

# **Harnett County Emergency Services**

## **EMS Division**



## **Standard Operating Guidelines**

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## **1. Intent of Divisional Guidelines**

### **1.1 General**

- 1.1.1 The intent of the Divisional Standards is to establish a uniform base of workplace rules in order to ensure the consistent performance of the service through a defined scope of operation.
- 1.1.2 The Harnett County Emergency Services Director shall be the individual responsible for ensuring that Divisional Standards are developed, maintained, and enforced.
- 1.1.3 The Harnett County Emergency Services Director will appoint a committee to perform an annual review of the Divisional Standards.
- 1.1.4 The Harnett County Emergency Services Director will review all processes referred to in the Divisional Standards to ensure they represent best practices.
- 1.1.5 The Harnett County Emergency Services Director shall be the individual responsible for assuring that each employee is issued a current version of the cumulative standards upon employment.
- 1.1.6 The Harnett County Emergency Services Director shall be the individual charged with establishing a system to ensure that employees receive, with an accounting system, all new policies and changes to existing standards.
- 1.1.7 Harnett County Personnel Ordinance and other personnel documentation can be found on the Harnett County website ([www.harnett.org](http://www.harnett.org)).

### **1.2 Application of Standards**

- 1.2.1 The Divisional Standards apply to all employees of Harnett County Emergency Medical Services. It is the responsibility of the employee to remain familiar with current standards.
- 1.2.2 Specific modifications to these standards can be made by EMS Administration to address Administrative and Office Staff positions.
- 1.2.3 Modifications will be approved by the Harnett County Emergency Services Director and included in subsequent versions of Divisional Standards statements.
- 1.2.4 Employees should consult their EMS Assistant Chief / District Chief for any issues not addressed by the policies.
- 1.2.5 Failure to abide by these standards will result in disciplinary action in accordance with the Harnett County Personnel Ordinance.

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## **2. Administration of Divisional Guidelines**

### **2.1 Format of Standards**

- 2.1.1 This standard will outline the format for Divisional Standards, the process for maintaining the Divisional Standards, and the process for distributing changes to the Divisional Standards.
- 2.1.2 Standards will be formatted to clearly explain the purpose of the standard, any references to other documentation supporting the standard, and any defined procedure to ensure the standard is properly applied.
- 2.1.3 The Reference Number will be the numeric identifier for the Title of the standard.
- 2.1.4 The Title of the Standard will indicate the focus of the standard.
- 2.1.5 The Version of the Standard will indicate, in ascending numerical sequence, which version of the standard is current.
- 2.1.6 The Effective Date will indicate the calendar date the content of the standard will be in effect and under enforcement.
- 2.1.7 In order to properly document the historical evolution of Standards, there will be included in each standard a Section with the .99 suffixes. This section will identify the Version Numbers and Effective Dates of all prior versions to the specific standard.

### **2.2 Maintenance of Standards**

- 2.2.1 Standards will be maintained in both printed and electronic format for distribution to all necessary parties.
- 2.2.2 The official copy of the Divisional Standards will be maintained by the Harnett County Emergency Services Director or his/her designee in the Administration.

### **2.3 Changes to Standards**

- 2.3.1 The Harnett County Emergency Services Director at his/her discretion will issue additions or changes to the Divisional Standards.
- 2.3.2 Additions or changes to standards will be accomplished according to the authority granted in 1.1.2.

- 2.4 Distribution of Standards**
- 2.4.1 An initial version of the Divisional Standards will be issued to all EMS personnel upon approval of the Harnett County Emergency Services Director.
- 2.4.2 All EMS personnel will submit a signed statement of receipt of the Divisional Standards to be maintained in their local file.
- 2.4.3 Distribution and review of the Divisional Standards will be covered in all New Employee Orientation programs.
- 2.4.4 Updated versions of Standards will be announced by the Harnett County Emergency Services Director via email or at staff meetings.
- 2.4.5 The updated version will be included with the email in a downloadable and printable format.

### **3. Division Employees**

This standard will outline numerous aspects of initiating and maintaining employment with Harnett County Emergency Medical Services.

#### **3.1 Employing Full Time Positions**

- 3.1.1 When a full-time vacancy occurs, proper notification shall occur through standardized processes identified in Harnett County Personnel Ordinance.
- 3.1.2 Positions posted by the Harnett County Human Resources Department will be advertised by email internally to all employees and posted on the Harnett County website.
- 3.1.3 Additional advertising may be accomplished at the direction and authorization of the Harnett County Emergency Services Director or the Human Resources Dept.
- 3.1.4 The Human Resources Director shall publicize all permanently established vacant positions. (In accordance with Harnett County Personnel Ordinance).
- 3.1.5 No employee shall post position openings without the approval of the Harnett County Emergency Services Director. This includes postings to Internet sites, email lists, bulletin boards, fax lists, etc.
- 3.1.6 Employees are permitted at all times to make direct person-to-person notification of position vacancies.
- 3.1.7 Employees appointed as full-time rotating shift employees will be assigned to a designated shift schedule as defined by the EMS Chief.
- 3.1.8 Employees appointed as full-time Wheelchair / Ambulance staff will work as defined by the EMS Chief.
- 3.1.9 Work schedules will be prepared and posted in advance to permit the employee to schedule accrued leave in advance when at all possible.
- 3.1.10 Employees required to work in excess of the FLSA identified weekly (40) hours will be compensated at one and one-half times the regular hourly rate of pay for the time actually worked.
- 3.1.11 Posted schedules are subject to change, based upon operational needs of the program and/or county government, with little or no notice as dictated by the degree of urgency created by the situation.
- 3.1.12 Employees that work outside of their scheduled shift should document an explanation in Executime in the comments box.
- 3.1.13 Policies regarding transfers, promotions, etc., may be found in Harnett County Personnel Ordinance.

- 3.2 Employing Regular Part-Time Positions**
- 3.2.1 Whenever there is a determined need for additional regular part-time employees, the Harnett County Emergency Services Director shall follow the same procedure as mentioned above for Full-Time Positions.
- 3.2.2 Employees appointed as regular part time will be assigned to fill shifts required to complete the selected hours of operation at the respective station.
- 3.2.3 Regular part time employees must provide an availability schedule in EMS Manager on a monthly basis by the 10<sup>th</sup> for the following month and may be subject to call-in to fill shift openings. All regular part-time employees should submit a minimum of 48 hours of availability per calendar month. It is the responsibility of the regular part-time employee to access EMS Manager and review the hours they are assigned.
- 3.2.4 Employees required to work in excess of the FLSA identified weekly (40) hours will be compensated at one and one-half times the regular hourly rate of pay for the time actually worked.
- 3.2.5 Employees must report to the assignment on time and in a ready condition to perform the assigned duties.
- 3.2.6 Part time employees who have received an assignment for a specific date and fail to report to the assignment will be subject to disciplinary action except:
- The individual is required to remain at their full time place of employment unexpectedly.
  - The individual experiences an unexpected illness, injury, or family emergency.
- 3.2.7 Employees that work outside of their scheduled shift will document an explanation in Executime in the comments box.

- 3.3 Orientation Process**
- 3.3.1 The Harnett County EMS Chief shall define the Orientation Process and each new employee will be provided orientation materials.
- 3.3.2 The Orientation Process shall include topics for compliance with all applicable regulations for EMS personnel.
- 3.3.3 New employees will follow precepting guidelines outlined by the Training Division.

- 3.4 General Employee Responsibilities**
- 3.4.1 Employees are required to report to work at their assigned time at their assigned station. ***Employees will log their time appropriately using the Executime program. Each employee will be issued a username and password for Executime and will not share their username or password with any other employee.***

- 3.4.2 Employees should be in uniform and ready to respond at the assigned shift change time.
- 3.4.3 Employees should remain ready to respond according to operational policies throughout their respective shift.
- 3.4.4 Employees shall notify the EMS District Chief / Assistant Chief immediately should they feel that they are unable to perform their duties due to fatigue or any other circumstances that will not allow the employee to perform required duties, or that the situation may cause harm to themselves, partner or others.
- 3.4.5 Any employee arriving at their assigned station after the designated start of their shift shall be subject to disciplinary action for tardiness.
- 3.4.6 Employees may be reassigned to a different duty location anytime.
- 3.4.7 Employees will not work any more than 48 consecutive hours at any combination of employment.
- 3.4.8 Any EMS employee who desires employment outside of Harnett County EMS is required to submit a completed Outside Employment Request Form to the Harnett County Emergency Services Director prior to beginning the outside employment.
- 3.4.9 Outside employment is considered any and all employment or self-employment for salaries, wages, tips or commissions other than the current position held by the employee with Harnett County.
- 3.4.10 Outside employment or self-employment, which prevents the County employee from efficiently discharging their current job duties and responsibilities or is incompatible with their current work schedule as a County employee may be denied authorization for such work. Authorization may be revoked if the outside employment adversely affects the employees performance with Harnett County.
- 3.4.11 Failure to comply with any of the above General Employee Responsibilities will result in the employee being subjected to disciplinary action.

### **3.5 Employee Credentialing**

- 3.5.1 Employees are required to maintain their North Carolina Office of EMS (NCOEMS) and Harnett County EMS System Plan credentialing at the current level of practice as a condition of continued employment.
- 3.5.2 Necessary credentials include:
  - a valid credential issued by NCOEMS
  - a valid operator's license issued by North Carolina DMV
- 3.5.3 The responsibility for maintaining credentialing lies entirely with the employee.
- 3.5.4 Any lapse in valid credentialing is a basis for suspension or termination.

- 3.5.5 Any employee who is charged with a moving violation must inform the EMS Chief immediately and of any conviction after such.
- 3.5.6 Any employee to which the following list applies will lose their driving privileges and be subject to suspension or termination:
- Driver's license has been suspended or revoked.
  - Accumulated more than 8 DMV points within a 24-month period.
  - Is no longer eligible to obtain a valid driver's license in NC.
  - Failure to maintain EVD certification through continuing education or re-credentialing.
  - Has been involved in 3 or more at fault accidents in a 24-month period.
  - Has been charged of Driving While Impaired.
  - Has violated County policies concerning use of or possession of intoxicants or controlled substances.
  - Is experiencing a mental or physical condition that adversely affects their ability to drive.
- 3.5.7 Any employee who is convicted by the Court System of Driving While Impaired shall have their employment terminated upon such conviction.
- 3.5.8 Any employee who is convicted by the Court System of other alcohol related traffic offenses shall be subject to disciplinary action.
- 3.5.9 Any falsification or concealment of loss of credentialing is a basis for termination.
- 3.5.10 EMS personnel are also subject to random driving record reviews by the Risk Management and subsequent recommendations to improve employee performance.
- 3.5.11 Any employee taking prescribed / over the counter medications that have warnings not to drive, operate equipment or affects your ability to perform shall notify EMS Administration prior to reporting for duty.

### **3.6 Employee Contact Information**

- 3.6.1 Employees are required to maintain the following information with the Administrative Support Specialist:

- Primary Phone Number (cell or home phone)
- Secondary Phone Number, when available (may be pager or cellular)
- Mailing Address physical & P.O.Box if applicable.
- Emergency Contact Information (at least one individual)

- 3.6.2 The Administrative Support Specialist shall be made aware of any changes to the employee information as soon as possible.
- 3.6.3 Harnett County EMS requires employees to maintain some form of working telephone access.
- 3.6.4 Harnett County EMS expects employees to respond to phone/text/email messages as soon as possible when left by Administration.

