Davidson County Emergency Services

12 Hour Shift
General Operational Guidelines
Revised 4/15/2025

Davidson County Emergency Services General Operation Guidelines

Table of Contents

Article 9. Logistics

Appendixes

Davidson County Emergency Services General Operation Guidelines

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. Some fantasy-colored highlights are permissible, as long as the majority of the hair is natural colors. Personnel hair must be kept up in a fashion as to allow conformity to hair regulations at all times while on duty.

(e) Employees are permitted to have neatly trimmed mustaches not to extend over the upper lip and/or neatly trimmed beards. Beards must be maintained and at a reasonable length.

(f) 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.

(g) Cologne and perfumes will be kept to a minimum

(h) 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. Hoops or dangling earrings are not permitted. Any nose piercing should only be a single non-conspicuous stud type.

(i) 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.

(j) 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 reserves the right to authorize changes to any uniform requirement found herein, as may be dictated by a given event or situation.

(d) EMS Personnel shall wear and maintain their uniform in such a manner as to present a neat and clean appearance.

(e) All department uniforms purchased through uniform allowance are the property of Davidson County Emergency Services.

(f) Personnel shall not wear or use any uniform clothing, or accessory except those approved by this policy.

(g) 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. Shirt must be tucked into pants.

(h) Pockets shall not be stuffed with personal items. Combs, brushes, picks, cigarettes, and etc. shall not be protruding from pockets.

(i) 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.

(j) All personnel should maintain a clean uniform in their locker or vehicle in the event that their uniform becomes soiled or damaged.

(k) 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. Shirts that may have zippers should not be completely unzipped.

(l) 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.

(m) Personnel shall possess their county ID, valid NC Driver's license at all times.

(n) Bandage shears, ink pens and penlight are optional equipment and shall be considered part of the regulation uniform for crewmembers.

(o) Only departmental issued coats may be worn.

(p) Personnel shall have their county issued ID clipped on their uniform in a visible location.

Section 3. Inclement Weather

(a) **When authorized by the on-duty supervisor,** 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, contain no imprints or design, and not of extreme colors.

(b) During the time frame of June 1st to August 31st, personnel are permitted to wear county issued t-shirts. T-shirts need to be clean, wrinkle free and not worn, tattered or faded. Keep t-shirts tucked in and maintain a professional appearance. If, outside of this time frame, the temperature is >90˚ F, the on-shift supervisor may permit employees to wear t-shirts on those days.

(c) 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 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

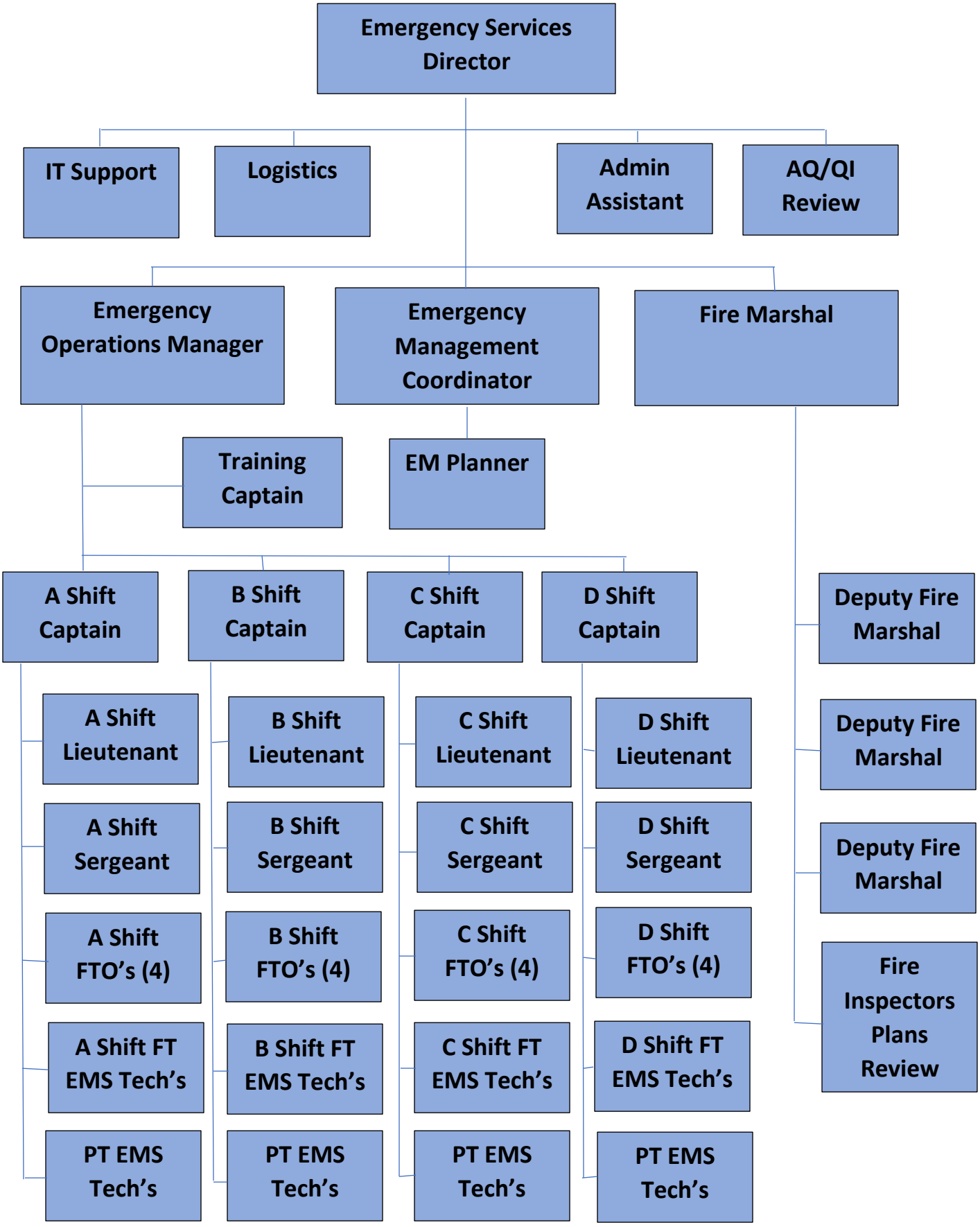
Section 1. Command Structure

(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) Training Captain
  - 5) Informational Technology
  - 6) QA/QI
- ii. Fire Marshals
  - 1) Deputy Fire Marshals
  - 2) Fire Inspectors
- iii. EMS Operations Manager
  - 1) EMS Shift Supervisor (Captain)
  - 2) EMS Lieutenant
  - 3) EMS Sergeant
  - 4) FTO's
  - 5) General Staff
- iv. Emergency Management


