corrective action for unauthorized use and/or abuse of sick leave.
- (b) For purposes of this policy, immediate family is defined as: spouse, child, step-child, grandchild, parents, step-parents, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparents, great grandparents, brother, sister, step-siblings, brother-in-law, sister-in-law or legal guardian or other person who stands in the place of a parent.
- (c) Due to mandatory staffing requirements, supervision must be contacted as soon as possible, no later than 1 hour prior to the beginning of the scheduled shift to request sick leave. The on-duty supervisor can be reached at 336-242-2215 or 336-596-8741. If the employee is unable to reach the supervisor, he/she must contact the next ranking officer. Notifying CCOM, other personnel or leaving a message is **not** acceptable. Emails or texting is not an acceptable method of sick notification.
- (d) If sick leave continues past the first day, the employee will notify his/her supervisor or designee every day thereafter unless prior notification was given of the number of days to be off. When hospitalized or convalescence at home is required, the employee is responsible for notifying the supervisor at the start and end of such period.
- (e) Employees using sick leave for three consecutive shifts will be required to submit Family Medical Leave (FMLA) documents which provide a statement, written and signed by a physician or his or her designee who has examined the employee or the member of the employee's immediate family.
- (f) Should the Director or designee find it necessary to require the employee to provide the physician's verification for future illnesses, the request will be made in writing using a "Physician's Verification" notification with a copy to the employee's personnel file.

1) *County Personnel Resolution Article VI, Section 16-Sick Leave - Physician's Certificate:*

- a) *The employee's Department Head or County Manager may require a statement from the physician, or other acceptable proof, that the employee was unable to report for work to the end that there will be no abuse of sick leave privileges. At the expiration of an authorized sick leave, the employee's Department Head or County Manager may require a physical and/or mental examination at the County's expense and by a physician of its choice to determine if the employee is able to resume his/her normal duties.*
- 2) When unauthorized use or abuse of sick leave is substantiated, the Director or designee will affect corrective action, keeping in mind any extenuating or mitigating circumstances. The Director or the Human Resources Director or designee will explain the serious consequences of continued unauthorized use or abuse of sick leave.
  - 3) If abuse is suspected, the supervisor or designee will notify the employee in writing of the abuse. Use of sick leave for excused or authorized reasons shall not be considered abuse.

## Definitions:

- a. Unauthorized use of Sick Leave:
  - i. Failure to notify supervisor of medical absence

- ii. Failure to provide physician's verification when requested or required
- iii. Fraudulent physician verification
  
- b. Misuse of Sick Leave:
  - i. Use of sick leave for that which it was not intended or provided.
- c. Habitual use of sick leave/Pattern Abuse:
  - i. Consistent periods of sick leave usage
  - ii. Habitual usage before and/or after holidays
  - iii. Habitual usage before and/or after weekends or regular days off
  - iv. Habitual usage of sick leave on days in which days have been excluded when a maximum numbers of approved leave has occurred
  - v. Habitual usage after pay days
- d. One specific day (repetitive)
- e. Absence following overtime
- f. Continued pattern of maintaining zero or near zero leave balances without documented medical reason(s) from a physician
- g. Excessive absenteeism:
  - i. Use of more sick leave than granted / available
  - ii. 3 or more unexcused absences in 6 months (Example of Unexcused Absences: Absent without calling in, unacceptable notification, absences without physician certification)

Section 9. On the Job Injury (Workers Comp)

- (a) An employee, who receives a work related injury while on duty or special assignment, must notify the supervisor or the director immediately. The Employee will receive instructions for seeking medical care from supervision or risk management. The employee must complete the injury reporting packet within the specified time. (Review the Davidson County Personnel Resolution.)

Section 10. Substitute (Swap) Time

- (a) Full-time employees may only swap time with other full-time employees who work the same schedule (day for day / night for night) with prior approval from the operations supervisor.
- (b) Personnel must submit all requests on the EMS Scheduler to the shift supervisor with both parties consent 72 hours prior to the shifts requested.
- (c) Both employees request for swap must be submitted together for approval.
- (d) An employee cannot work more than 16 hours consecutively at any time. In the event of a disaster, emergency situation, weather event or special circumstances, the Director has authority to approve any type alternative shift schedule / pattern.
- (e) All substituted requests must be scheduled and worked within 30 days or less. No more than 72 hours of substitution can be submitted per month.

Section 11. Educational Leave

- (a) The EMS training division can authorize approval for educational opportunities in the field on Emergency Medical Services. Training should be related to the employee's job duties or assignments.

An employee must submit a reimbursement request for educational reimbursement a minimum of 14 days prior to the scheduled event. The training division can grant authorization for tuition, supplies, travel, lodging and other financial considerations. The employee is subject to scheduling restrictions and is not automatically granted leave if they are approved for educational reimbursement. Final leave approval will be determined by the Operations Manager.

Section 12. Civil Leave

- (a) A County employee called for jury duty or as a court witness for the Federal or State government or a subdivision thereof, is entitled to a leave with pay for the period of absence required. He/she is entitled to regular compensation plus fees received for jury duty.

Section 13. Deployment Leave

- (a) Employees requesting leave for special operation deployments for organizations and teams such as National Guard, SMAT, TEMS, Bike team must submit request 72 hours prior to events. This time is subject to approval by supervision / administration. In the event of emergency deployments authorized by the department head, no advanced notice is required.

Section 14. FMLA Leave

- (a) Employees who have been employed for at least twelve (12) full months and for at least 1,250 hours during the year preceding the start of a family or medical leave are eligible for family and medical leave (Review Davidson County Resolution Article VI)
  - For further explanation of leave and accruals refer to the Davidson County Personnel Resolution.

## Article 6. Safety

## Section 1. General

- (a) DCES personnel must be aware that there are many hazards encountered in Emergency Service operations. DCES personnel must be thoroughly familiar with potential hazards, be alert to those hazards, and take the proper action to prevent or minimize their effects.
- (b) DCES personnel shall make very reasonable effort to adhere to all policies, rules, regulations, or Procedures intended to provide for safety of personnel, patients, or the public.
- (c) DCES personnel should not compound an emergency situation by becoming a victim themselves.
- (d) Safe emergency driving is mandatory to prevent an accident (delaying the initial response and producing additional patients).
- (e) On the scene of an assault in progress (shooting, stabbing, etc.), or with the assailant present, DCES shall not enter the scene until secured by law enforcement personnel and should withdraw to a safe location, if necessary, until advised by law enforcement that the scene is safe. Crews should consider not giving the exact location of staging over radio due to operational security. CCOM should be notified via phone or secure communications.
- (f) On the scene of a hazardous material incident, EMS personnel will not enter the designated hot zone and will withdraw to a safe location, if necessary. Victims should be removed by properly equipped Fire/Rescue personnel and decontaminated (DECON) before EMS contact is made. EMS crews should follow the DCES HazMat Policy on all HazMat responses.
- (g) Survey all scenes for hazards and take necessary precautions (examples: downed power lines, fuel spills, traffic conditions, etc.). First arriving units are responsible for reporting known or, suspected hazards to CCOM for replay to responding units.
- (h) Do not park downhill or downwind from an unknown spilled liquid or chemical. Do not drive a vehicle over an unknown spilled liquid or chemical until certain that it is safe to do so.
- (i) CCOM will provide radio notification of all known hazards.
- (j) On all extrications and all operations presenting hazards, DCES personnel shall make every reasonable effort to ensure the area safe and wear proper PPE, (and know its proper use), in hazardous or potentially hazardous environments or situations. Unless, the situation will not allow it, all specified procedures and precautions for the prevention of exposure to infectious disease will be followed. Personnel electing not to use proper equipment must document the reason(s) in an incident report.