### **3.7 Requests for Leave**

- Requests for leave will be submitted through the EMS Manager program***
- 3.7.2 Employees should make requests for leave in accordance with the Harnett County Personnel Ordinance.
- 3.7.3 Employees should have sufficient leave accumulated prior to placing any request.
- 3.7.4 Approval of leave requests will be based on availability of coverage, submission date of request and a consideration for seniority.
- 3.7.5 When coverage is secured for any requested leave, the employee will receive notification from EMS Manager or Administration.
- 3.7.6 It is the responsibility of the employee to ensure their leave is approved prior to not reporting for a scheduled shift.

### **3.8 Annual Leave**

- 3.8.1 Normal Requests for Annual Leave shall be made no earlier than eight weeks prior to the day on which leave is being requested and no later than four weeks. All requests for leave will be entered in EMS Manager by the 10<sup>th</sup> of the month for any leave the following month.
- 3.8.2 Short notice requests are those made after the 10<sup>th</sup> of the month for the next month or requests made within one week of the day in which leave is being requested.
- Short notice requests will not have any guaranteed time off.***

### **3.9 Sick Leave**

- 3.9.1 Sick leave may only be used in accordance with Harnett County Personnel Ordinance. This policy clearly explains when it is appropriate to use sick leave when absent from work.
- 3.9.2 Employees requesting sick leave should place their request no later than 2 hours prior to the beginning of their shift by calling the on-duty EMS Assistant Chief.
- 3.9.3 Should the on-duty EMS Assistant Chief not be reachable, the employee should attempt to call the on-duty EMS District Chief.

- 3.9.4 It is required that employees speak with the on-duty Assistant Chief at 910-893-0730 or on-duty District Chief and not merely leave a voice mail. If you have to leave a voice mail, keep calling to make sure someone has knowledge of your request.  
***Callouts will not be permitted by text or email.***
- 3.9.5 It is acceptable to have another individual contact the on-duty EMS Assistant Chief should you be incapacitated beyond the ability to do so yourself.
- 3.9.6 Employees shall not report for work when any of the following conditions applies:
- Are infectious to their co-workers and patients.
  - Are febrile due to illness.
  - Have a physically limiting condition that will restrict their ability to function under normal working situations.
  - Are under physicians order not to resume normal work activities. When released to return to work employee must produce a note from Doctor releasing them to full duty with no restrictions.
  - Are impaired to any degree.
- 3.9.7 The Family Medical Leave Act will be applied in strict compliance with Harnett County Personnel Ordinance.
- 3.9.8 Bereavement Leave may be used per Harnett County Personnel Ordinance.
- 3.10 Civil Leave**
- 3.10.1 Civil leave may only be used in accordance with Harnett County Personnel Ordinance. This policy clearly explains when it is appropriate to use civil leave when absent from work.
- 3.10.2 Employees that receive a subpoena to appear in court for an issue related to Harnett County EMS should notify their EMS Assistant Chief upon receipt of subpoena. The EMS Assistant Chief will forward the subpoena to the legal department for Harnett County. If subpoenaed to appear in court Harnett County EMS will provide uniform for employees to wear.
- 3.10.3 If placed on phone stand-by, the employee can report to the ESC until called to appear or released by court system; if the employee lives outside of the call back time.
- 3.10.4 If employee is on shift the day of the subpoena the EMS Assistant Chief may obtain coverage for the employee to be taken off the truck so they can report to court if called to appear.

**3.11 Military Leave**

- 3.11.1 Military leave may only be used in accordance with Harnett County Personnel Ordinance. This policy clearly explains when it is appropriate to use military leave when absent from work.
- 3.12 Shift Trade**
- 3.12.1 Shift Trade is used when full-time employees desire to trade work time with another full-time employee when there are no part-time employees available for the scheduled day of request. The shift trade must occur within the same payroll period (16<sup>th</sup> of each month through the 15<sup>th</sup> of the following month).
- 3.12.2 Employees will enter a “Trade Request” in EMS Manager. Once another employee accepts the trade request, an EMS Assistant Chief will approve or deny the trade request.
- 3.12.3 The EMS Assistant Chief may refuse to honor the agreement at his/her discretion.
- 3.12.4 The person agreeing to substitute shall be responsible for reporting for duty as if it were that person’s normal assignment and that person shall be held responsible as if it were his/her regular duty assignment.
- 3.12.5 The shift trade shall not result in an employee working more than forty-eight hours.
- 3.12.6 The substitute must be qualified to do the same job as the regularly assigned employee. When substituting for an EMS Assistant Chief / District Chief with a non-chief, EMS Assistant Chief will rotate qualified personnel to the vacancy and reassign the substitute to ensure proper staffing.
- 3.12.7 Only current full-time employees are permitted to participate in the Shift Trade Program.
- 3.12.8 Failure to report to work for a shift trade is subject to Harnett County EMS Divisional Policy 3.20.1 and deduction of appropriate leave time as indicated by Harnett County Personnel Ordinance; subsequent occurrence will result in additional disciplinary action, including the loss of privilege in participating in shift trade.
- 3.13 Employee Wellness**
- 3.13.1 Harnett County EMS will strive to make available at no cost to employees work-related vaccinations, protective equipment, and procedures in order to maintain personnel in a healthy, productive state.
- 3.14 Workplace Injuries**
- 3.14.1 The severity and urgency of medical attention to workplace injuries will be determined by the employee; however Workers Compensation coverage will be determined by the county’s third party administrator.
- 3.14.2 Employees should report to the EMS District Chief / Assistant Chief immediately upon realization of an injury.

- 3.14.3 Employee injuries that require medical attention shall immediately be sent to an appropriate medical facility as specified by Harnett County Risk Management.
- 3.14.4 All employee injuries shall be documented by the employee on appropriate forms supplied by Risk Management.
- 3.14.5 The employee's District Chief / Assistant Chief shall complete, within eight hours of notification, the Workers Compensation Report and all related forms for Harnett County Risk Management.
- 3.14.6 All documentation of employee injuries shall be forwarded to Emergency Services Director, Emergency Services Administrator, EMS Chief, and Administrative Support Specialist.
- 3.14.7 Any employee who requires medical attention may not return to work without a completed Physician Authorization Form. Any employee being treated for an on the job injury, is required to notify Admin of any and all follow up appointments, diagnostic testing and/or medical procedures. Notification shall be made in advance of said appointments to the employee's assigned Assistant Chief and the Administrative Support Specialist.

### **3.15 Exposures to Pathogens**

- 3.15.1 Any employee who is exposed to blood or other potentially infectious materials shall immediately notify the On-Duty EMS District Chief / On-Duty Assistant Chief and the Designated Infection Control Officer.
  - ❖ If an exposure occurs during the course of patient care being rendered, the employee must make immediate notification once care has been relinquished to another healthcare provider of equal or higher level of care or prior to a patient refusing transport.

- 3.15.2 The employee will immediately be subject to the Post Exposure Treatment Plan as identified by the Infection Control Policy and the Designated Infection Control Officer.

- 3.15.3 Employees must adhere to the Post Exposure Confidentiality Policy.

### **3.16 Workers' Compensation**

- 3.16.1 Workers' Compensation leave may only be used in accordance with Harnett County Personnel Ordinance. This policy clearly explains when it is appropriate to use Workers' Compensation leave when absent from work.

### **3.17 Light Duty**

- 3.17.1 Harnett County EMS will attempt to make accommodations to allow injured or disabled employees to return to work.

- 3.17.2 Employees requesting light duty assignment should submit a request as soon as the need is identified to the Emergency Services Director and EMS Chief, detailing the reason for the request and the anticipated timeframe (start date and end date).
  - 3.17.3 Employees wishing to return to work on light duty should submit to EMS Administration a completed Physician Authorization Form that identifies the scope at which they are capable to function and their letter of intent to return to work in this capacity.
  - 3.17.4 The Emergency Services Director and/or EMS Chief will meet with the employee to review the request and discuss the related rules to being assigned to light duty when the request is received.
  - 3.17.5 Light duty will be granted based upon what type of restrictions the employee will have, what type of work is available at the time of the request, what type of retraining would be required, and whether there would be risk of additional injury.
  - 3.17.6 Employees assigned to light duty status on non-Workers Compensation related cause may have their Pay Schedule changed.
  - 3.17.7 Duty assignments and hours of work will be coordinated by the EMS Chief for all employees assigned to light duty.
  - 3.17.8 Employees on light duty are expected to report for work in uniform, unless prior deviation has been approved by the EMS Chief due to the nature of their assignment.
  - 3.17.9 Employees assigned to light-duty status may be required to provide a physician's note every 30 days documenting their continued need for this reassignment.
  - 3.17.10 Employees who are injured or disabled may not attend Continuing Education sessions until they are assigned to light-duty status or have a physician's note.
- 3.18 Failure to Appear for Work**
- 3.18.1 Employees that fail to report for work without notice shall be subject to disciplinary action up to and including dismissal as outlined in Harnett County Personnel Ordinance.
  - 3.18.2 Employees are considered tardy for work 1 minute after the report time for their assigned shift, including special events and training classes. Employee must contact the On-duty Assistant Chief at 910-893-0730 if they are not going to arrive at work at the scheduled report time.
- 3.19 Employee Fitness for Duty Standard**
- 3.19.1 Harnett County EMS maintains a "zero tolerance" standard about the use of alcohol by employees who may be called upon to act or respond as an employee of Harnett County EMS.

3.19.2 Employees will not be permitted to function as an employee of Harnett County EMS if they have consumed alcohol in the previous eight (8) hours or if they are noticeably still impaired by alcohol consumed previous to the eight (8) hours.

3.19.3 This shall include participation in field operations, special events, training, etc.

3.19.4 Employees suspected of being in violation of the “zero tolerance” standard may be removed from service and subjected to analysis to determine their status.

**3.20 Employee Payroll Standards**

3.20.1 Regular and probationary employees working full-duty will be classified and paid according to Harnett County Personnel Ordinance.

3.20.2 Harnett County pays employees via direct deposit on the last working day of each month. Employee check stubs and W2 will be available through the Munis Employee Self Service Portal.

3.20.3 Payroll cutoff dates are provided annually by the Emergency Services Administrator and posted at all stations.

**3.21 Tardiness**

3.21.1 Employees are considered tardy for work 1 minute after the report time for their assigned shift, including special events and training classes.

3.21.2 All employees must notify the On-duty EMS Assistant Chief via phone at 910-893-0730 for any unexpected revisions to the schedule. Example- late call at full-time job, child care issues, vehicle problems. Etc.

## **4. Equipment and Facilities**

### **4.1 EMS Stations**

- 4.1.1 EMS stations will be kept clean and ready for public review at all times
- 4.1.2 Completing daily station maintenance will be a second priority to ensuring the response readiness of the ambulance
- 4.1.3 Daily station duties shall be determined by Administration and posted at all Stations.  
Assigned station duties should be completed by 10:00 unless responding to calls.  
After completion of station duties crews may partake in approved downtime activities, as long as crew remains response ready.
- 4.1.4 Weekly station duties shall be determined by Administration and posted at all Stations.
- 4.1.5 Facility maintenance repairs and request will be coordinated through the EMS District Chief / Assistant Chief.
- 4.1.6 No weapons are permitted in Harnett County EMS facilities and vehicles except for firearms carried by sworn law enforcement officers acting in an official capacity.  
Patient's weapons may be transported to the ED in accordance to weapons policy.
- 4.1.7 No alcoholic beverages are permitted in Harnett County EMS facilities or vehicles.
- 4.1.8 No medications, other than those properly prescribed to an employee or that are available over-the-counter, shall be in possession of employees on Harnett County property.
- 4.1.9 The possession of sexually explicit materials in Harnett County EMS stations is prohibited.
- 4.1.10 No pets will be maintained in EMS Stations.
- 4.1.11 No automotive repair will occur in EMS stations. This includes tune-ups, fluid changes, brakes, etc. No washing of personal vehicles at any station is allowed by HCEMS personnel.
- 4.1.12 Personal vehicles should be parked in the marked spaces at each facility, respectful of handicapped spaces.
- 4.1.13 EMS will permit visitors in the stations between 1000 and 2300 hours each day.
- 4.1.14 No visitors will be allowed in the sleeping quarters of the station at any time.
- 4.1.15 Visits should be specific in nature and guests should be discouraged from loitering around stations throughout the day. Visits should be limited to 1 hour per shift.
- 4.1.16 No visitors will be allowed to remain in the station when the ambulance crew is not present, such as when dispatched on a call.