Emergency Services Director
IT Support
Logistics
Admin Assistant
AQ/QI Review
Emergency Operations Manager
Emergency Management Coordinator
Fire Marshal
Training Captain
EM Planner
A Shift Captain
B Shift Captain
C Shift Captain
D Shift Captain
Deputy Fire Marshal
Deputy Fire Marshal
Deputy Fire Marshal
Fire Inspectors Plans Review
A Shift Lieutenant
B Shift Lieutenant
C Shift Lieutenant
D Shift Lieutenant
A Shift Sergeant
B Shift Sergeant
C Shift Sergeant
D Shift Sergeant
A Shift FTO's (4)
B Shift FTO's (4)
C Shift FTO's (4)
D Shift FTO's (4)
A Shift FT EMS Tech's
B Shift FT EMS Tech's
C Shift FT EMS Tech's
D Shift FT EMS Tech's
PT EMS Tech's
PT EMS Tech's
PT EMS Tech's
PT EMS Tech's

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.

(b) 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.

(c) 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.

(d) The attending provider 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 Provider or ranking officer.

(e) 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.

(f) 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)

(g) 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.

(h) The shift supervisor is responsible for base rotation assignments.

(i) EMS units will remain in their assigned district at all times that they are not;

   i. Responding to a call outside of the district

   ii. Transporting to a hospital outside of the district

   iii. On a standby in another district

iv. Re-assigned on approval of supervisor

(j) EMS personnel will wear protective gloves on all calls with no exceptions.

(k) Protective ballistic vests are available on each EMS unit and if entering a known hostile environment (shooting, stabbing, standoff etc.), it is recommended that personnel utilize the vests. The EMS ballistic vests are not designed for continuous wear throughout the shift and are not to be used in such fashion.

(l) 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.

(m) Patients will not be transported to medical facilities, other than in facilities in the appropriate transportation protocol, without authorization of the on-duty supervisor.

(n) Neither equipment nor any linen shall be left with the patient unless patient care will be compromised.

(o) Request for transfer shall be handled by the closest unit to the requesting medical facility unless otherwise directed by on-duty supervisor.

(p) Units responding to a local hospital for approved transfers shall use non-emergency traffic when responding to the facility requesting the transfer.

(q) **At all times each crew shall possess (2) portable radios, (1) pager, (1) cell phone and monitor EMS Main dispatch. Only DCES issued portable radios shall be carried while on duty.**

(r) 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/nonemergency 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 provider 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 provider 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 provider.

(d) Crews will proceed with the 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 provider will not leave the patient to get equipment, unless conditions determine otherwise.

(g) Provider 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:

i. 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.

ii. 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:

i. DCES personnel remain under operational control of the DCES chain of command.

ii. DCES personnel shall assume final responsibility for patient care. (Ref: -N.C.G. S 130-233)

iii. All patients shall receive appropriate examinations and treatment.

iv. Fire/Rescue/LEO personnel should be requested to accompany the DCES unit to a hospital when the attending provider anticipates the need for assistance.

v. 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.

vi. DCES units will provide standbys for Fire/Rescue/LEO operations per the approval of the operations supervisor or standing orders from communication.

(l) Transportation of patients to medical facilities;

i. Non-emergency patients shall be transported to the hospital requested provided it meets the criteria of Davidson County Destination Plan.

ii. 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 provider.

iii. Early notification should be made at the earliest possible opportunity to the receiving hospital on the designated hospital channel. Common communications are

recommended to avoid confusion among the emergency room staff. In special circumstances, encodes may be done on a cell phone, but must be patched through communications on a recorded line.

iv. Competent patients /medical POA's/ guardianship (medical POA's/ guardianship appropriate documentation must be present) maintain the right to choose their medical disposition.

v. If a patient, or individual wishing to accompany a patient during transport, is found to be in possession of a weapon, the applicable procedure found in Appendix C should be followed.

vi. Patients will not be refused transportation to a hospital regardless of sickness or injury.

vii. Once a patient is on board the transporting unit; that unit will not respond to another call.

Section 4. 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. 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.

(b) 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 PCRs on the computer without supervisor authorization.

(c) Conflict Resolution:

i. Any conflict that arises between ED and EMS staff will be reported to their supervisor immediately.

ii. The on-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.

iii. The EMS and the ED staff will discuss the issue(s) in a location away from staff, family and/or patients.

iv. 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.

v. If the parties are not able to resolve their conflict, the supervisors will formulate a plan to resolve the conflict.

vi. 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.

vii. Every conflict will be documented by staff and supervisors and be forwarded to EMS Director or Ops Manager for review. ED Director and EMS will meet as needed to review these issues for corrective action planning.

viii. Personnel shall be respectful and courteous to all hospital personnel, but if disagreements are encountered, report these to the shift supervisor immediately and document the incident in writing.

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 should be handled by a non-emergency transport service and not DCEMS.

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. May use an existing EVOS certification.

(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:

> 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**.

(h) 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.

(i) DCES vehicle shall not pass another emergency vehicle that is running emergency traffic, unless the vehicle being passed is running less than the posted speed limit.

(j) 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.

(k) DCES employees and passengers are required to wear seat belts while the vehicle is in motion unless patient care dictates otherwise.

(l) DCES vehicles are to be driven only by employees of Davidson County. This applies to every vehicle, (transport units, medic one, and others). Students are not employees of Davidson County. This rule does not apply to outside contractors hired to perform service work on the vehicle.

(m) In the event of natural or man-made disasters, the supervisor or administration personnel may assign non-employees to drive transport units.

(n) No open food or drink containers shall be allowed in the patient compartment at any time per OHSA regulations.

(o) Emergency vehicles shall not be left running at the hospital.

(p) The vehicle operator shall be in possession of the vehicle keys at all times when the vehicle is not assigned to a call.

(q) 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. Any transport unit that may sit outside in cold temperatures at any location must have all drugs and fluids removed.

(r) 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 or translate for non-English speaking patients.

(s) Any person wishing to ride with a patient is not allowed to have a weapon on board the unit.

(t) The attending provider 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.