## Section 2. DCES Personnel Safety:

- (a) When on duty, all standard PPE will be on board DCES units at all times.
- (b) Safety-toed shoes, (rubber boots when needed), will be worn at all times as a part of the required uniform.
- (c) Helmets will be worn on any operation where there is the potential for injury to the head or face (Examples: MVC's with overturned vehicle or pin-ins, construction sites, civil disorders, fire scenes, etc.). Helmets will be worn with the chinstrap properly placed and secured.
- (d) Leather gloves will be worn on any operation requiring the use of tools or with the potential of causing hand injuries.
- (e) DOT approved traffic vest should be worn when personnel are operating on any incident on traffic thoroughfares such as streets, roads and highways.
- (f) Every reasonable effort will be made to use HazMat safety equipment and I.D. Manuals, as indicated, on any actual or potential HazMat incident. The vehicle operator will ensure that Hazmat Emergency Response Guidebooks, reports forms, and rehab forms are present each shift.
- (g) Infection control supplies, equipment, procedures, and reporting will be used daily as indicated. (See Davidson County Emergency Services Infection Control Policy) The vehicle operator will ensure that reporting forms and assigned supplies are available each shifts. The attendant will verify that infection control supplies are available in the unit.
- (h) Proper lifting techniques should be used at all times. When assistance is available, it should be used. When confronted with abnormally obese patients that cannot be safely lifted by two personnel, additional assistance should be requested. (2nd EMS Unit, Fire/Rescue Units)
- (i) Jewelry that poses the hazard of being caught in machinery or equipment will not be worn.

## Section 3. Motor Vehicle Safety

- (a) Personnel will observe all traffic laws.
- (b) Personnel will comply with driving regulations as outlined in Article II, Operations-Emergency.
- (c) Vehicle operators must be aware of the size, weight, and overall clearance of EMS vehicles and handling characteristics, which are different from private automobiles and trucks (e.g. longer stopping distances) and crews should compensate for these differences.
- (d) Vehicle operators must adjust the speed of the vehicle to compensate for road conditions, adverse weather conditions, and traffic conditions.
- (e) The following defensive driving techniques shall be used at all times:
  - a) Expect the unexpected by other drivers.
  - b) Adjust to the driving of others.
  - c) Learn to anticipate a trap.
  - d) Think ahead and be prepared to handle a sudden emergency.
  - e) Request the right of way but be prepared to yield to prevent an accident.
  - f) Beware of parked vehicles.
  - g) Watch for pedestrians.
  - h) Use turn signals.
  - i) When stopped in traffic, maintain adequate space between vehicles, to the front, to initiate an emergency response.
  - j) The parking brake will be set at all times when the unit is parked.
- (f) Vehicles shall be driven with a professional attitude in a safe and prudent manner:
  - a) Excessive speed is prohibited.
  - b) At no time shall vehicles be "hot-rodded" or abused.
  - c) "Pursuit" type driving is prohibited.
  - d) Gradual acceleration and deceleration shall be used to avoid abrupt stops or maneuvers, to provide a smoother, safer ride for patients and passengers, and to decrease wear and tear on equipment.
  - e) Allow adequate time and distance for emergency warning devices to be effective.
  - f) Adjust to the driving of others.
- (g) When a patient is not on board an ambulance, Personnel shall assist the driver in backing AT ALL TIMES by placing himself/herself near the rear of the vehicle and directing the driver (includes backing at hospital without patients on board and at DCES bases). The driver and attendant should have voice and

visual contact at all times. Sound the horn before backing. The driver will not back the vehicle until the assistant is clearly visible.

- (h) Backing assistance should be requested from Fire/Rescue or Law Enforcement personnel when personnel are not available to assist the driver. Voice and visual contact should be maintained. Sound the horn before backing.
- (i) Vehicle operators of DCES vehicles crewed by a single driver/paramedic shall take necessary precautions to prevent backing accidents. Sound the horn before backing.
- (j) Seat belts and shoulder belts will be worn at all times by DCES personnel when a vehicle is in motion. (Exception: When patients care requires movement by the attending EMT in the patient compartment).
- (k) Equipment in DCES vehicles should be secured with provided belts, straps, holders, latches, and cabinet doors to prevent injury or damage in the event of sudden stops or accidents.
- (l) To prevent carbon monoxide build up, all doors in the patient compartment should remain closed while the vehicle is running. This will also aid in security of contents, and accident prevention anytime the work area is occupied.

#### Section 4. Patient/Passenger/Observer Safety

- (a) All passengers and ambulatory patients in DCES vehicles shall be required to use seat belts.
- (b) All non-ambulatory patients will be properly secured to stretchers (with shoulder, chest, waist, and knee straps), chair stretchers, KEDs, Pedi-boards, or backboards before lifted or moved.
- (c) Children shall be transported on the stretcher using restraint belts or on the captain's seat using an approved child restraint devices.
- (d) Infants and children shall not be allowed to ride in the arms of an adult during transport unless required for their medical condition.
- (e) Pediatric passengers accompanying adult patients should be limited to one (1) and are required to ride in the vehicle cab passenger's seat, with seat belts in use. Unusual situations may allow additional passengers, seat belts shall be used and the on-duty supervisor will be notified. All required restraint requirements must be satisfied.
- (f) Parents of infants or children may ride in the patient compartment if it will assist with control or treatment of the patient. Seat belts shall be worn.

Article 7. Administration

Section 1. Reporting Personal injury or Vehicle Accident

- (a) Personnel sustaining an on the job injury will report the incident to the on-duty supervisor immediately. Personnel will be provided medical care at an appropriate medical facility, as determined by the operation supervisor. Personnel may be relieved of duty for the remainder of the shift at the discretion of the on duty supervisor.
- (b) When work related injuries or exposure to disease occur, an incident report and workmen's compensation packet must be submitted by the end of the shift in which the injury occurred if at all possible.