- 4.1.17 EMS facilities should remain locked whenever crews are not present at the stations and apparatus doors should be closed except when personnel are working in that area.
- 4.1.18 EMS prohibits personnel from providing door codes to any non-authorized personnel.
- 4.1.19 Station crews should remain aware of local trash pickup schedules to ensure that waste receptacles are properly located for pickup

## **4.2 EMS Telephones and Computers**

- 4.2.1 Telephone service is supplied by Harnett County and individual departments for business use and according to HC ES Cell Phone, Camera Use and Social Media Policy.
- 4.2.2 Use of telephone service for personal matters should be limited so as to not interrupt access to the station for official matters.
- 4.2.3 Under no circumstances should employees place personal long distance or other toll calls from a County and/or individual department phone.
  - Employees will be expected to reimburse the County/Department for any and all charges billed to County/Department telephone accounts, hardwire and cellular. And will result in disciplinary action
- 4.2.4 The use of internet service for personal computers and internet access should be limited as to not disrupt County/Department operations. Restrictions defined in the Harnett County Internet Policy.
- 4.2.5 Cellular telephones provided by Harnett County are exclusively for use on County business where there exists no other suitable means to communicate.
  - Cellular telephone bills will be reviewed on a regular basis, resulting in detailed audits for any phone exceeding standard airtime amounts.
  - Any abuse of cellular telephones found through audits will result in disciplinary action, including reimbursement to Harnett County for actual airtime used.
  - Harnett County provides computers with Internet access at EMS facilities.
- 4.2.6 Email is not to be considered “confidential” or “private.” EMS reserves the right to access and monitor computer systems, including employee communications, as it deems necessary.
- 4.2.7 Software is provided by the County and is not to be shared, copied, or otherwise pirated.
- 4.2.8 Only EMS, Harnett County provided or authorized software is to be loaded onto County computers.

- 4.2.9 The use of personal software or programs is prohibited, unless specifically authorized by EMS Administration. The use of personal computers, tablets or other electronic hardware to perform electronic charting or other business of HCEMS, is strictly prohibited, except for county email.
- 4.2.10 The use of the Internet provides significant dangers to an organization. The Internet is to be used professionally and appropriately at all times. County computers are not to be used for the upload, download, viewing, or distribution of any form of pornography or other obscene material or text.
- 4.2.11 The email address "yourname@harnett.org" is considered a form of business communication, and similar to EMS letterhead; all rules of etiquette and professionalism apply in its use, All employees are expected to access county email on a regular basis for departmental communications.
- 4.2.12 Language used in electronic communications is to be professional at all times. The use of inappropriate language (obscene, illegal, discriminatory, intended to harass or defame others) is unauthorized. Its use may result in significant disciplinary action, up to and including termination of employment.
- 4.2.13 Social media networks will not be used in any form to describe or discuss any business of Harnett County EMS at any time, whether on personal computers, tablets, cell phones or county electronic devices.

### **4.3 EMS Vehicles**

- 4.3.1 Harnett County ambulances and QRV's are designed to ensure the highest degree of safety, efficiency, effectiveness, and operability for EMS personnel.
- 4.3.2 Ambulances, Wheelchair units and QRV's will be cleaned in order to maintain a neat appearance and to ensure they are sanitary for patients, personnel, and visitors.
- 4.3.3 All response vehicles will be washed daily or as needed if weather conditions deem this feasible.
- 4.3.4 Vehicles will be washed at any time prior to 2300 hours and should be before 10:00 where the appearance of the vehicle is such that it does not properly represent the image of Harnett County EMS. This will be dependent upon the ongoing weather conditions.
- 4.3.5 Vehicles should be washed and dried with supplies as provided by EMS.
- 4.3.6 The interiors will be cleaned daily or as needed to ensure that all trash and debris are removed and that it presents with a neat, clean image for riders.
- 4.3.7 Vehicles shall be detailed Bi-Weekly per EMS10 Vehicle Detail Policy, or when deemed necessary by Administration.
- 4.3.9 All EMS Vehicles should be kept secured at all times.

- 4.4 Disinfection of EMS Vehicles**
- 4.4.1 The procedure for the disinfection of EMS vehicles is outlined in the Infection Control Policy and should be done daily and as needed on each call.
- 4.4.2 Interior cab surfaces as well as patient area should be wiped down daily for infection control purposes as outlined in the Infection Control Policy.
- 4.4.3 After completion of transfer of all patients; stretchers and any equipment used in patient care will be disinfected with approved cleaners as well as sheets/linens will be changed to prevent cross contamination.
- 4.5 Vehicle Maintenance**
- 4.5.1 EMS personnel will be required to perform basic maintenance and evaluation daily on their assigned response vehicle.
- 4.5.2 A Safety & Exterior check shall be completed at the beginning of your shift; this will be documented on your check off sheet in EMS Manager.
- 4.5.3 Should any deficiencies be noted from the tasks identified on the Safety & Exterior Check, they should be mitigated by the employee or referred to the EMS District Chief / EMS Assistant Chief. ***Employee shall complete a "Special Report" in EMS Charts with detailed information on deficiency or failure.***
- 4.5.4 All mechanical defects and deficiencies should be noted on the check off and have a special report completed in EMS Charts, this will include the vehicle number.
- 4.5.5 At no time should an EMS vehicle with a known deficiency that impacts crew safety or medical operations remain in service as a response unit.
- 4.5.6 EMS Assistant Chief will coordinate scheduled maintenance on EMS vehicles with Harnett County Garage.
- 4.5.7 EMS personnel are prohibited from performing any repairs on vital functions of the ambulances for which they have not been trained and approved by EMS Administration to complete.
- 4.5.8 Whenever a vehicle is removed from service for a mechanical problem, it is essential that the crew notify the EMS District Chief / Assistant Chief immediately and complete a Special Report in EMS Charts outlining the problem or failure. The Assistant Chief of Logistics will monitor all Special Reports and update the vehicle maintenance records and request service.
- 4.6 Tobacco**
- 4.6.1 The use of all tobacco products and vape pens is prohibited in all Harnett County EMS response vehicles. Refer to Harnett County Ordinance for tobacco use at stations.

- 4.7 Food and Beverages**
- 4.7.1 No open food or beverages will be allowed in either the patient module or exterior compartments of the ambulances due to the potential for contamination.
- 4.7.2 There shall be no consumption of food or beverages while driving an ambulance.
- 4.7.3 Employees are urged to use all diligence with open food and/or beverages in the cab of the ambulance to avoid spillage, especially in or near electronic equipment such as radios, sirens and computers.
- 4.7.4 All spills should be cleaned up as soon as possible and all other debris vacuumed.
- 4.8 Refueling of EMS Vehicles**
- 4.8.1 With the potential for all units to transport out-of-county on the next assignment, EMS units must maintain enough reserve fuel to complete the next call.
- 4.8.2 No EMS unit will return to service with less than three quarter (3/4) a tank of fuel.
- 4.8.3 EMS vehicles can be refueled at any of the stations that accept the WEX Fleet Fuel Cards.
- 4.8.4 When a fuel station is found to be inoperable, EMS personnel should notify the EMS District Chief / Assistant Chief immediately and make alternate plans for refueling.
- 4.8.5 Units refueling in their primary response area will remain in service for calls.
- 4.8.6 Driver must remain at the pump while refueling to eliminate the possibility of driving off with a fuel nozzle in the tank.
- 4.8.7 Gas caps, when not attached to the unit body, shall remain in possession of the driver. Gas caps may not be placed on pump panels.
- 4.8.8 Ignition and battery cut-off switches shall be turned to the off position while refueling.
- 4.9 Changing EMS Vehicles**
- 4.9.1 Whenever it is deemed necessary, EMS District Chief / Assistant Chief will notify the crew for the need to change units. District Chief / Assistant Chief will assign the crew a replacement unit and update the Vehicle Information Sheet.
- 4.9.2 Crews doing the change are responsible for ensuring that all necessary equipment is transferred and that all equipment on the new unit is functioning properly. Crew must check operational components when switching units by completing a new Daily Checkoff Sheet for equipment and supplies in EMS Manager.
- 4.9.3 Crews shall ensure that the unit that they are getting off of is full of fuel and clean. Any deviations need to be approved by the District Chief/Assistant Chief.
- 4.10 Staff Vehicles**
- 4.10.1 Staff vehicles are to be maintained to the same standards as other EMS Vehicles, per 4.3.

4.10.2 Staff vehicles that are unassigned to specific individuals should be refueled after each use and cleaned as necessary.

**4.11 EMS Equipment**

4.11.1 EMS personnel shall inventory their vehicle at the beginning of each shift to ensure that equipment is present and functional and that the prescribed amount of supplies is on hand. Check off sheets will be completed in EMS Manager.

4.11.2 EMS Administration will maintain an inventory of equipment and supplies that should be stocked on each EMS vehicle.

4.11.3 This inventory will include a set quantity of all items to ensure that overstocking is not taking place.

4.11.4 The EMS crew should immediately address deficiencies found during the daily inventory and note them on checkoff sheets.

4.11.5 EMS personnel should perform daily inspection on all equipment.

4.11.6 EMS personnel should monitor equipment throughout the workday, especially when on calls, to ensure that items are not misplaced or lost.

4.11.7 Defective equipment should be reported as defined in Harnett County EMS Divisional Policy.

4.11.8 The defective equipment should be labeled as being defective and an explanation of what it would not do should be attached to it. Employee will be responsible for completing a Special Report in EMS Charts to describe the failure.

4.11.9 Contact the EMS District Chief / Assistant Chief immediately with any defective equipment.

4.11.10 EMS Administration will maintain records on all EMS equipment that is identified as defective and what its disposition was.

4.11.11 All defective equipment will be scheduled for repair and/or replacement by Administration. Assistant Chief of Logistics will be responsible for recording all equipment sent for repair on the Equipment Tracking Log. This will be entered when shipped and received.

**4.12 Critical Failures**

4.12.1 The critical failure of a piece of equipment is defined as any time the equipment did not operate according to specification while being used for its intended purpose.

4.12.2 EMS personnel should make all effort to secure a replacement piece of equipment after a critical failure if its absence will have an impact on the quality of care

delivered. For example, another EMS unit should intercept should a cardiac monitor fail on a patient worthy of being monitored.

- 4.12.3 Upon a critical failure occurring, the EMS personnel should immediately contact the EMS District Chief / Assistant Chief. The District Chief will coordinate their receiving a replacement piece of equipment.
- 4.12.4 Documentation of a critical failure shall include: Completion of special report in EMS Charts.
- 4.12.5 The role of investigating critical failures will lie with EMS Administration.
- 4.12.6 Should there be a need to make additional notifications (i.e. manufacturers, other EMS agencies, etc.) regarding critical failures; this responsibility will lie with the EMS Chief.