(u) To increase visibility of the unit, all emergency lights will be utilized when backing into roadways.

(v) 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 0645 hours (Day shift) or 1845 hours (Night shift) for shift change report. This will allow 15 minutes in overlapping shifts to compensate for required face to face shift change and the normal 12-hour shift will start at 0700 (Day Shift) and 1900 (Night Shift). Entry on time sheet will look like the following (12.25) regular hours. 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 0645 (Day shift), 1845 (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 radios, 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) 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) Building clean-up will commence daily prior to 1800 hours (Day shift) and 0600 hours (Night shift).

i. Daily Base clean-up for both day and night shift crews will consist of:

1) Empty all trash cans and butt-cans

2) Empty all linen barrels and replace linen bags

3) Wash, dry and put away all dishes and cups

4) Clean up bays.

5) Vacuum, sweep, or mop all floors

6) Clean and disinfect all bathrooms

7) Any other duties assigned by any EMS officers or senior personnel

ii. Extensive Weekend 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

(c) At outlying bases, trash cans and recycle bins will be placed curbside on appropriate days and times.

(d) Base inventory will be performed every Monday by the night shift crew and will be emailed to the shift supervisor and the on-duty logistics personnel prior to shift end.

Section 10. Vehicle Duties and Responsibilities

(a) Unit check offs will be completed at the beginning of each shift. Driver and attendant checkouts will commence daily beginning at 0700 hours (Day shift), 1900 hours (Night shift) and 0900 hours. 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) Crews will refuel the unit when the fuel falls below ¾ of tank.

(i) All oxygen tanks will be replaced at 750 psi. The empty tanks will be stored, secured and properly marked for replacement.

(j) EMS units shall be plugged into shoreline power whenever the unit is at the base.

(k) EMS units shall not be left outside the bays on the pad whenever temperatures are at or 40 degrees.

Section 11. Natural and Unnatural Deaths

(a) If the providers 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 provider 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 shall attempt to get pertinent information for PCR and DOA reports.

(f) With any DOA, personnel will protect the integrity of the scene and the patient.

(g) 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.

(h) 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.

(i) Transportation will be handled by the contracted agency through the Office of Chief Medical Examiner's Office. Transport of **natural deaths** 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 in the ambulance with 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 who 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 providers 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 provider 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. Personnel must personally speak to one of these individuals on either the radio or telephone. It is not permissible, according to the North Carolina Medical Board, for orders to be relayed on the radio/telephone. You must speak to the physician, PA, or NP. There are no exceptions.

(b) Personnel transporting patients between facilities may accept orders from transferring or receiving hospital. Personnel must establish and maintain radio or telephone communications with the hospital issuing the orders.

(c) 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:

i. 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.

ii. 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.

iii. 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 Ground Transport Policy

Inter-Facility 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, interventional neurology 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, interventional neurology, etc.…, and patient cannot be going to a nonmonitored bed).
- The patient cannot have a medication or fluid on an IV pump. Hospital staff may place infusions on a dial-a-flow.

- The patient cannot be on a mechanical ventilator or require continuous respiratory assistance.
- Hospital staff is not permitted to accompany the patient to provide care.
- If resources are available.
- Patient care must be accepted by the attending provider who will be the sole care provider for the duration of transport.

Or

- If critical care refuses the transfer, you may contact the On-duty Supervisor to inquire if transport is possible.
- You 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 cannot be going to a non-monitored bed.
- The patient cannot have a medication or fluid on an IV pump. Hospital staff may place infusions on a dial-a-flow.
- The patient cannot be on a mechanical ventilator or require continuous respiratory assistance
- Hospital staff is not permitted to accompany the patient to provide care.
- If resources are available.
- Patient care must be accepted by the attending provider who will be the sole care provider for the duration of transport.

Section 16. Veterans Administration Hospital Transports

(a) 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.

(b) 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 a 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 Number
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:

i. 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.

ii. Any sounds or cries for help that would indicate the need for immediate assistance.

iii. 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:

i. Request law enforcement as above

ii. Contact the neighbors for information about the patient and the availability of a key.

iii. Determine from the alarm service if a key holder is available.

iv. If the residence is an apartment, public housing, or other managed housing, contact the management for a key.

v. 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 18. 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, DCES supervisor, or administrative personnel will assign transport unit(s) to pre-designated staging area:

i. Old Linwood Road at Brown Street

ii. Hargrave Road at Hargrave Lane

iii. 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.

(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 Chapter II)

(b) Full time employees staffing EMS units and the on-duty supervisors work a 12-hour shift schedule. Hours are: Day shifts: 0645 – 1900; Night shifts: 1845 – 0700. Shifts are designated A - D shift. A & B shifts are day shifts. C & D shifts are night shifts.

(c) 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.

(d) All overtime beyond an employee's regular work schedule must be approved by EMS Management.

(e) Outside employment and self-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. (See Davidson County Resolution Chapter II)

(f) 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 mandatory CE and technical scope of practice testing. All DCES system requirements as well as NCOEMS requirements shall be met in order to function within the DCES system. **System Critical CE is mandatory for all employees by the deadline for an employee to continue to work on an EMS unit**. 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 not less than twelve (12) 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 Personnel Resolution.

(c) New employees will be required to successfully complete all departmental orientation programs.

(d) During probation, employees may be disciplined or dismissed for violations of Davidson County Personnel Resolution and/or Departmental policies or performance requirements.

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, which includes the day in which the end of employment is to be effective.

(b) You may not take vacation time during this two (2) week period, without prior approval. It shall be the County's option to require the notice to be worked.

(c) Equipment should be brought and turned in on the last day worked. 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:

i. Uniforms

ii. Coats

iii. Class-A Uniforms

iv. Any and all other County issued clothing, equipment, ID's or nametags

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 any single quarter may result in termination of employment. Parttime personnel cannot exceed 38 hours per week or 975 hours in a calendar year. Continuing Education does not count toward the minimum hours worked, but must be completed. It is the employee's responsibility to schedule required time.

(f) Part-time with retirement are expected to work over 1000-1250 hours in a calendar year. This equates to 250-312 hours per quarter.

(g) Part-time personnel 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.

(h) 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.

(i) 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.

(j) Part-time employees scheduling time and habitually canceling / calling off as sick etc., will be considered as abuse and unsatisfactory job performance which is grounds for dismissal from employment.

(k) Part-time personnel shall sign onto DCES Scheduler to provide availability and schedule available time to meet quarterly required minimum hours.