Section 2. Reporting Vehicle Accidents

- (a) When a department vehicle is involved in an accident, the personnel should ascertain the number of patients, triage and treat all injuries, and notify CCOM. If the unit is responding to a call, CCOM will dispatch the next closest unit to the original call.
- (b) The unit involved in the accident will not leave the scene unless authorized by law enforcement or the EMS supervisor.
- (c) Personnel should assist in directing traffic until the proper law enforcement agency arrives.
- (d) When damage renders unit not drivable:
  - 1) Turn off ignition switch.
  - 2) Turn off master switch.
  - 3) Turn battery switch to off.
  - 4) Remove fire extinguisher and place in possession of driver.
  - 5) Driver shall stand by with fire extinguisher, in case of fire.
- (e) Paramedics will not discuss details of accidents; i.e., who is at fault, cost of damage, etc., with anyone except the investigating officer or an EMS officer.
- (f) Accident reports shall be filled out on all accidents, no matter how minor. Accident reports will be turned in to the supervisor or the director.

Section 3. Incident Reports

- (a) Davidson County EMS recognizes that many unusual circumstances may arise during the discharge of duties. To ensure quality, rapid response, and safety the Operations Supervisor will investigate and report all findings to the EMS Operations Manager and the Director.
  
- (b) Personnel may be required to submit a written incident report to the operations supervisor as part of an on-going investigation. The incident report should be legible, neat, and concise and only include details relevant to the events of the incident. Personal opinion, conjecture, and hearsay should be omitted. The completed investigation will be filed with EMS Administration. Example of events requiring incident reports:
  - 1) Out-of-county delays
  - 2) Initiation of EMS response greater than 90 seconds from dispatch
  - 3) Unclear documentation
  - 4) Omission of vital information related to care rendered
  - 5) Equipment failure, breakage, loss or missing during checkoff
  - 6) Damage to EMS property
  - 7) Medical protocol deviation
  - 8) General Operating Guideline deviation
  - 9) Controlled Substance Policy deviation
  - 10) Other unusual incidents

## Section 4. Complaints and Conflicts

- (a) The intent of this policy is to provide for the uniform and consistent handling of complaints received by DCES. It is our responsibility to provide follow-up and feedback to our customers, the general public or allied responders. Additionally, any concerns brought forth regarding conflict between allied agencies will be addressed through formal process, as outlined in this policy.
- (b) Complaints or reports of conflict shall be noted on the Davidson County EMS Conflict/Complaint form. This is done to ensure a similar process can be followed in all contacts from outside of the Department of Emergency Services.
- (c) Any person receiving a report should complete all applicable sections of the form in an unbiased and professional manner. Convey to the complainant that the situation will be investigated and they should anticipate a call from the EMS Supervisor in the near future. Absolutely no presumption of guilt or innocence should be conveyed.
- (d) The form should be sent to the appropriate Operations Supervisor for review and research. Specifically, if the complaint/conflict is call related, then a copy of the PCR should be pulled, copied, and attached to the complaint form by the Operations Supervisor. Every attempt should be made follow-up with the complainant within 72 hours. Once the file is complete, it should be forwarded to the EMS Director.
- (e) If a medical treatment concern is addressed, the EMS Educational Coordinator should review the case and make a determination on involvement of the Medical Director. Contact with the Medical Director should be limited to the EMS Educational Coordinator.
- (f) Based on a review of the incident, a determination will be made regarding the validity of the complaint/conflict. If the complaint is deemed valid, further investigation and disciplinary action may ensue.
- (g) Discussion related to the complaint will be reserved to the investigating officer, the complainant, any witnesses, and/or the EMS personnel involved. Involvement of additional supervision, administration, the medical director, or county officials will be determined by the scope and nature of the investigation.
- (h) If during the course of the investigation, any investigator has suspicion of criminal activity, the investigation will cease and the EMS Operations Manager and EMS Director will be notified. The Director will contact the proper authority for the completion of the investigation.
- (i) In cases of inter-agency conflict, unresolved by initial discussion, a meeting will be established with the departmental liaison at the earliest convenience of all parties involved. The meeting will be for the purpose of informing all parties of the perceived conflict, and to determine a plan for investigation and resolution. Once an investigation is complete, the original complainant will be contacted by phone, letter, or in person by the director. Notations of all contacts will be documented, and retained for a period not less than seven years.



Witnesses:

(1) \_\_\_\_\_ Phone Number: \_\_\_\_\_

(2) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Follow-up Requested: ( ) YES ( ) NO

Complaint Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_

Investigated By: \_\_\_\_\_ Date: \_\_\_\_\_

Attach:

Summary of events

Supporting Documents (911 Records, call reports, etc)

Witness statements

Personnel incident reports

Conclusions

Recommendations

Actions Taken

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Administrative Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Section 5. INJURY/DEATH IN THE LINE OF DUTY

- (a) In the event of a serious injury or death of on-duty personnel the following shall occur:
- (b) All administrative staff shall be notified by CCOM
- (c) The on-duty Supervisor will respond to the scene and start the investigation.
- (d) The Operations Manager will respond to the hospital and check on the status of injured personnel.
- (e) The Director will respond to the personnel's family to assist with notification and the needs of the injured/deceased family.
- (f) All other administrative officers will report to the administration Offices and will be assigned tasks by the Director, Operations Manager or on-duty Supervisor.

## Section 6. Controlled Substances

- (a) Controlled Substances (CS) are carried by DCES to improve patient care. Their use is authorized by standing orders approved by the DCES Medical Director, or by an order from the receiving hospital physician. Each administration guideline is specifically referenced in the current ALS program protocols. These substances are carried in accordance with current State and Federal regulations. The current guidelines are detailed in the N.C. Controlled Substances Act and Guidelines.
- (b) At each shift change, or at any personnel change during a shift, the on-coming Paramedic will inspect, count quantity, and check expiration dates on all controlled substances prior to signing the drug card and accepting the exchange of keys for CS access.
- (c) Ambulances: At each shift change, or at any personnel change during a shift, the off-going Paramedic will witness the inspection of controlled substances and will sign off on the drug card next to the on-coming personnel's signature.

Quick Response Vehicle: At end of shift, the off-going QR4 Paramedic will transfer the chain of custody of QR4's controlled substances to the on-coming Medic 4 paramedic. The off-going Paramedic will witness the inspection of controlled substances and will sign off on the drug card next to the on-coming personnel's signature prior to the exchange of keys for QR4 CS access.

At the beginning of QR4 shift, the chain of custody will reverse utilizing normal procedures.