#### **4.13 Lost or Stolen Equipment**

- 4.13.1 In the event that a piece of equipment is lost, the EMS personnel making the discovery should contact the EMS District Chief / Assistant Chief to initiate the replacement process and an investigation towards its recovery.
- 4.13.2 A Special Report will be completed in EMS Charts by the EMS personnel making the discovery detailing when and where the equipment was discovered missing.
- 4.13.3 The EMS District Chief will be responsible for an initial investigation to determine who would have last used the missing item and attempt to determine where it may have been left. If the item is located, personnel may be required to retrieve it. EMS District Chief will notify the EMS Assistant Chief. Should the EMS Assistant Chief suspect theft of the item, the EMS Chief and the law enforcement agency with jurisdiction should immediately be contacted.
- 4.13.4 Any area that may be considered a crime scene should be preserved as such until determined otherwise by law enforcement.
- 4.13.5 The EMS District Chief / Assistant Chief investigating the loss or theft will be responsible for completing the proper incident forms and forwarding to the EMS Chief.

#### **4.14 Cleaning Equipment**

- 4.14.1 The procedure for the cleaning of EMS equipment is outlined in the Infection Control Plan.

#### **4.15 Medical Supplies**

- 4.15.1 Each station will have a designated facility in which supplies will be stored. This will be separate from the storage for pharmaceuticals under most situations.

- 4.15.2 It will be the responsibility of the personnel assigned to that station to complete a weekly inventory to ensure it meets minimum required stock levels.
- 4.15.3 EMS Administration will maintain a list of exactly what supplies should be maintained at each facility, listing a desired quantity of each item, and specifying a reordering point for each item.
- 4.15.4 Personnel should only reorder supplies when a quantity meets that reordering point according to an established process by EMS Administration.
- 4.15.5 EMS Administration will maintain a list of exactly what supplies should be maintained on each vehicle, including a quantity for each item.
- 4.15.6 Personnel assigned to vehicles should inventory them each day to ensure that the desired quantity is present at the beginning of each shift and is replenished upon returning to the station after each call. Daily check off sheets will be completed, in EMS Manager.
- 4.15.7 All EMS Equipment/Medical supplies provided by Harnett County will only be used in the treatment of medical and physical emergencies encountered in the course of work. At no time will any employee use any EMS Equipment/Medical Supplies not approved by EMS Administration.
- 4.15.8 Numbered tags are placed on multiple bags/boxes for accountability and for the security of the equipment. These seals may be removed at any time by the on-duty employees to familiarize themselves with contents or by EMS Administration to perform spot checks.
- 4.15.9 Anytime a seal has to be removed for any reason, the bag/box will have to be checked off by the appropriate sheet and a new seal placed on the bag/box with the number recorded.
- 4.15.10 EMS Equipment/Medical Supplies shall not be removed from EMS Stations or Units by any personnel without prior authorization from EMS Administration.

#### **4.16 Pharmaceutical Supplies**

- 4.16.1 All medications and intravenous fluids will be stored within climate-controlled areas of EMS facilities in the designated area.
- 4.16.2 The ambient temperature of these storage areas should be maintained at all times between 50 and 80 degrees Fahrenheit.
- 4.16.3 All medications will be stored within their original packaging material. The exception will be vials that are received bulk packed and not individually packaged. These vials will be stored so they are not routinely exposed to long periods of sunlight.
- 4.16.4 Vehicles that are equipped with auxiliary cooling/heating devices should have them powered and set to 75 degrees whenever the vehicle is inside the station.

- 4.16.5 Whenever the outside temperature is below 50 degrees Fahrenheit or above 80 degrees Fahrenheit, all EMS vehicles outside of the stations that have medications or intravenous solutions will remain running with the climate control system engaged to maintain an ambient temperature between 50 and 80.
- 4.16.6 This will require vehicles to be moved away from the entrances to hospitals after necessary cleaning and restocking is completed, maintain security of units by locking doors.
- 4.16.7 On days that exceed these temperature extremes, all EMS vehicles will be stored inside of stations with all doors closed and any station ventilation system engaged (i.e. ventilation fans). Bags and fluids should be placed inside of station (climate controlled area) with truck keys attached to black bag.
- 4.16.8 All medications, intravenous solutions, and all other dated materials shall be visually inspected on the last day of the month and a request be sent to the EMS District Chief / Assistant Chief for restocking prior to the expiration date. No expired items will remain on HCEMS units at any time.
- 4.16.9 Pharmaceuticals, intravenous solutions, and other dated materials that have to be removed from stock due to expiring dates will be returned to the EMERGENCY SERVICES CENTER by EMS Administration. Expiration dates are expressed in many different ways. If an expiration date is 3/2019, this item expires at midnight on the last day of March 2019. If an expiration date is 3/1/2019, this item expires at midnight on March 1, 2019.
- 4.16.10 All vehicles should be restocked to established quantities immediately upon returning to an EMS station after a call.
- 4.16.11 All Pharmaceutical Supplies provided by Harnett County will only be used in the treatment of medical and physical emergencies encountered in the course of work. At no time will any employee use any Pharmaceutical Supplies not approved by EMS Administration.
- 4.16.12 EMS Pharmaceutical Supplies shall not be removed from EMS Stations or Units by any personnel without prior authorization from EMS Administration.
- 4.16.13 Anytime a seal has to be removed for any reason, the bag/box will have to be checked off by the appropriate sheet and a new seal placed on the bag/box with the number recorded.
- 4.16.14 Some pharmaceuticals are kept refrigerated and have a limited shelf life after removal from refrigerator. EMS Administration will follow manufacturer recommendations for shelf life and label with replacement date. The replacement date shall not exceed the manufacture expiration date.

- 4.17 Controlled Substances**
- 4.17.1 EMS Administration has established a Controlled Substance Plan to maintain accountability and chain of custody of Controlled Substances. (See EMS1 POLICY)
- 4.17.2 The EMS Assistant Chief will document the appropriate information in the Controlled Substance Inventory Log located in the med supply room ***at the Emergency Services Center.***
- 4.17.3 All broken, wasted or contaminated controlled substances will be properly documented on the HCEMS Controlled Substance Patient Administration Report and all broken/contaminated containers will be picked up by EMS District Chief / Assistant Chief. Special Report will be completed in EMS Charts.
- 4.17.4 Any security band or top seals that are broken and then the controlled substance is not administered will need to be replaced by the on-duty EMS District Chief / Assistant Chief. On-duty EMS District Chief will deliver controlled substance vial/bristojet in question to on-duty EMS Assistant Chief. On-duty Assistant Chief will secure vial/bristojet in locked cabinet at ESC and report this to Assistant Chief of Logistics and the EMS Chief for further investigation. A Special Report will need to be added in EMS Charts explaining the need for replacement or circumstances of broken seal/band.

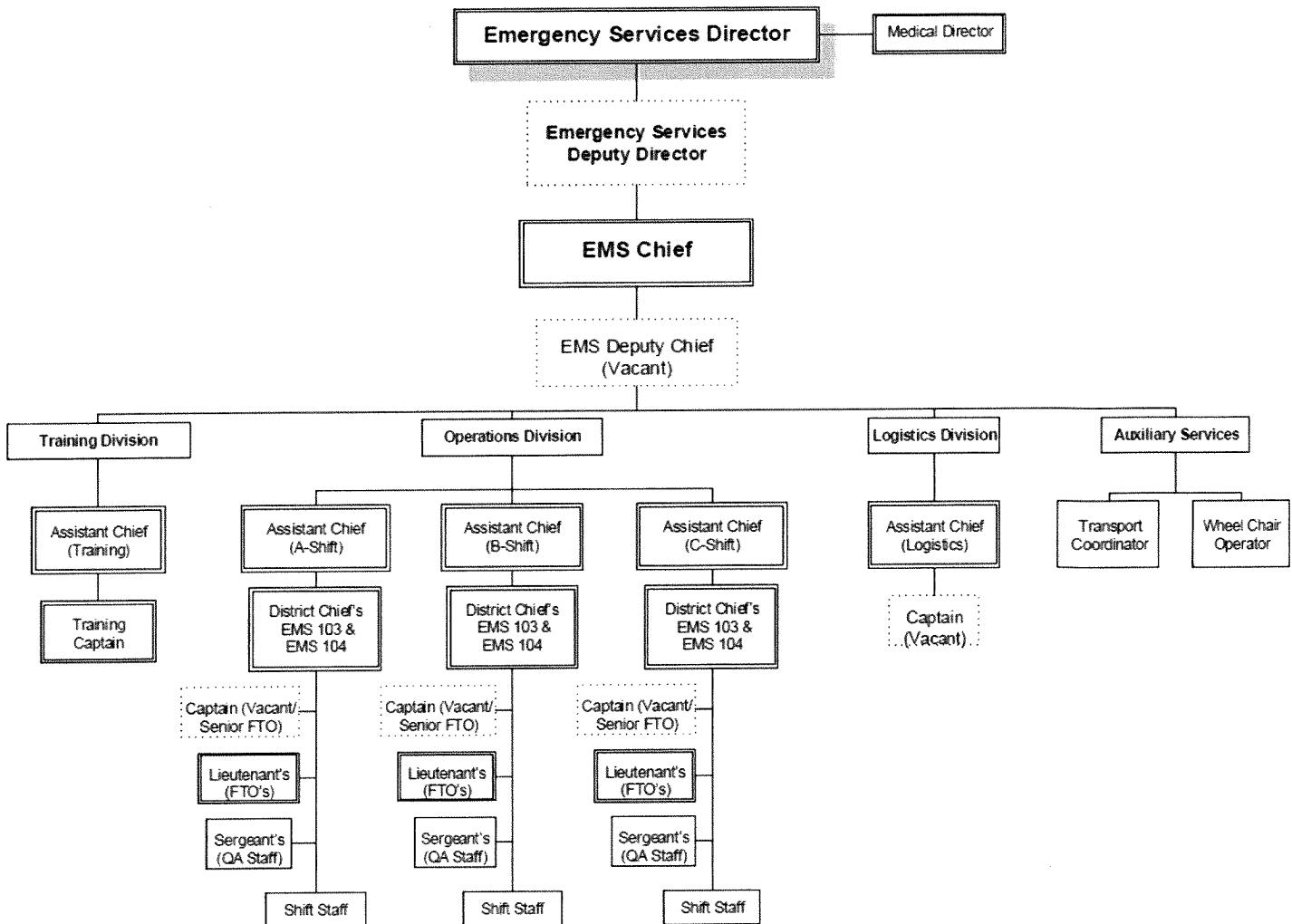
- 4.18 Chain of Custody for Controlled Substances**
- 4.18.1 The following procedure will be used to establish the accountability for controlled substances on a daily basis and applies to response units, EMS District Chief and Assistant Chief. Refer to EMS1 Controlled Substance Policy.
- 4.18.2 Both the on-coming and off-going personnel will verify the lock tag number and its presence in the black bag. Controlled substances are kept in a separate box inside of the jump bag. The box will have two numbered seals and the zipper compartment in the bag will have a numbered seal tag. This number is recorded in the Chain of Custody Log Book. If at any time these numbers don't match what is recorded in the book, both personnel are to remove seals and verify all controlled substances immediately and contact the EMS District Chief / Assistant Chief.
- 4.18.3 Controlled Substance Chain of Custody Daily Log Sheet will be maintained by the month and EMS District / Assistant Chief will pick up monthly. A new sheet will be started on the first day of each month. All sheets shall remain in The Chain of Custody logbook at all times. They should only be removed by the EMS District Chief/Assistant Chief.
- 4.18.4 EMS Administration will assess that this process and documentation occurs on a daily basis throughout the stations.
- 4.18.5 The Chain of Custody logbook will remain at the assigned station and will not be kept on the vehicle, with the exception of Chief units.