(l) Part-time personnel shall maintain valid contact information with administration and in the scheduler.

(m) Failure to comply with DCES scheduler requirements are subject to disciplinary actions up to and including termination.

(n) Part-time personnel typically are not eligible for FMLA medical leave due to maximum number of hours worked per year. A part-time employee that is unable to fulfill their minimum hour obligation due to a medical leave situation for themselves or a family member, must present a statement from a physician verifying the employee is unable to work and the anticipated return-to-work date. The part time employee can miss no more than 12 weeks in a 12-month period without returning to normal duty. If the part time employee will be unable to return to normal work duties within the 12 weeks, the employee must resign their position or face termination of employment.

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 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 **text messages** is not acceptable.

(c) All Comp Time (TFT) and vacation leave requests must be submitted on both the EMS Scheduler and in Executime a minimum of 14 days prior to the requested leave. TFT requests shall be entered in Executime as "Comp Spent". All leave is subject to administration approval and availability of backfill.

(d) No more than 3 approved requests for vacation or TFT 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.

Section 6. Vacation Leave

(a) Accumulation of vacation is accrued according to the length of service with the county. Vacation time may be accrued during the probationary period, but not taken until the employee has completed 3 months of full-time employment. (Review the Davidson County Personnel Resolution.)

(b) Request for vacation or TFT leave must be submitted on the EMS Scheduler and in Executime to the EMS Director or Operations Manager, no later than 14 days prior to the requested time off. Failure to submit the leave request in both the scheduler and Executime can result in denial of the leave request.

Section 7. Time for Time (Compensatory Time)

(a) Time for Time (TFT) may be accrued by full time non-exempt personnel only. Time will accrue at 1.5 (1½) hours for each one (1) hour worked after the employee has worked forty (40) hours in that week. Any TFT duty that is performed prior to the employee having worked forty (40) hours will be accrued at a rate of hour for hour.

(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: Bike Team, 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 240 hours. If an employee reaches 240 hours of TFT, he / she will be notified to submit an RTO to take off using TFT or the county may choose to pay the employee for hours exceeding 240. The total of the TFT hours banked and those of RTO's should be reduced below 240 immediately. If the employee does not submit an RTO after being notified, administration may schedule the employee time off using TFT on the first date available or pay the employee in order to reduce their total TFT below 240 hours.

(d) Employees must enter TFT hours earned as "Comp Earned" in Executime and put the type of duty or event performed for TFT in the comment box.

(e) 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 another person who stands in the place of a parent.

(c) Due to mandatory staffing requirements, supervision must be contacted a 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 contact Human Resources in regards to 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 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.

i. County Personnel Resolution Chapter VII -Sick Leave - Physician's Certificate: The Employee's Department Director 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.

ii. 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.

iii. If abuse is suspected, the supervisor or designee will notify the employee of the abuse. Use of sick leave for excused or authorized reasons shall not be considered abuse. Definitions:

a. Unauthorized use of Sick Leave:

1. Failure to notify supervisor of medical absence
2. Failure to provide physician's verification when requested or required
3. Fraudulent physician verification

b. Misuse of Sick Leave:

1. Use of sick leave for that which it was not intended or provided.

c. Habitual use of sick leave/pattern abuse:

1. Consistent periods of sick leave usage
2. Habitual usage before and/or after holidays
3. Habitual usage before and/or after weekends or regular days off
4. Habitual usage of sick leave on days in which days have been excluded when a maximum number of approved leave has occurred
5. 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:

1. Use of more sick leave than granted / available
2. 3 or more unexcused absences in 6 months (Example of Unexcused Absences: Absent without calling in, unacceptable notification, absences without physician certification)

Section 9. One 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) (This Policy is Suspended till Further Notice)

(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 Emergency Services Training Division can authorize approval for educational opportunities in the field of Emergency Medical Services. Training should be related to the employee's job duties or assignments, or in preparation for DCEMS career advancement.
(b) An employee must submit a written request for educational leave a minimum of 14 days prior to the scheduled event by completing an Educational Leave Request Form. This will be submitted to the Training Coordinator and Operations Manager.
(c) Educational leave is not automatically granted and will be subject to considerations related to available staffing.
(d) Proof of successful completion of any training programs utilizing educational leave will be submitted within 7 days of the end of class to the Training Coordinator. If proof is not provided, or class is not attended for any reason, the hours of educational leave will be converted to vacation leave.
(e) Educational leave will not be granted for courses made available by the DCEMS Training Division.
(f) 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 Military, FEMA etc. 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. Military Leave is outlined in detail in the Davidson County Personnel Resolution Chapter VII.

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 Chapter VII)

Section 15. Light Duty

(a) Employees who have been injured on duty or may be undergoing medical treatment that have a physician's statement restricting the employee's duties from their regular job, may be eligible for light duty. An employee must be approved by HR and the Emergency Services Director as light duty eligible and there must be available duties that the employee can perform. Regardless of the light duty employee's normal work schedule, all Emergency Services light duty will take place Monday Friday, 8am – 5pm at EMS Administration or a location(s) as determined by the Director or designee.

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 every 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 utilize protective ballistics vests if available. 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 be aware of potential life or injury threats 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 precautions 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) Shoes with ankle support is recommended

(c) Black shoes (rubber boots when needed), will be worn at all times as a part of the required uniform.

(d) Leather gloves (if available) 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 shift. 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 safety 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:

i. Expect the unexpected by other drivers

ii. Adjust to the driving of others.

iii. Learn to anticipate a trap.

iv. Think ahead and be prepared to handle a sudden emergency.

v. Request the right of way but be prepared to yield to prevent an accident.

vi. Beware of parked vehicles.

vii. Watch for pedestrians.

viii. Use turn signals.

ix. When stopped in traffic, maintain adequate space between vehicles, to the front, to initiate an emergency response.

x. 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:

i. Excessive speed is prohibited.

ii. At no time shall vehicles be “hot-rodded” or abused.

iii. “Pursuit” type driving is prohibited.

iv. 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.

v. Allow adequate time and distance for emergency warning devices to be effective.

vi. 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/provider 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 device.

(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 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 Accident

(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:

i. Turn off ignition switch.

ii. Turn off master switch.

iii. Turn battery switch to off.

iv. Remove fire extinguisher and place in possession of driver.

v. Driver shall stand by with fire extinguisher, in case of fire.