In the event the Medic 4 Paramedic is engaged in a response and unavailable, the QR4 Paramedic will:

- call the on-duty Supervisor to obtain the base safe code;
- access the safe;
- remove the spare set of QR4 controlled substance keys;
- access the CS in the presence of the on-coming Medic 4 Paramedic;
- inspect, count quantity, and check expiration dates on all controlled substances;
- and sign the drug card.

Once the off-going Medic 4 Paramedic returns, he/she should sign off on the drug card, and give the QR4 CS keys to the QR4 Paramedic. The QR4 Paramedic will return the spare set of keys to the base safe and lock the safe.

- (d) All controlled substances will be kept under double lock and key at all times and keys shall be in the possession of the Paramedic who has signed for the chain of custody of the medications. Exceptions are:
  - 1) Shift change and personnel changes. Controlled substances are to be accessed only for inspection by the on-coming Paramedic and remain in the possession of this Paramedic until turnover is completed with the next oncoming Paramedic.
  - 2) Administration of controlled substances. Controlled substances can be accessed for administration of the medication. CS will not be accessed prior to patient contact and the need for CS administration is determined. All controlled substances will be replaced immediately into cabinets and/or lockboxes and locked as soon as the specific controlled substance needed for administration is removed.
  - 3) Removal and replacement of expired or damaged controlled substances.
  - 4) At the direction of the on-duty supervisor or the narcotic control officer.
  - 5) In the event of an unforeseen emergency which would prevent normal controlled substance handling procedures from occurring, and with the permission of the supervisor, a Paramedic may sign off on the drug card and place the CS keys in the Base safe. The Paramedic must obtain the safe's code from

the supervisor and ensure all controlled substances are secured prior to going off-duty. See Appendix B.

- (e) EMS personnel will report expired or damaged controlled substances to the on-duty supervisor. Any expired or damaged drug will be removed on the same day it has expired or found to be damaged and will be turned over to the on-duty Supervisor. Expired or damaged controlled substances will be placed in the safe at the supervisor's office. Transfer of expired or damaged drugs and the replacement of the same will take place at the supervisor's office or designated location. Do not remove an expired or damaged controlled substance and place them in any unsecured fashion, or dispose of in any manner.
- (f) EMS Personnel will contact the on-duty supervisor when the controlled substance inventory on the assigned truck falls below minimum requirements listed on the drug card. Replacement of controlled substances will be issued from the controlled substance safe at the supervisor's office by the on-duty supervisor.
- (g) The replacement of dispersed or expired controlled substances will be distributed only to the Paramedic who has signed for the controlled substances.
- (h) The Operations Supervisor will notify the Narcotics Control Officer (NCO), when the supply falls below 10 in the supervisor office supply.
- (i) EMS personnel will start a new drug card on the first day of each month. The previous month's card should be reviewed and any errors corrected prior sending card to the NCO. If additional cards are required to carry the balance through month's end, all cards should remain together and sent to the NCO at the month's end.
- (j) All correspondence to the NCO or the Controlled Substance Review Board should be sent through interdepartmental mail and addressed to the NCO or Controlled Substance Review Board.
- (k) All documentation of a controlled substance will include the complete name or chemical name as well as the dosage strength that is listed on the packaging. Where indicated, documentation should include time.
  - a) Example: If the packaging lists "Diazepam 10mg" then "Diazepam 10 mg" MUST be listed on the drug usage card. If the packaging lists "Valium 10 mg" then the usage card MUST say "Valium 10mg".
  - b) Example: If the packaging reads "Morphine Sulfate 10 mg", then "Morphine Sulfate 10 mg" must be listed on the drug card and usage card. MSO4, M. S., or Morphine 10 mg are not acceptable terms.
- (l) A new line must be used for each and every transaction. No line will be missed or skipped.
- (m) In the event of documentation errors on the usage form or inventory record, EMS personnel will place a single strike through the entire line containing the error, place his or her initials beside the error, and start a new line with the correct information.
- (n) Correction fluid (e.g., Whiteout) is not permitted on any controlled substance record. Any controlled substance record found with correction fluid will be returned and a new card will be required.
- (o) All disbursement of controlled substances will be documented on the Controlled Substance Usage Form or the Contamination/Breakage Report form. Documentation for patient administration will include:

PATIENT'S INFORMATION

PCR number

Medic unit number

Patient's full name

Date of birth and age

Patient's estimated weight

Patient's chief complaint

MEDICATION INFORMATION

Medication given (complete name and dosage)

Document all times and dosages given

Document route of administration

Document total dosage

Which hospital contacted

Name printed and signature of the person administering medication

Name of receiving hospital

(p) EXPLANATION OF WASTE

Waste location and explanation (i.e., wasted in sink at WFUBMC ED bed 2 or did not use, wasted in T1 at LMH)

Amount wasted

Name and signature of attending paramedic

Name and signature of witness (Physician, Nurse Practitioner, Registered Nurse, Physician Assistant, Paramedic)

(q) CONTAMINATION OR BREAKAGE

Contamination of a controlled substance is defined as any controlled substance that is opened and unused or the package seal is broken.

Breakage of a controlled substance is defined as any controlled substance that is damaged or broken and is unable to be administered.

Contamination or breakage of a controlled substance will be documented on the "Contamination or Breakage Report Form". Documentation will include:

Name of the controlled substance and quantity

Description of contamination or breakage

Name and signature of the paramedic attending

Name and signature of any witnesses to the breakage and waste

Manner that controlled substance was disposed of (Breakage ONLY)

Notification of on-duty supervisor

Notification of Narcotic Control Officer

(r) The Narcotic Control Officer (NCO) will complete a follow-up statement for reports of breakage and contamination to ensure proper documentation is completed.

(s) Current List of Davidson County Controlled Substances

- i. Morphine Sulfate                      Schedule II
- ii. Fentanyl                                Schedule II
- iii. Ketamine                              Schedule III
- iv. Midazolam                             Schedule IV
- v. Diazepam                                Schedule IV

Section 7. CONTROLLED SUBSTANCE SUPERVISOR SAFE

- (a) At each shift change, the on-coming supervisor will inspect, count, check and record quantity and expiration dates on all controlled substances in the safe prior to signing the stock inventory card and accepting the exchange of keys for CS access.
- (b) At each shift change, the off-going supervisor will witness the inspection of controlled substances in the safe and will sign off on the drug card next to the on-coming supervisor signature.
- (c) A new line must be used for each and every transaction.
- (d) Personnel that sign for the controlled substances will be the only personnel that can distribute medication from the controlled substance safe.
- (e) The Controlled Substance cabinet and safe will be double-locked when left unattended.
- (f) Expired or Damaged Drugs will be reported to the NCO. Removal of the expired/damaged stock from the safe will be the responsibility of the NCO.
- (g) If you have any questions, concerns about the controlled substances and their regulation, please contact the NCO.