- 4.18.6 Failure to complete and document this process as outlined above or in EMS1 policy, will result in disciplinary action.
- 4.19 Special Event Controlled Substance Issuance**
- 4.19.1 Controlled substances for special event crews will be signed out to the crew by the on-duty EMS Assistant Chief.
- 4.19.2 Upon returning the medications, they shall be signed back in to the on-duty EMS Assistant Chief.

## **5. Field Operations**

- 5.1 Chain of Command**
- 5.1.1 Harnett County Emergency Medical Services will at all times operate with the use of a Command Structure.
- 5.1.2 The diagram below indicates the basic command structure for all field operations.
- 5.1.3 As it relates to patient care, decisions by the highest certified technician on the scene shall take precedence.
- 5.1.4 Harnett County EMS will utilize the Incident Command System as addressed in the Operations Standard

# Harnett County Emergency Services Organization Chart EMS Division



## **5.2 Safety**

5.2.1 It will be the responsibility for all employees engaging in field operations to maintain safety as the utmost priority in any mission or situation.

5.2.2 Any employee who witnesses, or witnesses the potential for, an unsafe act, shall immediately call this to the attention of those in harm's way.

5.2.3 If scene requires staging due to unsafe conditions, EMS units including ambulances and QRV's will stage away from location, not viewable from location of incident, and only proceed to scene after having received radio confirmation of scene security.

## **5.3 Personal Protective Equipment**

- 5.3.1 When available, EMS will issue Personal Protective Equipment (PPE).
- 5.3.2 Should personnel not have the necessary equipment, they should avoid any situation where PPE use would be indicated.
- 5.3.3 Issued PPE for all employees should include, but not be limited to, equipment bag, helmet with goggles, protective coat, protective pants, safety vest, belt and protective gloves.
- 5.3.4 Additional equipment issued to personnel who are involved in specialty teams will be included in the policies of this section.
- 5.3.5 An EMS employee shall wear no PPE in the course of work until they have been properly fitted and/or trained with the equipment [OSHA 1910.132.F.1].
- 5.3.6 OSHA does allow an exemption for Emergency Situations if the employee is briefed on the PPE and accompanied by another trained person while it is in use.
- 5.3.7 All PPE shall be properly maintained, cleaned, and kept in sound working order at all times by the individual employee. This is to be done according to manufacturer recommendations.
- 5.3.8 If any PPE is found to be unable to function as intended, the employee should immediately contact their supervisor for replacement and / or repair.
- 5.3.9 All PPE should be stored in the issued gear bag whenever not in use.
- 5.3.10 Employees shall have available to them at all times while on-duty any departmentally issued PPE and they are not permitted to perform assigned duties without their equipment – No Equipment - No Work.
- 5.3.11 Personnel transferring between duty assignments are required to take individually issued equipment with them at all times, without exception – including short notice reassignments.
- 5.3.12 Any employee on-duty that does not have their individually issued PPE available will be subject to disciplinary action.
- 5.3.13 For the purpose of this policy, on-duty shall be defined as any time that an employee is actively engaged in field operations, including special event stand-by coverage, off-duty activation, and other like events. All issued PPE is to be used only for official Harnett County EMS duties/operations.
- 5.3.14 Personnel will not be permitted to wear protective clothing that was not issued to them by Harnett County Emergency Medical Services without specific permission from EMS Administration [OSHA 1910.132(b)].
  - Employees wishing permission to use equipment should place a written request to the EMS Division Chief completely describing the need and the piece of equipment.

- This request to wear non-issued EMS equipment will be evaluated to determine if the equipment meets adopted standards and is a viable substitute.
  - Approved non-issued EMS equipment will not be replaced by Harnett County should it become damaged or destroyed.
- 5.3.15 Individual employees will be financially liable for the replacement of any lost or damaged equipment based on the negligence of the employee.
- 5.3.16 Security and accountability for PPE is the responsibility of the employee. Equipment bag is to be kept out of environmental elements.
- 5.4 Intended Use of Personal Protective Equipment**
- 5.4.1 Protective gear shall be stored in a readily accessible location on the assigned EMS unit.
- 5.4.2 Protective helmets should be worn in any situation where sharp edges are or may be present, in confined or congested spaces where the employee is subject to impact, when the potential for falling objects or projectiles exists, or when the potential for impact with moving objects exists.
- 5.4.3 Protective eyewear should be worn in any situation where there exists a potential for flying objects or for splashes from blood, body fluids, or other hazardous material.
- 5.4.4 The uniform boot will serve as the primary protective footwear.
- 5.4.5 Protective gloves should be worn in any situation where there exists a potential for injury or exposure to an employee's hands.
- 5.4.6 Exam gloves should be worn during all patient contact scenarios and whenever blood or other potentially infectious materials are present.
- 5.4.7 Reflective traffic vests and / or HCEMS Hi-Vis Parka shall be worn in any situation where increased visibility is desired. They will be worn at all incidents in or immediately near any area designated for the traffic flow of moving vehicles.
- 5.5 Uniforms**
- 5.5.1 Full-time EMS personnel will be furnished uniforms as deemed necessary by EMS Administration.
- 5.5.2 Part-Time EMS personnel will be furnished uniforms as deemed necessary by EMS Administration.
- 5.5.3 EMS Administration shall establish standards identifying when and in what combination uniforms are to be worn.

- 5.5.4 EMS personnel shall always present themselves in a neat, clean, and professional appearing uniform and uniforms shall be maintained in that manner throughout the entire shift.
- 5.5.5 All employees are required to remain in uniform from 07:00 – 19:00.
- 5.5.6 After 19:00, employees may wear the HCEMS issued tee shirt in place of the uniform shirt. Tee Shirts are approved for daily wear from June 1<sup>st</sup> through August 31<sup>st</sup> and on days where the Heat Index reaches 95 degrees and above.
- 5.5.7 Long sleeve black shirt, without any markings or emblems of any kind may be worn under the polo uniform shirt. If approved by EMS Administration.
- 5.5.8 One issued badge and one issued nametag are the only items permitted to be worn on the Class B uniform shirt. Badges will be worn on the left chest through the badge eyelets. The nametag shall be worn on the right chest, centered above the pocket with the bottom of the nametag resting above the top of the pocket.
- 5.5.9 HCEMS issued Job Shirts may be worn at any time during your assigned shift.
- 5.5.10 EMS Administrative Staff may wear business casual attire in place of the uniform as approved.
- 5.5.11 EMS personnel are permitted to wear HCEMS issued tee shirt when completing duties at the station that may result in the uniform becoming soiled.
- 5.5.12 EMS personnel shall wear HCEMS issued uniforms / equipment only when on-duty or in an official capacity or in transit to or from such an assignment.
- 5.5.13 Employees that do not have a certain piece of uniform / equipment should gain approval of the EMS Administration prior to wearing substitute uniform components.
- 5.5.14 EMS personnel shall have available at least one replacement uniform (pants and shirt) whenever on-duty.
- 5.5.15 EMS Full-Time personnel shall only wear HCEMS issued footwear. Part-Time personnel are required to wear black tactical style EMS boots, unless a substitution is approved by Administration.
- 5.5.16 Footwear will be maintained in a clean, shiny manner.
- 5.5.17 Footwear that becomes worn to the point of not being safe or practical (worn soles, holes in material, etc) shall be replaced.
- 5.5.18 Personnel requesting a medical exemption shall provide documentation to the EMS Chief from their physician clearly detailing the need and the necessity outweighs the safety the footwear provides the employee.
- 5.5.19 EMS personnel shall wear white, standard length crew-neck undershirts beneath the HCEMS Class B uniform shirt.

- 5.5.20 The use of undershirts under the polo style uniform shirt is recommended, but not required. Shirts must be black or white in color and free of any noticeable markings. Refer to 5.5.7
- 5.5.21 Undershirts shall be free of any visible lettering or graphics.
- 5.5.22 HCEMS normal daily uniform shall consist of the polo style shirt, black pants, black belt and black boots.
- 5.5.23 EMS Full-Time personnel shall only wear HCEMS issued belt. Part-Time personnel are required to wear a black belt, unless a substitution is approved by Administration.
- 5.5.24 EMS personnel will only wear HCEMS issued hats/beanies with the uniform. Hats will not be worn with HCEMS Class B Uniform. Hats should be worn in a forward facing manor.
- 5.5.25 Fixed blade knives are prohibited while on-duty with HCEMS. One folding tactical knife or folding pocket knife is permitted if the blade is no longer than 4 inches and must be worn inside of pants pocket or inside of sheath on belt.

## **5.6 Jewelry and Accessories**

5.6.1 This standard is to define what is permissible in the way of personal accessories and apply at all times the HCEMS uniform is being worn.

5.6.2 Piercings and accessories:

- Ear lobe inserts, transverses, and/or gages must be clear or skin tone.
- Visible piercings (nose, lip, etc), including nose punches and tongue piercings; must be clear or skin tone.
- One bracelet may be worn if the article does not interfere with performing assigned duties and not subject to catching or snagging due to being loose on the wrist.
- No more than one ring (a traditional wedding set is one ring), rings with raised designs or stones that could affect the integrity of PPE (gloves) are prohibited.
- No dangling/hoop earrings (only small stud-style are permissible)

5.6.3 EMS personnel shall wear a watch capable of displaying seconds.

5.6.4 EMS personnel may only wear sunglasses that are approved by EMS Administration. Sunglasses must be subdued in color – no bright colors.

5.6.5 Any type of glasses or sunglasses keeping device shall be approved by EMS Administration and must be complimentary of the uniform – no bright colors.

5.6.6 HCEMS Identification cards, NCOEMS certification card and NCDL must be kept on person while on duty.

5.6.7 Necklaces may be worn, but must be worn under the uniform shirt.

- 5.7 Grooming and Hygiene**
- 5.7.1 EMS personnel will maintain their personal hygiene and appearance to the highest of standards.
- 5.7.2 EMS personnel will keep their hair neat and well groomed at all times so as not to interfere with their job function.
- 5.7.3 Hair will be maintained above the bottom edge of the shirt collar. Long hair past the shoulders must be maintained with a hair restraint device above the bottom edge of the shirt collar.
- 5.7.4 Hair restraint devices shall be of a single color and complimentary in nature to the color of the uniform.
- 5.7.5 Beards are allowed as long as the length does not exceed (1/2) inch.
- 5.7.6 Moustaches are permitted as long as they do not extend over or cover the top lip, are neatly groomed, are not of the "handlebar" style not to exceed (1/2) inch.
- 5.7.7 Goatees will be permitted but keep short in length not to exceed (1/2) inch.
- 5.7.8 Employees desiring an exception to 5.7.3. 5.7.5. 5.7.6 and 5.7.7 for religious and or other reasons should submit it in writing to the EMS Chief.
- 5.7.9 Sideburns are not permitted to grow beneath the lobe of the ear and should be no more than 1 inch in width at their end.
- 5.7.10 Fingernails should be clean, short (tips no more than  $\frac{1}{4}$  inch), and well-manicured, to protect the integrity of PPE (gloves)
- 5.7.11 Artificial nails will not be permitted due to their potential for transmission of bacterial diseases and difficulty to thoroughly sanitize should they become contaminated. Artificial nails are defined as substances or devices applied to the natural nail to augment or enhance the wearer's own nail. This includes, but is not limited to: acrylic nails, gel nails, tips, bonding, wrappings and tape.
- 5.7.12 EMS personnel are discouraged from the use of fragrances designed to be long lasting (i.e. colognes, perfumes, etc.) or smoking while on-duty, as the resulting odors tend to aggravate certain medical conditions.
- 5.8 Tattoos / Body Art**
- 5.8.1 EMS Administration may require visible tattoos to be covered when an employee is on-duty.
- 5.9 Emergency Vehicle Operations**
- Also see Vehicle Driving Policy for additional policies on driving (Policy# EMS 7)*
- 5.9.1 All Harnett County EMS personnel are expected to operate emergency vehicles in an efficient manner with regards to the safety of themselves and others. Nothing in this