(e) Providers 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, operations manager 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:

i. Out-of-county delays

ii. Initiation of EMS response greater than 90 seconds from dispatch

iii. Unclear documentation

iv. Omission of vital information related to care rendered

v. Equipment failure, breakage, loss or missing during checkoff

vi. Damage to EMS property

vii. Medical protocol deviation

viii. General Operating Guideline deviation

ix. Controlled Substance Policy deviation

x. 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 bought forth regarding conflict between allied agencies will be address 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 Operations Manager.

(e) If a medical treatment concern is addressed, the EMS Training 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 Training Coordinator or EMS Operations Manager.

(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.

Conflict / Complaint Resolution

Type of Complaint / Conflict: Written: _____ Oral: _____

Date Received: _____/_____/_____

Name of Complainant: _____

Telephone: _____

Organization: _____

Title: _____

Contact Numbers: _____ _____

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

Location of Incident: _____

Unit #/ Personnel Involved: _____ Shift: _____

Description of Conflict / Complaint (attach supplements if necessary):

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 Substance

(a) Controlled drugs 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 hospital physician, physician assistant, or nurse practitioner. 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) Each shift, or at any personnel change, the on-coming Paramedic will inspect, count quantity, and check expiration dates on all controlled substances prior to signing the drug card.

(c) Ambulances: Each shift, or at any personnel change, 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 Vehicles: If located at a 24-hr shift base, the same process as for ambulances will be followed. If located at a 12-hr shift base, the off-going QR Paramedic will sign off on the drug card and place the narcotics keys in the QR Base safe. The on-coming QR Paramedic will access the QR Base safe using their unique PIN code, remove the keys, and will inspect, count quantity, and check expiration dates on all controlled substances prior to signing the drug card. This inspection should be witnessed by an on-coming ambulance Paramedic.

Prime-Time Ambulance: Utilizing the posted controlled substances (CS) Procedure Checklist, the oncoming Paramedic will access the wall safe using their unique PIN code, remove the controlled substances, and place them in the designated video surveillance area. The Paramedic will open the CS containers, ensure all medication labels are face up, and all vials are in their designated compartments. The Paramedic will then inspect, count quantity, and check expiration dates on all controlled substances prior to signing the drug card. At the end of the shift, the procedure will be reversed, per the procedure checklist, and the controlled substances

will be secured in the wall safe. No Paramedic may share their unique PIN code with any other person for any reason. If a Paramedic does not have an assigned PIN, the Paramedic must contact the on-duty supervisor to obtain a temporary PIN for the shift. If a Paramedic is replaced by another Paramedic prior to the end of shift, the process for Ambulances as referenced in the beginning of Section (c) will be followed.

(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 on for the medications. Exceptions are:

i. Shift change and personnel changes. Lock boxes are to be removed only for inspection by on-coming crewmembers and remain in the possession of crewmember until turnover is completed with the oncoming crew.

ii. Administration of controlled substances. Controlled substances can be removed for administration of the medication. All controlled substances will be replaced immediately into wall cabinets and locked as soon as the controlled substances to be administered are removed.

iii. Removal and replacement of expired controlled substances.

iv. Inspection of the controlled substance for bi-annual audits and quality insurance inspection.

v. At the direction of the on-duty supervisor or the narcotic control officer.

vi. 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 narcotics 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.

vii. EMS personnel will report expired controlled substances to the on-duty supervisor. Any expired drug will be removed from the lock box on the same day it has expired and will be turned over to the on-duty Supervisor. Expired controlled substances will be placed in the safe at the supervisor's office. Transfer of expired drugs and the replacement of the same will take place at the supervisor's office. Do not remove a controlled substance and place them with the paperwork.

viii. EMS Personnel will contact the on-duty supervisor when the controlled substance inventory on the assigned truck falls below minimum requirements listed on the dug card. Replacement of controlled substances will be issued at the supervisor's office from the controlled substance safe by the on-duty supervisor.

ix. The replacement of dispersed or expired controlled substances will be distributed only to the Paramedic who has signed for the controlled substances.

x. The Operations Supervisor will notify the Narcotics Control Officer (NCO), when the supply falls below 10 in the supervisor office supply.

xi. 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.

xii. 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.

xiii. 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., Morphine 10 mg are not acceptable terms.

xiv. A new line must be used for each and every transaction. No line will be missed or skipped.

xv. In the event of documentation errors on the usage form or inventory record, EMS personnel will place a single strike through the mistake, place his or her initials beside the mistake, and start a new line with the correct information.

xvi. Correction fluid (e.g., Whiteout) is not permitted on any control substance record. Any controlled substance record found with correction fluid will be returned and a new card will be required.

xvii. All disbursement of control substances will be documented on the Controlled Substance Usage Form. Documentation will include:

a) Patient's Information

b) Incident Number

c) Medic Unit Number

d) Patient's Full Nam

e) Social Security Number

f) Date of Birth and Age

g) Patient's Estimated Weight

h) Patient's Chief Complaint

i) Medical Information

j) Medications Given (Complete Name and Dosage)

k) Document all Times and Dosage Given

l) Document Total Dosage

m) Which Hospital Contacted

n) Name Printed and Signed of Person Administering Medication

o) Name Printed and Signed of Physician Received Patient

p) Name of Receiving Hospital

q) Indication Whether Medication Was Given According to Standing Orders

xviii. Explanation of Waste

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

b) Amount wasted

c) Name and signature of attending paramedic

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

xix. CONTAMINATION AND BREAKAGE

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

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

c) Contaminated or breakage of a controlled substances will be documented on the "Contaminated and Breakage Report Form". Documentation will include:

d) Name of the controlled substance and strength

e) Description of contamination or breakage

f) Name and signature of the paramedic attending

g) Name and signature of any witnesses to the breakage and waste

h) Manner that controlled substance was disposed

i) Notification of on-duty supervisor

j) Notification of Narcotics Officer

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

xxi. Current List of Davidson County Controlled Substance

a) Morphine Sulfate	Schedule II
b) Fentanyl Sulfate	Schedule II
c) Ketamine	Schedule III
d) Midazolam	Schedule IV
e) Ativan	Schedule IV

Section 7. Controlled Substance Supervisor

(a) Each shift 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 drug card.

(b) Each shift 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 personnel 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 Drugs will be reported to the NCO. Removal of the expired stock from the safe will be the responsibility of the NCO.

(g) If you have any questions, concerns about the controlled substance and their regulation please contact the NCO.