## Section 8. Completion of Patient Call Report

- (a) During employee orientation, DCES employee will receive proper training concerning the proper completion of the electronic Patient Call Report (PCR) and any additional forms used for medical documentation. Additional training and remediation will be available on an as needed basis.
- (b) Crews should assure the computer is connected to the network and all PCR's are saved to the server each shift. This is imperative for the administration to run daily reports to the state as well as for the hospital to receive a copy of the PCR. A PCR will be completed for each call or standby the EMS unit responds on.
- (c) PCR'S not properly completed or requiring correction will be electronically returned to the EMS crew member for completion or correction.
- (d) For completion of handwritten forms and signatures, use black ink only.
- (e) All handwriting must be neat and legible. Any report that is not legible will be returned to personnel to be legibly completed.
- (f) The PCR report will be completed before clearing the hospital, if possible. PCR reports will not prohibit or delay any unit from handling calls. PCR's must be completed before the end of the shift. Personnel will not leave work with open or incomplete PCR's in the computer.
- (g) Use only the standard abbreviations; no other shorthand notations are acceptable.
- (h) All times must be written in 24-hour military time format.
- (i) All dates must be written in the month/day/year format. Example 03/01/2010.
- (j) All references to a hospital will be addressed by an approved abbreviation or full name. The use of radio designations is not acceptable
- (k) PERSONNEL MUST COMPLETE A PCR AND DOA FORM ON ALL DOA's PRONOUNCED BY DCES. This is the responsibility of the attending paramedic.
- (l) Many insurance companies, as well as Medicare and Medicaid require patient signature, for reimbursement. Therefore, DCES personnel must assure that a patient signature is obtained on all "billable" calls.
- (m) Crews are to complete PCRs in a timely manner following the call to avoid accumulation of incomplete reports on the computer. **All** PCR's will be completed and saved to the server by the end of the shift.
- (n) Crews will document and obtain signatures from the receiving facility. Crews will print the name of the RN or Physician in the appropriate box.
- (o) Crews will only document relevant information that pertains to patient care. Remember that a PCR is a medical and legal document. All interventions including who performed them and time performed along with all treatment and assessments provided will be documented as accurately as possible. Any personal opinions, sarcasm or non-pertinent information is not permitted.
- (p) Failure to appropriately and accurately complete PCR's and / or upload PCR's prior to the end of shift **is not** acceptable. In cases of computer or electronics failure, supervision should be notified immediately in order to facilitate repairs or a replacement computer.

## Section 9. Release of Confidential Patient Information

- (a) It is imperative that DCES maintain the confidentiality of patient information that we receive in the course of our work. DCES prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations. DCES employees are subject to the guidelines for maintaining the confidence of PHI as defined in the DCES HIPAA Manual/Compliance Policy.

## Section 10. Protected Health Information (PHI) is comprised of:

- a) Patient Care Report (PCR)
- b) Photographs (Only DCES owned equipment may be utilized to photograph scenes or patients)
- c) Monitor strips
- d) Physician Certifications
- e) Patient Refusal of Treatment forms
- f) Other source data that is incorporated and/or attached to the PCR

## Section 11. Incident reports

- (a) Release of copies of Patient Care Reports (PCR's) must be approved by the Davidson County Emergency Services Director and adhere to the guidelines set forth in the DCES HIPPA Manual/Compliance Policy.
- (b) Patient information may only be shared with persons who have a right to know. Persons with a right to know are defined as anyone who has been, is currently, or will be involved in this particular patient's care, to include clerical or administrative persons directly involved with the patient's records or billing. DCES personnel must use caution when discussing patients with co-workers, students, or other agencies (Rescue Squads, Fire Departments, and Law Enforcement). Such discussions should be limited to what these individuals need to know and should NEVER BE MADE SUCH THAT THEY MAY BE OVERHEARD BY THE GENERAL PUBLIC OR MEDIA.
- (c) Personnel who receive requests for information about a patient from someone that they do not personally know to be involved with the patient's care should refer the inquirer to the Davidson County Emergency Services Director.
- (d) DCES Operations Division personnel are not permitted to provide patient information to the Media. Supervisors may provide the media with other information such as number of patients involved, numbers of patients transported, and to which facility, etc. More detailed information should be provided to the media by Administration Division personnel or the appropriate PIO.
- (e) Reporters and photographers should not be hampered from doing their job. If their presence is interfering with your ability to render patient care then ask them to move, leave the scene, or ask for LEO to intervene. This includes asking reporters and photographers to leave the scene if their presence is upsetting to the patient.

Section 12. Tobacco Use policy

- (a) Tobacco use of any kind is prohibited inside all Emergency Services facilities and vehicles at all times.
- (b) Use of any type of tobacco products in the presence of patients is strictly prohibited.
- (c) Tobacco users are responsible for ensuring designated tobacco use areas are free of any tobacco by-products. Smoking by-products will be discarded in designated container only and will not be discarded in the yard, bay floors, or facility grounds.
- (d) By-products of smokeless tobacco must be secured within containers with lids, and disposed of immediately in outside trash cans. Disposal is the responsibility of the employee. Containers shall not be carried in EMS vehicles or left unattended.
- (e) Designated tobacco use areas:
  - a) Base 1, 2, 3, 4, 5, 6, 7 and 8 - Bays only
  - b) Admin building- Outside training room
- (f) DCES Personnel will honor all County and Department rules governing tobacco-free facilities, private or public, while on-duty.
- (g) Vapor type smoking devices shall only be used in the designated tobacco use areas as listed above (e).

## Section 13. Cellular Phone Use

- (a) The use of cellular telephones and radios while operating DCEMS vehicles is a necessary part of providing emergency services. However, person's driving emergency vehicles should limit their use of telephones and radios to a last resort and should always have the highest awareness of safety. Texting while driving **is not** permitted.
- (b) Cellular telephones have been purchased for each transport unit in the DCEMS fleet in an attempt to improve patient care providing a means of communications for medical control purposes.
- (c) Cellular telephones are not for personal use. Contacting family or friends of patients/accident victims is discouraged.
- (d) Efforts are being made to keep all cellular telephones programmed the same. Reprogramming is time consuming, and changes may take time to implement. Notify the EMS Administrations office of programming needs.
- (e) No cellular telephone should be programmed or otherwise modified without the approval of the EMS Director.
- (f) Texting from county cell phones is not permitted.
- (g) Report any cellular problems or difficulties to your supervisor as soon as possible
- (h) Personnel are not permitted to use personal cellular phones while driving county vehicles.
- (i) Personnel shall not make or receive personal calls while on scene, or while transporting patients. Personnel shall restrict audible custom ring tones and/or volume so as not to be disruptive, offensive, or heard by the public.