- policy may be construed to permit the driver of an emergency vehicle to operate in a reckless manner.
- 5.9.2 No employee of Harnett County EMS will operate any vehicle on an incident without first having completed an Emergency Vehicle Driving Course or prior approval by the EMS Chief.
  - 5.9.3 All ambulances are prohibited from going into any space marked less than 10 feet in height.
  - 5.9.4 If in doubt to the height of an opening, always use a spotter and proceed slowly.
  - 5.9.5 Modes of Operation: EMS will address the operation of an emergency vehicle as non-emergency, emergency, backing, or stationary.
  - 5.9.6 EMS personnel operating County vehicles will be individually responsible for moving violations.
  - 5.9.7 The use of air horns should be limited to intersections or other situations when encountering traffic.
  - 5.9.8 Primary warning lights may be switched to Secondary at any time they are considered to present a hazard to either the driver or others on the roadways (i.e. heavy fog, snow, etc.).
  - 5.9.9 When encountering posted work zones, the vehicle will continue in the emergency mode but shall observe all posted speed limits for that zone.
  - 5.9.10 Drivers of emergency vehicles will refrain from using telephones, texting or any other device and eating that may degrade their ability to safely operate the vehicle.
  - 5.9.11 Cellular phone usage / texting is prohibited in any ambulance, cab or module, while transporting a patient, except in the case of providing medical care. Personal devices should be placed in "Silent" mode while responding to or in the course of providing patient care. ***Also see Harnett County Emergency Services Cell Phone, Camera use, and Social Media Policy.***
  - 5.9.12 Assistant Chiefs, District Chiefs and Administrators should limit telephone conversations while driving vehicles to only those necessary for current operations.
  - 5.9.13 Vehicles parked at scenes should be placed to minimize as much as possible any hazards to the personnel, the vehicle, and the patient(s) with the emergency brake engaged.
  - 5.9.14 At any scene potentially involving hazardous materials, vehicles should be parked uphill and upwind of the incident to minimize hazards to the personnel, the vehicle, and the patient(s).
  - 5.9.15 Vehicles will always be parked in marked spaces and backed in to allow for a quicker departure if a call is received. Vehicles shall not be parked by the curb.
  - 5.9.16 No vehicles shall be parked in restricted parking spaces (fire lanes, handicapped designated, no parking zones) unless they are engaged on a call.

- 5.9.17 The Ignition Safety Switch device (if equipped) shall be utilized when leaving an equipped vehicle idling while not within sight of the EMS personnel and the keys removed.
- 5.9.18 Whenever a vehicle is positioned in a manner that it potentially blocks normal traffic flow (i.e. double parked, in or alongside roadways, etc.), the emergency warning lights will be activated to warn others of its location and increase scene safety.
- 5.9.19 No vehicle shall be parked with the emergency warning lights operating without the high-idle activated to maintain proper electrical output on vehicles equipped with same.
- 5.9.20 Traffic advisors should be set to the appropriate directional-flash mode whenever the vehicle is in the stationary mode in vehicles equipped with same.
- 5.9.21 Headlights shall be used at any time when windshield wipers are in use as a result of smoke, fog, rain, sleet, or snow, or when inclement weather or environmental factors severely reduce the ability to clearly discern persons and vehicles on the street and highway at a distance of 500 feet ahead (NC General Statute §20-129).
- 5.9.22 Each front seat occupant shall have a seat belt properly fastened whenever the vehicle is in motion (NC General Statute §20-135.2A).
- 5.9.23 Personnel should use seat belt restraints in the module of the vehicle whenever it will not impact patient care delivery.
- 5.9.24 Passengers riding in EMS vehicles shall be properly restrained at all times with either a seatbelt or stretcher cot straps.
- 5.9.25 Only approved personnel are permitted to operate Harnett County ambulances while transporting patients. It is preferred that Harnett County Emergency Services personnel drive when possible.

Approved personnel to drive Harnett County EMS Units:

- Harnett County Emergency Services Employees
- Responding emergency personnel that are approved to drive for their department.

- 5.9.26 The following are allowed to ride in Harnett County EMS units:
- Harnett County ES personnel
  - Law enforcement officers required for assistance in safely transporting a patient or in the course of their regular duties
  - Any member of a Harnett County Emergency Service (Fire/Rescue/EMS) department as requested by EMS personnel to assist with patient care
  - Authorized students
  - Authorized guests at the direction of EMS Administration
  - One family member, significant other or friend, at the discretion of the duty crew.

- 5.9.27 The number of patients transported in an ambulance will be limited to two (2) non-ambulatory patients or a total of no more than four (4) ambulatory patients.
- 5.9.28 An exception to this policy may be made by an on-scene Chief Officer in time of mass casualty operation. All patients will be restrained, either on the cot or in a seatbelt, prior to the vehicle moving.
- 5.9.29 Roadway medians may be crossed whenever no other means is available or would require an extended response to a scene. Median crossings should be done in a manner that prevents any damage to the vehicle or additional delay in response, such as a vehicle being stuck.

## **5.10 Responding to Calls**

- 5.10.1 All EMS responses will be dictated by EMD recommendation.
- 5.10.2 Exceptions to 5.10.1 will include:
  - As indicated by an on-scene public safety official
- 5.10.3 EMS personnel shall be in the vehicle and responding to calls no more than 90 seconds from time of dispatch.
- 5.10.4 En-route times longer than 90 seconds will be documented in the EMS Charts Software program under response delay on Page 2, and Special Report.
- 5.10.5 Personnel shall assure that the station is locked and all appropriate appliances are off prior to leaving the station.
- 5.10.6 The driver of the EMS vehicle is responsible for the following:
  - Ensuring that all compartment doors are closed and all electrical plugs are disconnected and clear of unit.
  - Ensuring the overhead doors are fully open before exiting or entering the apparatus bay and closed prior to leaving property.
  - Safe operations of EMS unit.
  - Safety of crew and patient when in transit.
  - Acquisition of all necessary information on the call to assist with documentation and billing.
  - Shall be responsible for returning the vehicle to a state of readiness after each call, including all cleaning, sanitation, and restocking.
- 5.10.7 The attendant of the EMS vehicle is responsible for the following:
  - Obtaining address, Tac channel, EMD Code from dispatch information or phone text.
  - Ensure that address is verified with Map Software or Mapbook. Don't leave station before address is verified. Supply driver with quickest response to scene. ***Don't rely on GPS units for 911 responses.***

- Perform all radio communications, siren controls.
  - Assist driver with locating hazards while responding to call.
  - See Patient Treatment/Transport for additional duties.
- 5.10.8 When responding as a QRV medic, both 5.10.6 and 5.10.7 apply.
- 5.10.9 When responding as a medic on another department ambulance, the medic will communicate with department personnel and share the above responsibilities in 5.10.6 and 5.10.7. Driving of any department unit is discouraged, driving is allowed when care has been transferred to department employee for transport to hospital.
- 5.10.10 EMS personnel are required to keep the following equipment in an operational condition with them during the entire shift:
  - HCEMS Portable Radio
  - Pager / Alphanumeric
  - HCEMS Cell Phone
- 5.10.11 Should another unit be closer than the assigned unit to a call, they should advise Harnett County Dispatch of their location and that they will be responding.
- 5.10.12 Extensive dialogue between units on the radio and referring to ones “discretion” on whether or not they will respond is discouraged. All units will continue to respond to their assigned call until another unit arrives on scene and cancels them or they are cancelled by Harnett County Dispatch or EMS Administration.
- 5.10.13 Should a unit be unable to respond for any reason, they should immediately notify Harnett County Dispatch via radio and EMS District Chief / Assistant Chief by phone. A Special Report will also need to be completed in EMS Charts.
- 5.10.14 Any extended response time will require documentation as to the reason for the extended response time as a Special Report.
- 5.10.15 Vehicle failures will require a Special Report to be completed in EMS Charts.
- 5.10.16 When requesting additional resources to a scene, the request should be specific in nature and indicate a response mode (i.e. engine company non-emergency for manpower, law enforcement emergency due to a violent patient, rescue unit for extrication, etc.).A special report in EMS Charts should be completed.
- 5.10.17 Additional assistance should be requested for manpower whenever there exists a potential for employee injury or employee safety is compromised.
- 5.10.18 When requesting additional resources to a scene, the Incident Command System should be implemented, if ICS is already established you should make your requests through the Incident Commander.
- 5.10.19 When a patient presents at an EMS station needing medical assistance or an EMS units comes upon a scene where medical assistance is required, they should

- immediately contact Harnett County Dispatch via radio (or by phone if out of radio range) to initiate a run number and times for the incident.
- 5.10.20 Documentation for self-originated calls will conform to the standards of any dispatched incident.
  - 5.10.21 A patient is defined in the current HCEMS Protocols, Procedures and Policies.
  - 5.10.22 The vehicle should routinely be ready to answer a call no more than thirty minutes after arrival at the Emergency Department.
  - 5.10.23 All Hospital times over thirty minutes should be documented on Page 2 of EMS Charts and complete a Special Report.
  - 5.10.24 All units shall check "Clear of hospital" with Harnett County Dispatch when leaving hospital. Units clearing any in county hospital, are available for response. If your unit is clearing hospital after a code or trauma and are out of service due to supplies or contamination, then check "Clear of hospital, out of service".
  - 5.10.25 All units shall check "Assignment Complete" with Harnett County Dispatch when arriving back in their response district or when your unit has been restocked / decontaminated and ready to respond.
  - 5.10.26 All units should be swept out and all equipment prepared for service before clearing the hospital. "Out of Service" restock times shall be limited and only approved by the District Chief/Assistant Chief.
  - 5.10.27 Condition Codes shall be used to communicate unit status with Dispatch in regards to the need for Law Enforcement. The following codes will be used:
    - Condition 1 – No assistance Needed from Law Enforcement
    - Condition 2 – Need LEO as soon as a unit is available
    - Condition 3 – Emergent need for Law Enforcement

## **5.11 Patient Treatment / Transport**

- 5.11.1 EMS personnel shall take to the patient's side on all calls the Black Bag, the Airway Bag, and the Zoll monitor, unless 5.11.3 or 5.11.2 applies, transporting units shall take stretcher to entrance of building.
- 5.11.1.1 EMS personnel shall take the suction unit on all calls that are suspected cardiac arrest patients.
- 5.11.2 The exception to this rule is when an EMS District Chief / Assistant Chief or other unit are already on-scene and indicates that such equipment is not necessary.