Section 8. Completion of Patient Call Reports

(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) ALL CALLS MUST BE COMPLETED BY THE END OF THE SHIFT. Any call reports not completed prior to the end of the shift require notification to the on-duty supervisor of the report number and the reason for the PCR remaining open. This applies to call reports returned by QA/QI.

(c) 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.

(d) PCR'S not properly completed or requiring correction will be electronically returned to the EMS crew member for completion or correction.

(e) For completion of handwritten forms and signatures, use black ink only.

(f) All handwriting must be neat and legible. Any report that is not legible will be returned to personnel to be legibly completed.

(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 03/01/2022.

(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 provider. PCR's documenting DOA's and Medical Examiner cases must be completed on the shift the call was ran.

(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) Failure to appropriately and accurately complete PCR's and/or upload PCRs prior to the end of allotted time period is not acceptable and grounds for disciplinary action. In cases of computer or electronics failure, supervision should be notified immediately in order to facilitate repairs or a replacement computer.

(n) Failure to appropriately and accurately complete PCR's and/or upload PCR's prior to the end of allotted time period is not acceptable and grounds for disciplinary action. In cases of computer or electronics failure, supervision should be notified immediately in order to facilitate repairs or a replacement computer. For one or more open calls and/or a report that has been returned from QA/QI, that are not completed by the end of the shift the following action may be given:

    i. First time will result in a counseling session

    ii. Second time will result in a verbal warning

iii. Third time will result in a written warning

iv. After the third time you may be subject to further disciplinary action up to and including being reported to NCOEMS and termination

(o) Crews will document and obtain signatures from the receiving facility. Crews will print the name of the RN or Physician in the appropriate box.

(p) 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.

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 byproducts. 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:

i. Base 1, 2, 3, 4, 5, 6, 7 and 8 - Bays only

ii. 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 county owned cellular telephone should be programmed or otherwise modified without the approval of the EMS Director.

(f) Personal 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) Personal cell phones should not be used for navigation while on duty.

(j) 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.

(f) Units must receive permission from on duty supervisor to be marked as "Out of Service"

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:

i. Riders will be required to have prior approval and sign all necessary liability forms before riding

ii. Riders/observers are not responsible for the treatment of patients

iii. Patients have the right to object to rider/observers observing their treatment

iv. Riders/observers will not interfere with the EMS personnel at any time

v. 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 their chief, director, or responsible supervisor stating the riding experience is for training purposes, and that the rider is covered by that organization's insurance while at DCES. Rider shall be approved by the EMS Operations Manager.

(e) The county will not be responsible for damaged clothing or lost articles. Uniforms 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 or observers 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 provider 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 immediately 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.

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

iv. In the opinion of DCES personnel, the patient appears to understand the nature of his/her injury/illness and the risks arising from refusal of care/transport

(f) 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.

(g) 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.

(h) 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.

(i) 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 DCEMS 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 DCEMS 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-person along with some online training.

(d) Occasional mandatory in classroom training may be held for equipment, protocol or procedure updates or specialized training. This is System Critical Training. If this type training is not completed, you will not be allowed to work on the truck.

(e) DCES will maintain training records of in-house training that is provided and will re-credential DCEMS 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. Problems/errors should be reported to the Operations Supervisor. If necessary, service technicians will be contacted for the required repairs.

iii. Records of all repair and OEMS inspections are kept in the EMS Administrations Office by Logistics.

(d) 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. Problems/errors should be reported to the Operations Supervisor. If necessary, service technicians will be contacted for the required repairs.

iii. Records of all repair and OEMS inspections are kept in the EMS Administrations Office by Logistics.

(e) Stretchers

i. The stretchers used by Davidson County EMS are powered one person stretchers. EMS personnel performs a daily check for proper operation.

ii. A performance check is conducted daily. Problems/errors should be reported to the Shift 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 manufacture's specifications. They also do any repairs including parts installation. Records of all repair and inspections are kept in the EMS Administrations Office by Logistics.

Appendix A

Class-A Uniform (Dress Uniform)

(a) 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.

(b) Class A Full Dress uniform for officers will consist of:

i. Black uniform pants

ii. Black uniform coat with gold name plate, badge, and service accommodation

iii. White long sleeve uniform shirt with collar pins

iv. Uniform hat

v. Black tie

vi. Patent leather, plain toe black shoes

vii. Plain black belt

viii. Black socks

ix. Plain white t-shirts only (if worn)

x. White gloves (solid) optional

(c) Class A Dress uniform (if dress coat not issued and / or non-officer positions)

i. Black uniform pants

ii. White long sleeve uniform shirt with collar pins, name plate and service accommodations

iii. Black tie

iv. Black shoes, plain toe (neat and polished)

v. Black belt

vi. Black socks

vii. Plain white Tee-shirts only (if worn)

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

i. Polo shirts

ii. Black t-shirt or mock turtle neck shirts

iii. Black uniform shirt / polo (Supervision)

iv. Plain black or white t-shirt with or without logo (Supervision)

v. EMS uniform pants

vi. Black belt

vii. Black Tactical shoes

viii. Black socks (white socks optional with high top shoes)

ix. Black Ball caps with DCES logo (Dept. issued)

x. Coats are hi-visibility, department-issued only

(e) Class C uniform consists of:

i. EMS uniform pants

ii. Black T-shirt with DCES Logo

iii. Black Belt

iv. Tactical, shoes

v. Black socks (white, if not visible)

vi. Black Ball caps with DCES logo (Dept. issued)

(f) 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 shoes

vi. Other Clothing or gear approved by Emergency Services Director

(g) Footwear:

i. All crewmembers shall wear regulation black, shoes with their regulation uniforms.

ii. Patent leather material, plain toes shall be worn with all full dress Class A Uniform.

(h) Accessories

i. 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.

ii. 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.

iii. 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"

iv. 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.

v. 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.

vi. Departmental insignias shall be centered over the left shirt pocket 1 inch above the top pocket seam.

vii. 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.

viii. 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.

ix. 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

Controlled Substance Roles and Responsibilities

Narcotics Control Officer (NCO)

(a) All DEA regulated controlled substances, (Schedules II, III, and IV), will be audited for proper documentation, storage requirements, and inspection for expiration dates.

(b) The NCO will document any irregularities and issue corrective measures to ensure compliance with DEA and North Carolina Regulatory Commission.

(c) The NCO will keep documentation of inspections, usage, waste, and expiration dates for inspection by the DEA and/or North Carolina Regulatory Commission.