Section 14. Late Call/Relief Policy

- (a) In cases where DCES personnel have made patient contact and are engaged in medical care, the changing of personnel will only be permitted on non-emergency hospital-to-hospital transfers. In all other incidents the changing of personnel must be completed either at the hospital prior to leaving or at the base prior to responding to the hospital.
- (b) On-coming personnel may respond to the scene by POV or in a spare unit after receiving permission from the on-duty supervisor. The on-coming crew can relieve the off-going crew prior to the medic unit departing the scene.
- (c) All patient information shall be passed on to the on-coming crew.
- (d) Personnel shall not stop by a DCES facility to change personnel, nor shall they stop while en-route to a hospital facility to change personnel.
- (e) At no time shall there be a delay in patient care or transportation.

## Section 15. Visitors, Students, and Observers

- (a) The supervisor or their designee will host visitors at bases of operation. Politeness and monitoring of language will be expected of personnel when visitors are present. Personnel will not discuss details of calls or patient information with visitors.
- (b) EMS Personnel will notify the on-duty supervisor at the beginning of the shift of riders/observers/students to be included on the daily roster. Demographic and emergency contact information should be forwarded to the supervisor prior to the individual riding on the unit.
- (c) Riders/observers aboard the county EMS units shall be subject to the following provisions:
  - a) Riders will be required to sign all necessary liability forms before riding
  - b) Riders/observers are not responsible for the treatment of patients
  - c) Patients have the right to object to rider/observers observing their treatment
  - d) Riders/observers will not interfere with the EMS personnel at any time
  - e) Only one (1) Rider/observer/student will be permitted on an EMS unit at a time
- (d) Riders from Volunteer Rescue or Fire Departments must present a letter from his chief, director, or responsible supervisor stating the riding experience is for training purposes, and that the rider is covered by that organizations insurance while at DCES and be approved by the EMS Operations Manager.
- (e) The county will not be responsible for damaged clothing or lost articles. Uniforms and Safety-toed boots are suggested for safety and easy recognition on the scene. Riders should be prepared for a change in weather and the possibility of their clothing becoming torn or stained.
- (f) The recognized riding time for riders, observers, or explorers will be from 0700 to 2200 hours. Exceptions will be students or paramedic's riding for certification requirements. All visitors shall leave the building and grounds by 2200 hours.
- (g) Any Emergency Medical Services officer, FTO, preceptor, or senior paramedic has the authority to terminate any observer's permission to ride at any time for any reason. The Operations Supervisor and EMS Operations Manager will be notified verbally and in writing of the incidents, concerns or conditions involving riders.
- (h) All students must be approved by the training division. The operation officers are responsible for final approval of all scheduling request from the training division.
- (i) No more than two persons riding in the front of any EMS vehicle. No person riding in an EMS vehicle shall sit upon any equipment or structure not designed for seating. All personnel on board the vehicle shall be secured properly in a seat-belted position.
- (j) EMS Explorers are subject to all EMS Explorers GOG's in addition to these provisions. In the event of a conflict, resolution will be made by the on-duty supervisor.
- (k) EMS Explorers are limited to ride on EMS units at Lexington and Thomasville bases.

## Section 16. Patient's Refusing Service

- (a) Patients refusing treatment and/or transportation by DCES should receive an appropriate assessment by EMS personnel and should be educated about their condition so that they are making an informed decision.
- (b) When a patient, who in the opinion of responding personnel is in need of medical care, refuses treatment and/or transportation to a healthcare facility, DCES personnel will make a reasonable effort to convince the patient to allow the unit to transport them to a hospital.
- (c) If a patient repeatedly refuses transportation, under NC State Law, EMS personnel cannot forcibly restrain a patient and force transportation against his/her wishes, provided that the patient is competent to refuse care and transportation.
- (d) A competent person would be one who is awake; alert; oriented to time, place, person and circumstance that are able to understand the implications of refusal of care.
- (e) An accurate determination of the patient's condition should be attempted by DCES personnel and documented on the PCR. This should include:
  - i) Type of call
  - ii) Chief complaint
  - iii) Assessment of vital signs
- (f) The opinion of DCES personnel that the patient appears to understand the nature of his/her injury/illness and the risks arising from refusal of care/transport
- (g) Personnel should document on the PCR the above findings as well as whether the patient "Refused transport/care AMA (Against Medical Advice)". This means that the DCES personnel have advised patient of his/her injuries/illness and the extent of these injuries or illness. This also means that DCES personnel have advised the patient that they feel it is in his/her best interest that they be transported to the hospital for further evaluation and care. Additionally, DCES personnel will advise the patient of the possible problems/complications that may develop as a result of the patient refusing care or transportation.
- (h) All statements made by DCES personnel and the patient are pertinent and WILL be documented on the PCR to protect both the personnel and DCES.
- (i) If possible, the name and signature of a witness, such as a family member, friend of the victim, or law enforcement officer, should also be obtained.
- (j) Personnel will obtain a signature on the PCR, or MCI form if applicable, by the patient(s) refusing treatment and / or transport.

## Article 8. Training

## Section 1. Quality Improvement and Quality Assurance

- (a) DCES recognizes the need for quality assurance and continuous quality improvement. The plan outlines responsibilities and corrective actions for personnel who monitor patient call reports.
- (b) All personnel are required to assess and treat patients based on patients' needs to the level of their EMS credential and per NCOEMS approved treatment protocols.
- (c) All personnel must adhere to the General Operating Guidelines established by DCES. All personnel must also adhere to medical treatment protocols that are established and approved by the Medical Director.
- (d) Documentation in patient call reports must adhere to established standards. At a minimum, all billing information and personal patient information must be entered in the patient call report. The patient call report must include a complete narrative describing the patient's chief complaint, complete assessment, treatment administered and response to treatment. Document all pertinent positives and negatives associated with patient contact.
- (e) Patient Call Reports are evaluated based on protocol knowledge, skill proficiency, time management, field diagnosis skills and delivery of the appropriate treatment.
- (f) At any time all full-time or part-time personnel are subject to additional training or evaluation as deemed necessary by the DCES Operations Manager.
- (g) Disciplinary action may occur if full-time or part-time personnel continue to disregard patient care protocols or training for purpose of quality improvement.