- 5.11.3 If the scene of the call is in a medical or nursing facility or any multi-story / commercial building, then the stretcher shall accompany the crew of transporting units, along with the equipment listed in 5.11.1, to the patient's side.
- 5.11.4 Any additional equipment as indicated by first responders should be taken in upon arrival at the call.
- 5.11.5 The primary caregiver shall assume the primary responsibility for patient assessment and treatment on a call as well as all related documentation and reporting per protocol (this maybe the Paramedic or EMT depending on patient needs). ***ALL PATIENTS RECEIVE AN INITIAL ASSESSMENT BY THE HIGHEST CREDENTIALED STAFF.***
- 5.11.6 Transport destination will be made by the HCEMS Medic when in primary caregiver role on another department ambulance.
- 5.11.7 Aeromedical support should be requested as indicated in the currently approved EMS Policies, Procedures and Protocols document.
- 5.11.8 Patients will be transported by Harnett County EMS to any hospital within Harnett County or in any county adjoining Harnett County, including UNC Hospitals in Chapel Hill and Duke Medical Center in Durham, of their choice in accordance to EMS Policies, Procedures and Protocols document.
- 5.11.9 Exceptions to include:
- Cardiac arrest patients without STEMI indicators should be transported to the nearest hospital.
  - *STEMI Patients will be transported using guidance from the NCOEMS STEMI EMS triage and destination policy. (refer to NCCEP policies, procedures and protocols document)*
  - *Patients with signs of a Stroke will be transported using guidance from the NCOEMS Stroke EMS triage and destination policy. (refer to NCCEP policies, procedures and protocols document)*
  - *Trauma and burn Patients will be transported using guidance from the NCOEMS Trauma and Burn EMS triage and destination policy. (refer to NCCEP policies, procedures and protocols document)*
  - *Critical or serious burn patients should be transported to UNC Hospital when patient is stable for transport or closest trauma center (refer to NCCEP policies, Burns Thermal protocols document).*
  - *Pediatric Patients will be transported using guidance from the NCOEMS Pediatric EMS triage and destination policy. (refer to NCCEP policies, procedures and protocols document)*
  - Hospitals on diversion (redirect).
- 5.11.10 Any patient without a preference to a certain hospital will be transported to the closest / most appropriate facility from the scene.

- 5.11.11 Transport to out-of-county facilities should be considered if going to that facility would be closer than transporting to an in-county facility. EMS Personnel shall request diversion status, through Harnett County Dispatch, of the requested facility as soon as the patient/family/physician requests that facility.
- 5.11.12 The attendant will contact the receiving hospital as early as possible in the transport sequence.
- 5.11.13 The report to the hospital should include:
- Estimated time of arrival
  - Patient Age
  - Patient Sex
  - Chief Complaint / MOI and pertinent history
  - Treatment
  - Vital Signs
- 5.11.14 Patients that demonstrate competency and have been evaluated by EMS personnel, have the right to refuse treatment or transportation by EMS after they have been advised of the possible consequences of their choice.
- 5.11.15 Any patient that refuses treatment or transportation by Harnett County EMS will sign the "Refusal" EMS Patient Disposition Information Form.
- 5.11.16 All refusal signatures should be witnessed by a third party whenever possible. If the patient is a minor or otherwise incapacitated to sign, an authorized agent (parent, guardian, or power of attorney) may sign in their place.
- 5.11.17 Patient's that are under 18 years of age or are not emancipated will be transported. They can be left in the custody of an adult family member, designated school official or law enforcement officer, who will sign accepting responsibility for the patient.
- 5.11.18 In the case where a patient, regardless of age or circumstances, refuses to sign the refusal form, this action needs to be witnessed by a third party individual (preferably law enforcement).
- 5.11.19 Harnett County utilizes a system for diverting patients away from facilities that have become crowded and are unable to manage additional EMS patients.
- 5.11.20 EMS personnel may force entry into a residence or other facility when necessary for the preservation of life and must complete a special report in EMS Charts to document the forced entry by any personnel.
- 5.11.21 Prior to entry, EMS personnel should be assured that the action is medically necessary and that a victim is confirmed to be in the residence or facility.
- 5.11.22 Fire Department should be summoned to the scene to physically gain access and Law Enforcement should be summoned to ensure security of the scene, contact EMS District Chief / Assistant Chief when time permits.

- 5.11.23 Should a unit become disabled during transport for any reason, they should immediately notify Harnett County Dispatch and EMS District Chief / Assistant Chief via radio and give your current location and patient condition for the closest transport unit to respond. If out of county, call 911 for the closest unit to respond in that county. Complete a Special Report in EMS Charts.
- 5.11.24 If the unit is on fire or poses an immediate danger to personnel or patient, remove patient and personnel to safe location and notify Harnett County Dispatch via radio for fire department response. If out of county, call 911 and contact EMS District Chief / Assistant Chief by phone. Complete a Special Report in EMS Charts.

**5.12 Incidental Events**

- 5.12.1 When an EMS unit is en-route to a dispatched call and comes upon another incident, the crew should notify Harnett County Dispatch of the nature and location of the incident, make a determination of the severity of the incident based upon a visual size up, assess the severity of the incident versus the originally dispatched call, and advise Harnett County Dispatch of which call you will be handling.
- 5.12.2 When an EMS unit is transporting a non-critical patient and comes upon another incident, the crew should notify Harnett County Dispatch of the nature and location of the incident (if out of county, call 911), make a determination of the severity of the incident based upon a visual size up, and request necessary additional resources.
- 5.12.3 Should a patient at the scene of the secondary incident require advanced life support care, the appropriate caregiver will initiate care while awaiting additional resources while one member remains with the transported patient.
- 5.12.4 Should the patient not require advanced care, the patient may be left with medical first responders while awaiting the arrival of EMS, and the transport will continue.
- 5.12.5 When an EMS unit is transporting a critical patient and comes upon another incident, the crew should notify Harnett County Dispatch (if out of county, call 911) of the nature and location of the incident, make a determination of the severity of the incident based upon a visual size up, request necessary additional resources, inform the citizens that you have a critical patient on-board and that another ambulance is enroute, and continue the emergent transport.
- 5.12.6 When an EMS unit is assigned and responding to a “Cold” call and they are closer to another call subsequently dispatched that is a “Hot” call, they should divert to the emergency call. (*Refer to NCCEP policy 13 for guidance*)
- 5.12.7 Harnett County Dispatch should be notified of this diversion and reassign the “Cold” call to another available unit. (*Refer to NCCEP policy 13 for guidance*)

**5.13 Deceased Subjects**

- 5.13.1 The currently approved EMS Policies, Procedures and Protocols document identify the indications and procedures for the management of deceased subjects.

- 5.13.2 Traumatic death scenes should be regarded as crime scenes until determined otherwise by law enforcement.
- 5.13.3 This will involve minimizing EMS presence at the scene of the victim, restricting any movement of the patient, and securing the scene until law enforcement arrives.
- 5.13.4 EMS personnel should provide clear, concise, and detailed documentation of all traumatic death scenes as they are often cited as components of legal actions.
- 5.13.5 Patients with valid Do Not Resuscitate orders or Living Wills will be managed according the currently approved EMS Policies, Procedures and Protocols document.  
*Patient with a valid NC MOST form will be managed in a similar manner.*
- 5.13.6 All deaths that occur out of a medical facility will be referred to the law enforcement agency with jurisdiction for investigation.
- 5.13.7 EMS shall remain on the scene until law enforcement arrives and provide them with all pertinent information. EMS providers shall complete a DOA Worksheet in its entirety and shall present to the first arriving LEO unit.
- 5.13.8 Law enforcement has the responsibility for disposition of the body. EMS will assist law enforcement when requested. EMS Personnel will complete a Transfer of Care form and have the receiving officer sign for deceased body.
- 5.13.9 Unless needed to assist with the medical or emotional needs of the family or bystanders, EMS units should leave the scene after law enforcement has assumed control.
- 5.13.10 Deaths that occur on any public roadways will require EMS District Chief / Assistant Chief to assist the investigation officer with notification to the Medical Examiner and body disposition.

#### **5.14 Transportation of Deceased Bodies**

- 5.14.1 It is the responsibility of Harnett County EMS to transport deceased persons in Harnett County when the responding unit is not able to transport or the request is made to Harnett County EMS by the respective Department on scene.
- 5.14.2 EMS personnel shall transport deceased persons to designated morgue after investigations by law enforcement are complete and authorization to move the body has been obtained from Medical Examiner.
- 5.14.3 EMS Personnel will complete a Transfer of Care form and have the receiving hospital Security Staff sign for deceased body.
- 5.14.4 An EMS DOA worksheet must be completed in its entirety for each DOA in which a 911 unit responds. The DOA worksheet shall be given to the LEO onscene if the unit clears before the Medical Examiner arrives. If given to LEO, instructions must be given to LEO to give this form to the responding Medical Examiner.

- 5.15 Field Discontinuation of Cardiac Arrests**
- 5.15.1 The currently approved EMS Policies, Procedures and Protocols document identifies the indications and procedures for the discontinuation of resuscitation upon determination of death.
- 5.15.2 EMS personnel should complete the necessary documentation, prior to returning to service
- 5.16 Hospital and Medical Facility Regulations**
- 5.16.1 EMS personnel will comply with facility regulations whenever at a hospital, including but not limited to tobacco use, vehicle parking, etc.
- 5.17 Chief Officer Notifications**
- 5.17.1 District Chief / Assistant Chief's will be notified of incidents based upon the severity of the event and potential for impact on operations.
- 5.17.2 Incidents will be categorized as either basic, moderate, or significant in nature. Each category will require a specific series of notifications and documentation.
- 5.17.3 Basic Incidents will require notification of the District Chief / Assistant Chief and the completion of a special report in EMS Charts on the event. Examples of basic incidents include but not limited to:
- Minor damage to vehicle, station, or equipment.
  - Missing equipment where theft is not suspected.
  - Non-functional equipment.
  - Damage by EMS personnel to another's personal property.
- 5.17.4 Moderate Incidents will require notification of the District Chief / Assistant Chief and the completion of a special report in EMS Charts. District Chief / Assistant Chief will be responsible for notification of the EMS Chief and/or ES Director. Some incidents will require an accident report kit to be completed. Examples of moderate incidents include but not limited to:
- Significant damage to vehicle, station, or equipment.
  - Missing equipment where theft is suspected.
  - Missing medications.
  - Non-functional equipment.
  - Involvement of EMS in an incident that resulted in personal injury to either an EMS employee or a citizen.
  - Assault on an EMS employee.
  - Incident with the potential of being an act of terrorism.
  - Incidents involving more than 10 patients.
  - Incidents requiring multiple mutual aide units responding into areas of EMS primary responsibility.

- Incidents with an anticipated operational time of greater than three hours.
  - Incidents requiring EMS to meet with press officials.
- 5.17.5 Significant Incidents will require notification of the District Chief / Assistant Chief and the completion of a special report in EMS Charts. District Chief / Assistant Chief will be responsible for notification of the EMS Chief and/or ES Director. Some incidents will require an accident report kit to be completed. Examples of significant incidents include but not limited to:
- Involvement of EMS in an incident that resulted in life-threatening injury or death to either an EMS employee or a citizen.
  - Incidents involving more than 20 patients.
- 5.17.6 Significant incidents will also require the ES Director to contact the County Public Information Officer as soon as pertinent facts about the event have been gathered, as they will involve significant interaction with the news media.
- 5.17.7 Personnel with concerns/complaints will be responsible for making notifications to the District Chief / Assistant Chief; District Chief / Assistant Chief will be responsible for making notification to the EMS Chief; the EMS Chief will be responsible for all other notifications.
- 5.17.8 Any complaints/concerns from the general public or outside agencies to ANY EMS Personnel shall be forwarded directly to EMS Chief; the EMS Chief will be responsible for all other notifications.

## **5.18 Students and Observers**

- 5.18.1 Harnett County EMS will provide clinical facilities for students of contracted institutions.
- 5.18.2 Students are expected to conform to all Harnett County EMS policies and procedures, including meeting all dress and safety requirements.
- 5.18.3 All observers on EMS vehicles will require prior approval of the EMS Chief.
- 5.18.4 Observers are not permitted to participate in patient care.
- 5.18.5 Observers must wear a uniform or clothing suitable for the environment they will be in and will be issued a traffic safety vest prior to their first response.
- 5.18.6 EMS employees may contact the District Chief / Assistant Chief by phone to request that a student or observer be removed from their assignment by the District Chief / Assistant Chief.