(d) 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.

(e) The NCO will maintain all records, documents, and forms in a secure file cabinet at the supervisor office.

(f) Ensures personnel are trained and knowledgeable in controlled drug procedures.

(g) Reviews Contamination/Breakage Forms for accuracy, completeness and content

(h) Reviews each CS Usage Form and corresponding PCR for appropriate documentation and disposal procedures

(i) Reviews daily inventory records for shortages and discrepancies. Compares against record of administration for accuracy

(j) Maintains the following Controlled Substances records for a minimum of two (2) years:

  i. Main Stock record

  ii. Ambulance Inventory record

  iii. Expired/Damaged Stock record

  iv. Form DEA-41 Record of Controlled Substances Destroyed

  v. Usage and Contamination/Breakage form

(k) Spot checks field personnel for knowledge of restricted drug usage procedures and problems encountered

Emergency Service Director

(a) Signs yearly departmental authorization in State and Federal license renewal forms

(b) Responsible for proper utilization of controlled substances, maintenance of records, reporting of incidents, and ordering procedures

(c) Maintains blank DEA form 222 (order forms) under double lock

(d) Authorizes the purchase of Schedules II, III, IV controlled substances

(e) Ensures proper procedures are followed in daily inspections, and loss or breakage incidents

(f) Arranges employee drug test for any personnel involved if indicated

(g) Ensures law enforcement has been notified

(h) Ensures DEA form 106 is completed

(i) Ensures corrective action, which will prevent future incidents

(j) Forwards completed documentation to NCDC or DEA as appropriate

(k) Maintains appropriate records to include completed DEA-222 forms

Training Captain (Formerly Known as Education Coordinator)

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

Operations Supervisor

(a) Ensures assigned personnel are knowledgeable in controlled drug procedures

(b) Conducts daily inventory of narcotics stock safe and documents on Main Stock Inventory Record Form

(c) Ensures documentation of usage of controlled drugs on CS Usage form

(d) Immediately reports loss, damage, or breakage with appropriate documentation and contact with chain of command

(e) Assists NCO with stocking and transfer for destruction of controlled drugs

(f) Ensures daily forms are forwarded to NCO

(g) Maintains strict possession and accountability for keys to EMS controlled substance safe

(h) If loss, theft, or tampering is suspected:

i. Contacts the local Law Enforcement agency with jurisdiction in the area where the incident occurred after consulting with management.

ii. Notifies the EMS Operations Manager and EMS Director

iii. Notifies the NCO

iv. Ensures written incident report is complete

v. Completes and returns DEA form 106 to EMS Director

Paramedic

(a) 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

(b) Ensures usage is documented appropriately on PCRs, Controlled Substance Usage/Contamination or Breakage forms, and the daily inventory record form. This includes:

vi. Proper count

vii. Expiration dates

viii. Damaged vials 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

(c) 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).

(d) 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

(e) Ensures all controlled drugs are replaced from the base stock by the Operations Supervisor, as needed to maintain minimum quantities required for patient care

ix. Ensures proper security without damaging potential evidence (if applicable)

x. Contacts Operations Supervisor immediately

xi. Completes written incident report to include witness statements and signatures of witnesses

Emergency Storage of Controlled Substances

(a) **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

(b) **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.

(c) 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 Medic 1 cell phone and notify Director, Operations Manager, and Logistics of new safe code

Appendix C

Weapons Policy

Purpose:

To be in compliant with 10A NCAC 13P .0216 10A NCAC 13P .0216 WEAPONS AND EXPLOSIVES FORBIDDEN

(a) Weapons, whether lethal or non-lethal, and explosives shall not be worn or carried aboard an ambulance or EMS non-transporting vehicle within the State of North Carolina when the vehicle is operating in any patient treatment or transport capacity or is available for such function.
(b) Conducted electrical weapons and chemical irritants such as mace, pepper (oleoresin capsicum) spray, and tear gas shall be considered weapons for the purpose of this Rule.
(c) This Rule shall apply whether or not such weapons and explosives are concealed or visible.
(d) If any weapon is found to be in the possession of a patient or person accompanying the patient during transportation, the weapon shall be safely secured in accordance with the weapons policy as set forth in Rule .0201(a)(13)(I) of this Section.
(e) Weapons authorized for use by EMS personnel attached to a law enforcement tactical team in accordance with the weapons policy as set forth in Rule .0201(a)(13)(I) of this Section may be secured in a locked, dedicated compartment or gun safe mounted within the ambulance or non-transporting vehicle for use when dispatched in support of the law enforcement tactical team, but are not to be worn or carried open or concealed by any EMS personnel in the performance of normal EMS duties under any circumstances.
(f) This Rule shall not apply to duly appointed law enforcement officers.
(g) Safety flares are authorized for use on an ambulance with the following restrictions:
    i. These devices are not stored inside the patient compartment of the ambulance; and
    ii. These devices shall be packaged and stored so as to prevent accidental discharge or ignition.

Procedure:

(a) EMS personnel and First Responders are prohibited from bringing weapons onboard NCOEMS certified ambulances or NCOEMS certified non-transport vehicles.
(b) When EMS personnel encounter an individual (person wishing to accompany patient) who is carrying a weapon and the individual has the capacity and is cooperative with EMS personnel, the individual should be informed that he/she cannot be in possession of the weapon while in the ambulance, per 10A NCAC 13P .0216. Based on the situation, the following options are open to the individual and EMS personnel for the disposition of the weapon.
    i. The individual can relinquish the weapon to a responsible and cooperative adult with capacity currently on scene, prior to the individual boarding the ambulance.
    ii. The individual can relinquish the weapon to law enforcement until the patient is done being treated by EMS personnel within the ambulance
    iii. The individual can relinquish the weapon to EMS personnel to be secured in a locked cabinet until arrival at the hospital. Once at the hospital, EMS personnel will turn over the weapon to hospital security personnel.

iv. The individual can choose not to accompany the patient during transport within the ambulance.