## Section 2. Continuing Education

- a) All NCOEMS credentialed DCES employees shall maintain and keep up to date with required CE hours and topics through the DCES CE program along with annual required training.
- b) Participation in the online DCES CE program is required for DCES employees. This may be completed when on-duty. Topics are normally available for an entire month to allow sufficient time for completion.
- c) DCES CE is delivered in a hybrid format. Topics and education is provided online along with periodic hands-on skills evaluations.
- d) Occasional mandatory in classroom training may be held for equipment, protocol or procedure updates or specialized training.
- e) DCES will maintain training records of in-house training that is provided and will re-credential DCES employees that meet the NCOEMS and DCES requirements for re-credentialing.
- f) Personnel shall obtain the minimum number hours of CE per calendar year required by DCES and the Davidson County System Plan and should include any annual required topics.
- g) Personnel that become delinquent in CE or fail to meet mandatory training requirements shall be subject to disciplinary action.

## Article 9. Logistics

## Section 1. Preventive Maintenance

- (a) Davidson County Emergency Medical Services has developed a preventive maintenance policy to be utilized on specified medical devices to ensure each remains within its manufacturer's suggested and recommended guidelines, as well as national standards for pre-hospital emergency care.
- (b) Suction Equipment: Personnel perform a daily check of both fixed and portable suction equipment. These checks include charging of batteries in the portable units, cleaning and replacement of water, testing of suction vacuum, and for proper equipment. The fixed suction units are serviced /repaired by maintenance personnel during routine service or preventative maintenance (PM) of the vehicle.
- (c) Oxygen Delivery System:
  - (i) Personnel perform a daily check of all oxygen delivery systems, fixed and portable, and record same on their unit check sheets. If any problems are found they are reported to the Operations Supervisor. The fixed oxygen system in each unit is serviced or repaired by the maintenance shop.
  - (ii) Proper liter flow and seal test is done during the morning check off. An outside vender is under contract to Davidson County EMS to provide all oxygen and cylinders.

## Section 2. Cardiac Monitor/Defibrillators:

- (i) The cardiac monitor/defibrillator used by Davidson County EMS is a combined unit. EMT-P personnel perform a daily check for proper operation. The unit performs a self-test and batteries have a diagnostic feature for charge and recycle.
- (ii) A defibrillation test is performed daily. Problems/errors should be reported to the Operations Supervisor. If necessary, service technicians will be contacted for the required repairs.
- (iii) A bio-medical repair/testing trained DCES employee performs an operational performance test every six (6) months on all the cardiac equipment per NCOEMS specifications. They also do any standard calibrations that are needed. Records of all repair and OEMS inspections are kept in the EMS Administrations Office by Logistics.

## Section 3. Stretchers:

- (i) The stretchers used by Davidson County EMS are one person stretchers. EMS personnel perform a daily check for proper operation.
- (ii) A performance check is conducted daily. Problems/errors should be reported to the Operations Supervisor. If necessary, Authorized service technicians will be contacted for the required repairs.
- (iii) A stretcher repair/testing trained DCES employee performs an operational performance test every six (6) months on all the stretchers to the manufactures specifications. They also do any repairs including parts installation. Records of all repair and inspections are kept in the EMS Administrations Office by Logistics.

# **Davidson County Emergency Services**

## **General Operations Guidelines**

### **Appendix A**

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a) Class-A Uniform (Dress Uniform)

i) The Class A full dress uniform is for formal occasions or as directed by the Director of Emergency Services. Class A uniform shall be worn for functions such as funeral, department award ceremonies, and other functions determined by the director.

ii) Class A Full Dress uniform will consist of:

(1) Black uniform pants

(2) Black uniform coat with gold name plate, badge, and service accommodation

(3) White long sleeve uniform shirt with collar pins

(4) Uniform hat

(5) Black tie

(6) Patent leather, plain toe black shoes

(7) Plain black belt

(8) Black socks

(9) Plain white t-shirts only (if worn)

(10) White gloves (solid) optional

iii) Class A Dress uniform (if dress coat not issued)

(1) Black uniform pants

(2) White long sleeve uniform shirt with collar pins, name plate and service accommodations

(3) Black tie

(4) Black boots, plain toe (neat and polished)

(5) Black belt

(6) Black socks

(7) Plain white Tee-shirts only (if worn)

b) Class B uniform (duty uniform) shall consist of:

(1) High-visibility shirts

(2) Black t-shirt or mock turtle neck shirts

# **Davidson County Emergency Services General Operations Guidelines Appendix A**

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- (3) White uniform shirt (Supervision)
  - (4) Plain white t-shirt without logo (Supervision)
  - (5) EMS uniform pants
  - (6) Black belt
  - (7) Black Tactical boots, safety-toe required
  - (8) Black socks (white socks optional with high top boots)
  - (9) Black Ball caps with DCES logo (Dept. issued)
  - (10) Coats are hi-visibility, department-issued only
- (a) Class C uniform consists of:
- (i) EMS uniform pants
  - (ii) Black T-shirt with DCES Logo
  - (iii) Black belt
  - (iv) Tactical, safety-toe boots
  - (v) Black socks (white, if not visible)
  - (vi) Black Ball caps with DCES logo (Dept. issued)
- (b) Class D uniform will consist of:
- (i) Clothing designated for special events
  - (ii) Polo style shirts with DCEMS Logo
  - (iii) EMS Uniform Pants, Khaki pants,
  - (iv) Bike shorts (Bike team only)
  - (v) Tactical boots
  - (vi) Other Clothing or gear approved by Emergency Services Director
- (c) Footwear:
- (i) All crewmembers shall wear regulation black, safety- shoes with their regulation uniforms.

# **Davidson County Emergency Services**

## **General Operations Guidelines**

### **Appendix A**

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- (ii) Patent leather material, plain toes shall be worn with all full dress Class A Uniform.
- (d) Accessories:
- (e) All officers (sergeants, lieutenants, captains and administrative positions) shall wear gold insignia and name plates, field personnel shall wear silver insignias and name plates on Class-A uniforms.
- (f) Officers shall wear gold insignia on Class A uniform shirt collar with the bottom of the insignia facing the point of the collar, 1 inch from the point.
- (g) Nameplates shall be worn on Class A uniforms, centered over the right shirt pocket, the bottom of the nametag even with the top pocket seam. Nameplates shall have name, certification, and or staff position Name plate may include years of service on the optional "serving since plate"
- (h) Personnel may wear gold-colored hash marks on Class A, Long sleeved shirts and coats. Each hash mark will represent 4 years of continued full-time service. The first hash mark will be after 4 full years of service. Subsequent hash marks may be worn after 3-1/2 years into the next 4 year period.
- (i) Department Badges shall be worn on the left chest on Class A coats. In memorial services and periods of official mourning, a black band shall be worn over the badge.
- (j) Departmental insignias shall be centered over the left shirt pocket 1 inch above the top pocket seam.
- (k) Departmental citations shall be centered over the left shirt pocket, even with the top pocket seam. Personnel are limited to three (3) pins on the uniform shirt.
- (l) The emergency services patch shall be worn on the left sleeve of the uniform shirts, jackets and coats. State certification or National Registry patch shall be worn on the right sleeve of the button up Class-B uniform shirts, jackets and coats. All patches shall be centered on the sleeve, one inch below the shoulder seam.
- (m) EMS employees may wear ball-type caps. The caps shall be black in color, with the DCES logo on the front of the cap. The DCES logo is the only logo acceptable.

*Appendix B*

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Controlled Substance Roles and Responsibilities

- (a) Narcotic Control Officer (NCO)
  - (i) All DEA regulated controlled substances, (Schedules II, III, and IV), will be audited for proper documentation, storage requirements, and inspection for expiration dates.
  - (ii) The NCO will document any irregularities and issue corrective measures to ensure compliance with DEA and North Carolina Regulatory Commission.
  - (iii) The NCO will keep documentation of inspections, usage, waste, and expiration dates for inspection by the DEA and/or North Carolina Regulatory Commission.
  - (iv) The NCO will secure all expired Schedule II, III, and IV Drugs in a separate safe until The North Carolina Regulatory Commission can inspect and destroy all the expired medication.
  - (v) The NCO will maintain all records, documents, and forms in a secure file cabinet at the supervisor office.
  - (vi) Ensures personnel are trained and knowledgeable in controlled drug procedures.
  - (vii) Reviews Contamination/Breakage Forms for accuracy, completeness and content
  - (viii) Reviews each CS Usage Form and corresponding PCR for appropriate documentation and disposal procedures
  - (ix) Reviews daily inventory records for shortages and discrepancies. Compares against record of administration for accuracy
  - (x) Maintains the following Controlled Substances records for a minimum of two (2) years:
    - 1) Main Stock record
    - 2) Ambulance Inventory record
    - 3) Expired/Damaged Stock record
    - 4) Form DEA-41 Record of Controlled Substances Destroyed
    - 5) Usage and Contamination/Breakage form
  - (xi) Spot checks field personnel for knowledge of restricted drug usage procedures and problems encountered

**Appendix B**

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(b) Emergency Service Director

- (i) Signs yearly departmental authorization in State and Federal license renewal forms
- (ii) Responsible for proper utilization of controlled substances, maintenance of records, reporting of incidents, and ordering procedures
- (iii) Maintains blank DEA form 222 (order forms) under double lock
- (iv) Authorizes the purchase of Schedules II, III, IV controlled substances
- (v) Ensures proper procedures are followed in daily inspections, and loss or breakage incidents
- (vi) Arranges employee drug test for any personnel involved if indicated
- (vii) Ensures law enforcement has been notified
- (viii) Ensures DEA form 106 is completed
- (ix) Ensures corrective action, which will prevent future incidents
- (x) Forwards completed documentation to NCDC or DEA as appropriate
- (xi) Maintains appropriate records to include completed DEA-222 forms

(c) Education Coordinator

- (i) Ensures assigned personnel are knowledgeable in procedures, documentation administration, storage, and waste of controlled substances

(d) Operations Supervisor

- (i) Ensures assigned personnel are knowledgeable in controlled drug procedures
- (ii) Conducts daily inventory of narcotics stock safe and documents on Main Stock Inventory Record Form
- (iii) Ensures documentation of usage of controlled drugs on CS Usage form
- (iv) Immediately reports loss, damage, or breakage with appropriate documentation and contact with chain of command
- (v) Assists NCO with stocking and transfer for destruction of controlled drugs
- (vi) Ensures daily forms are forwarded to NCO
- (vii) Maintains strict possession and accountability for keys to EMS controlled substance safe
- (viii) If loss, theft, or tampering is suspected:
  - 1) contacts the local Law Enforcement agency with jurisdiction in the area where the incident occurred after consulting with management.

*Appendix B*

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- 2) Notifies the EMS Operations Manager and EMS Director
- 3) Notifies the NCO
- 4) Ensures written incident report is complete
- 5) Completes and returns DEA form 106 to EMS Director

(e) Paramedic

- (i) Performs daily inspection of controlled drugs on assigned unit, (with on-coming and off-going paramedic), and each signs card for transfer of quantities present. QR paramedic follows on-coming and off-going process outlined in Article 7, Section 6. All paramedics ensure controlled substances are maintained under double lock or on their person once the need for administration of CS has been determined
- (ii) Ensures usage is documented appropriately on PCRs, Controlled Substance Usage/Contamination or Breakage forms, and the daily inventory record form. This includes:
  - 1) Proper count
  - 2) Expiration dates
  - 3) Damaged vials or carpjects, to include detached seals and/or caps
    - These are deemed to be contaminated and will require completion of the CS Contamination/Breakage report and supervisor notification
    - These must be returned to the supervisor for replacement and documentation on the Expired Stock record; DO NOT dispose of the medication
    - Refer to (vi) below
- (iii) Ensures continuous possession of keys and security for unit narcotic boxes, or secures keys in the base safe as outlined in Appendix B, Section (f).
- (iv) Ensures unused controlled drugs utilized for patient care are disposed of in the presence of a physician, nurse practitioner, registered nurse, physician assistant, or another paramedic, and obtains signature for same
- (v) Ensures all controlled drugs are replaced from the base stock by the Operations Supervisor, as needed to maintain minimum quantities required for patient care
- (vi) Reports loss, breakage, or evidence of tampering with controlled drugs
  - 1) Ensures proper security without damaging potential evidence (if applicable)
  - 2) Contacts Operations Supervisor immediately
  - 3) Completes written incident report to include witness statements and signatures of witnesses

*Appendix B*

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(f) Emergency Storage of Controlled Substances

- Off-Going Paramedic
  - Call Medic 1 (336-596-8741) for base safe combination
  - Alternate contacts are Operations Manager or Director (336-242-2270)
  - Enter 4 digit combination provided followed by "A" on bottom left of keypad
  - Sign off CS on the drug card
  - Place keys in safe, close door and turn knob to lock
  
- On-Coming Paramedic
  - Call Medic 1 (336-596-8741) for safe combination
  - Alternate contacts are Operations Manager or Director (336-242-2270)
  - Enter 4 digit combination followed by "A" on bottom left of keypad
  
  - Remove keys from safe, close door and turn knob to lock
  - Verify all controlled substances are present and sign for CS on drug card. *The count and sign on must be witnessed by your partner. Notify Medic 1 IMMEDIATELY if any discrepancy is found.*
  
- Supervisor
  - Open safe using combination or key
  - Remove the battery compartment cover
  - Push the red button
  - Enter new 4 digit random code followed by "B" on bottom right of keypad
  - Replace battery cover
  - Close safe to lock
  - Enter new code on keypad, followed by "A" to test
  - Store new code in M1 cell phone and notify Director, Operations Manager, and Logistics of new safe code