(c) When EMS personnel encounter an patient who is carrying a weapon and the patient has the capacity and is cooperative with EMS personnel, the patient should be informed that he/she cannot be in possession of the weapon while in the ambulance, per 10A NCAC 13P .0216. Based on the situation, the following options are open to the patient and EMS personnel for the disposition of the weapon.

i. The patient can relinquish the weapon to a responsible and cooperative adult, with capacity, currently on scene with the patient, not onboard the ambulance.
ii. The patient can relinquish the weapon to law enforcement until he/she is done being treated by EMS personnel within the ambulance.
iii. The patient can relinquish the weapon to EMS personnel to be secured in a locked cabinet until arrival at the hospital. Once at the hospital, EMS personnel will turn over the weapon to hospital security personnel.
iv. The patient can choose not to receive care or transport within the ambulance.

(d) If a weapon is found on a patient who does not have the capacity, but is cooperative, EMS personnel should consider the following options for disposition of the weapon.

i. The patient can relinquish the weapon to law enforcement until he/she is done being treated by EMS personnel within the ambulance.
ii. The patient can relinquish the weapon to EMS personnel to be secured in a locked cabinet until arrival at the hospital. Once at the hospital, EMS personnel will turn over the weapon to hospital security personnel.

(e) If a weapon is found on a patient or individual that is not cooperative with EMS personnel, the crew should retreat from the situation and request the assistance of law enforcement.

(f) Individuals possessing a weapon, wishing to accompany a patient during transport, shall relinquish the weapon as outlined in #2 of this policy or be denied permission to board the ambulance.

Documentation

(a) The EMS personnel shall document within the narrative any weapon that was removed from a patient during the course of the patient encounter and the disposition of that weapon at the conclusion of the encounter.

Safe Weapon Handling

(a) If the EMS personnel need to handle a weapon to secure it in the lock box, all precautions should be taken to leave the weapon in the safest mode in which it can be handled. For firearms and air guns, this involves leaving it in the holster with any trigger guard in place. For chemical irritants and conducted electrical weapons, this includes leaving trigger guards in place.

(b) Steps to safe firearm handling

i. Keep the firearm in its holster
ii. If not in a holster, only handle the firearm by grasping the grip and keeping your finger outside of the trigger guard
iii. Never point the firearm in the direction of a person
iv. Place the firearm in the cabinet barrel first

Explosives

(a) At no time will explosive be allowed within an NCOEMS certified EMS System vehicle. If explosives are found in any area other than an authorized work environment (ex. Construction site), law enforcement should be notified and the EMS personnel should consider retreating to a safe location. Road flares are not considered explosives in 10A NCAC 13P .0216, and maybe carried on ambulances as long as they follow the restrictions in 10A NCAC 13P .0216.

Appendix D

Domestic Violence (Partners and/or Elder and/or Disabled Abuse) Recognition and Reporting

Policy:

Domestic violence is physical, sexual, or psychological abuse and/or intimidation, which attempts to control another person in a current or former family, dating, or household relationship. The recognition, appropriate reporting, and referral of abuse is a critical step to improving patient safety, providing quality health care, and preventing further abuse.

Elder or disabled abuse is the physical and/or mental injury, sexual abuse, negligent treatment, or maltreatment of a senior or disabled citizen by another person. Abuse may be at the hand of a caregiver, spouse, neighbor, or adult child of the patient. The recognition of abuse and the proper reporting is a critical step to improve the health and wellbeing of senior or disabled citizens.

Purpose

Assessment of an abuse case is based upon the following principles:

1. Assessment of an abuse case is based upon the following principles:
2. Suspect that the patient may be a victim of abuse, especially if the injury/illness is not consistent with the reported history.
3. Respect the privacy of the patient and family.
4. Collect as much information and evidence as possible and preserve physical evidence.

Procedure:

***Immediately report any suspicious findings of abuse or neglect to the receiving hospital.**

1. Assess the/all patient(s) for any psychological characteristics of abuse, including excessive passivity, compliant or fearful behavior, excessive aggression, violent tendencies, excessive crying, behavioral disorders, substance abuse, medical non-compliance, or repeated EMS requests. This is typically best done in private with the patient.
2. Assess the patient for any physical signs of abuse, especially any injuries that are inconsistent with the reported mechanism of injury. Defensive injuries (e.g., to forearms), and injuries during pregnancy are also suggestive of abuse. Injuries in different stages of healing may indicate repeated episodes of violence.
3. Assess all patients for signs and symptoms of neglect, including inappropriate level of clothing for weather, inadequate hygiene, absence of attentive caregiver(s), or physical signs of malnutrition.

4. For suspected elder or disabled abuse or neglect, contact Davidson County Department of Social Services' Adult Protective Services at 336-242-2500. After office hours, the adult social services worker on call can be contacted by the 911 communications center.
5. For suspected domestic violence, EMS personnel should attempt in private to provide the patient with the National Sexual Assault Hotline 1-800-656-4673 for sexual assault, or for other domestic violence, the National Domestic Violence Hotline, 1-800-799-SAFE.

Appendix E

Child Abuse Recognition and Reporting

Policy

Child abuse is the physical and mental injury, sexual abuse, negligent treatment, and/or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare. The recognition of abuse and the proper reporting is a critical step to improving the safety of children and preventing child abuse.

Purpose:

Assessment of a child abuse case is based upon the following principles:

1. Protect the life of the child from harm, as well as that of the EMS team from liability.
2. Suspect that the child may be a victim of abuse, especially if the injury/illness is not consistent with the reported history.
3. Respect the privacy of the child and family.
4. Collect as much evidence as possible, especially information.

Procedure:

1. With all children, assess for and document psychological characteristics of abuse, including excessive passivity, compliant or fearful behavior, excessive aggression, violent tendencies, excessive crying, fussy behavior, hyperactivity, or other behavioral disorders
2. With all children, assess for and document physical signs of abuse, including and especially any injuries that are inconsistent with the reported mechanism of injury.
3. With all children, assess for and document signs and symptoms of neglect, including inappropriate level of clothing for weather, inadequate hygiene, absence of attentive caregiver(s), or physical signs of malnutrition.
4. Immediately report any suspicious findings to both the receiving hospital (if transported) and to the Department of Social Services social worker on call by contacting the 911 center. While law enforcement may also be notified, North Carolina law requires the EMS provider to report the suspicion of abuse to DSS. EMS should not accuse or challenge the suspected abuser. This is a legal requirement to report, not an accusation. In the event of a child fatality, law enforcement must also be notified.

*** To report suspected child abuse or neglect, call the Davidson County Child Protective Services Intake phone number at 336-242-2500. After hours and on weekends, if this number is not staffed, contact**

the 911 communications center (C-Com) and have them contact the on-call social worker for Child Protective Services, who will then return your phone call and receive your report. *