- 5.18.7 Documentation regarding this request should be submitted to the District Chief / Assistant Chief via EMS Charts Special Report by the end of that shift. Assistant Chief - Training will confer with their clinical coordinator the next working day.
- 5.18.8 A student or observer removed from an assignment will not be permitted to return until the situation has been addressed by the Assistant Chief - Training and their Clinical Coordinator.
- 5.18.9 Whenever an environment is determined by the EMS crew to be unsafe or otherwise unstable, students and observers will be required to remain secured in the unit.
- 5.18.10 *Student and observer scheduling is coordinated between the Assistant Chief of Training and EMS Assistant Chief. Students will be scheduled between the hours of 07:00 and 23:00 unless otherwise approved by Harnett County EMS administration.*

#### **5.19 Inclement Weather Policy**

- 5.19.1 The EMS Chief will implement the Inclement Weather Policy when situations exist or are impending that will limit EMS operations or the ability of personnel to come in to work in a safe and timely manner.
- 5.19.2 If employees are unable to report to duty, due to hazardous conditions, EMS Administration will attempt to provide transportation to and from your duty station.
- 5.19.3 Personnel will be notified via email and other available means when this is implemented.
- 5.19.4 EMS Administration may alternate daily assignments for each shift to allow personnel to report for duty at locations closer to their residences.
- 5.19.5 Services that are normally provided may be suspended during Inclement Weather. (Wheelchair, scheduled transports and non-emergency transports) This is to be monitored by the Assistant Chief and the EMS Chief.

#### **5.20 On-Duty Activities**

- 5.20.1 EMS crews must remain within their primary response areas when not assigned to calls unless travel outside their primary response area has been approved by EMS Administration or department administration. HCEMS personnel shall notify District Chief / Assistant Chief that their unit has been requested to leave their primary response area.
- 5.20.2 Visits to the EMS employee's primary residences or immediate family member's primary residences are allowed for meals or short visits as long as you remain in your primary response area. These are limited to once per shift and no longer than 45 minutes. Visits during holidays will be handled on a case by case basis. Violations of this policy may result in individual rights being revoked.

- 5.20.3 EMS crews are permitted to dine outside of their station within their primary response areas. 911 units are only allowed to have a “sit down” meal within their primary response area. When returning from out of county hospitals, you will not be allowed to stop and eat in, you will be allowed to get a to-go meal and return to your primary response area.
- 5.20.4 County vehicles will only be used for County related business.
- 5.20.5 No non-work related shopping, etc is permitted while on-duty.
- 5.20.6 For the purpose of this policy, on-duty shall be defined as any time that an employee is actively engaged in field operations, including special event stand-by coverage, training, and other like events.

## **5.21 Billing Procedures**

- 5.21.1 All Harnett County EMS employees will be given the billing procedure when in-processing. Harnett County EMS currently uses EMS Charts for all documentation and each employee will receive EMS Charts training as part of their initial orientation program.
- 5.21.2 All employees shall acquire and attach all related information to complete your patient care report per PCR guidelines.
- 5.22.3 All patients encountered by Harnett County EMS personnel will be given the opportunity to read and/or receive a copy of the HIPAA Notice of Privacy Practices and have the patient sign the HIPAA Billing Signature Form. These are available in English and Spanish.

## **6. Special Operations**

### **6.1 Incident Command Operations**

- 6.1.1 EMS will implement the Incident Command Plan whenever the total number of patients to be transported requires more than two transport units and/or the situation is such that it exceeds the capabilities of the EMS resources on the scene.
- 6.1.2 This implementation will include the identification of EMS Command by the Senior EMS person on the scene and the identification of another EMS person on the scene as Triage Officer.
- 6.1.3 The first arriving EMS unit will provide Harnett County Dispatch and/or Incident Commander with a brief initial size-up of the incident, including approximate number of victims.
- 6.1.4 EMS will adopt the National Incident Management System as prescribed by the Harnett County Emergency Response Plan as the basis for all policies and procedures pertaining to special operations.

6.1.5 EMS personnel will have annual refresher training on the Incident Command System and be versed on its use.

## **6.2 EMS Command**

6.2.1 EMS Command will function in one of the following modes:

- On-Site EMS Command
  - Working Command Mode
  - Fixed Command Mode
  - Mass Care Command Mode
- Off-Site EMS Command
  - Disaster Mode/EOC Staffing

6.2.2 The On-Site EMS Command modes are defined as:

- Working Command Mode will be for situations where the EMS Command will be able to manage all ICS functions.
- Fixed Command Mode will be for situations requiring the assignment of individuals into incident-specific ICS functions.
- Mass Care Command Mode will be for situations requiring the establishment of Triage, Treatment, and Transportation sectors.

6.2.3 The Off-Site EMS Command mode is defined as:

- Disaster Mode/EOC Staffing will be for situations involving prolonged or widespread incidents that require a central coordination point.

6.2.4 All communications between the EMS incident and Harnett County Dispatch will be through the Incident Commander or EMS Command if assigned by the IC.

6.2.5 EMS Command should identify an appropriate radio channel for scene operations other than the dispatch channel. This information should be broadcast by Harnett County Dispatch and all units on the scene of and responding to the incident should work on that channel.

6.2.6 EMS Command shall adopt the geographic location of the incident as a prefix to "EMS Command" (i.e. Main Street EMS Command).

6.2.7 Upon establishing EMS Command, the Commander should provide a brief size-up of the event to Harnett County Dispatch via the FIRE DISPATCH Channel. The size-up shall include:

- Cause or Nature of Incident
- Number of Patients
- Types and Severity of Injuries

6.2.8 EMS Command should develop an action plan for mitigating the incident. This plan should include:

- Ensuring scene safety

- Staging location for inbound ambulances
  - Establish communications for scene operations
  - Identify appropriate sector locations
  - Develop transport priorities and hospital assignments
  - Hospital notification
  - Personnel Rehabilitation
  - Post-incident debriefing
- 6.2.9 EMS Command is responsible for overseeing the functional areas of the EMS scene including:
- Staging
  - Triage
  - Treatment
  - Transportation
  - Rescue
  - Safety
- 6.2.10 EMS Command is responsible for continually evaluating the scene for:
- Effectiveness of operations
  - Efficiency of strategy
  - Timeliness of meeting objectives
  - Safety of personnel and patients
- 6.2.11 For off-site Command operations, EMS will designate two personnel to serve in the Emergency Operations Center.

- 6.3 Functional Units of Incident Command System**
- 6.3.1 Branch: a strategic unit, defined by ordinary function; EMS will normally command the Medical Branch at major incidents.
- 6.3.2 Division: a functional strategic unit; most common Divisions are Plans, Operations, Logistics, and Finance.
- 6.3.3 Sector: a functional and/or geographical strategic tactical unit; most common EMS related sectors are triage, treatment, and transport.
- 6.3.4 Task Force: a task-level unit with mixed functional capabilities; most commonly consists of members from different specialties to address a specific problem on an incident.
- 6.3.5 Strike Team: a task-level unit with single functional capability.

**6.4 Hazardous Materials Response**

- 6.4.1 The EMS Scope of practice at a Hazmat incident will consist of:
  - Patient care after removal from Hot Zone and decontaminated
  - Medical monitoring of responders
  - Patient and Responder decontamination
- 6.4.2 EMS personnel will function under the direction of a joint EMS and Multi-Agency Command structure.
- 6.4.3 EMS personnel will not enter into the hot zone at any times.

## **6.5 Confined Space Rescue Response**

- 6.5.1 The EMS Scope of Practice at Confined Space Incidents will consist of:

- Patient care, after removal from hot zone
  - Medical monitoring of responders

- 6.5.2 EMS personnel will function under the direction of a joint EMS and Multi-Agency Command structure.

- 6.5.3 EMS personnel will not enter into the hot zone at any times.

## **6.6 Water Rescue Response**

- 6.6.1 The EMS Scope of Practice at Water Rescue Incidents will consist of:

- Patient care, after removal from the water
  - Medical monitoring of responders

- 6.6.2 EMS personnel will function under the direction of a joint EMS and Multi-Agency Command structure.

- 6.6.3 EMS personnel will not enter into the hot zone at any time.

- 6.6.4 EMS personnel shall wear county issued PFDs while within 25 feet of the water on any Water Rescue calls.

## **6.7 Vehicle Extrication Response**

- 6.7.1 The EMS Scope of Practice at Vehicle Extrication Incidents will consist of:

- Initial assessment and interventions for patient prior to extrication evolution.
  - On-going monitoring of patient condition during evolution.
  - Coordination of patient immobilization and removal from vehicle.
  - Medical monitoring of responders.

- 6.7.2 Primary responsibility for vehicle extrication lies with the fire or rescue service having jurisdiction at the location of the incident.
- 6.7.3 EMS personnel should provide the initial and on-going assessment during the extrication.
- 6.7.4 EMS personnel will don and maintain identified levels of personal protective equipment per 5.4 of these SOGs.

## **6.8 Mass Gatherings Response**

The EMS Scope of Practice at Mass Gatherings will consist of:

- Pre-Incident planning with other involved public safety entities.
- On-site coordination of medical functions.
- EMS resources management, including posting and staging.
- Patient care.
- Medical monitoring of responders.
- Assistance with other on-site medical resources (i.e. medical tents, etc.).

6.8.2 EMS personnel will function under the direction of a joint EMS and Multi-Agency Command structure.

6.8.3 EMS Administration will be responsible for reviewing planned events and venues to ensure the initial EMS strategy is sufficient for the anticipated demand.

6.8.4 The initial strategy for events will be documented in a Response Plan to be distributed prior to such events.

## **6.9 Natural Disaster Response**

The EMS Scope of Practice at Natural Disaster Responses will consist of:

- Pre-Incident planning with other involved public safety entities (as possible).
- On-site coordination of medical function.
- EMS resources management, including posting and staging.
- Patient care, including the assistance with USAR personnel for patient stabilization during extrication.
- Medical monitoring of responders.

6.9.2 EMS personnel will function under the direction of a joint EMS and Multi-Agency Command structure.

6.9.3 EMS Administration will be responsible for reviewing potential incidents to ensure the initial EMS strategy is sufficient for the anticipated demand.

6.9.4 This will include pre-notification for the potential of a Natural Disaster to all EMS personnel, when possible.

6.9.5 When the threat of severe weather is predicted, EMS, in cooperation with Emergency Management, will issue notification to all stations as far in advance as possible.

**6.10 Weapons of Mass Destruction Response**

6.10.1 The EMS Scope of Practice at Weapons of Mass Destruction (WMD) incidents will consist of:

- On-site coordination of medical function.
- EMS resources management, including posting and staging.
- Patient care, including the assistance with USAR personnel for patient stabilization during extrication.
- Medical monitoring of responders
- Preservation of potential crime scenes
- Awareness to potential secondary devices

6.10.2 EMS personnel will function under the direction of a joint EMS and Multi-Agency Command structure.

**6.11 Callback of Off-Duty Personnel**

6.11.1 EMS Administration will direct the activation of Off-Duty Personnel through Assistant Chief.

6.11.2 Harnett County EMS Divisional Standard 3.6 stipulates the employee contact information that personnel shall keep current with the Administrative Support Specialist.

6.11.3 This information will be used to contact personnel needed for off-duty activation.

6.11.4 Personnel contacted for off-duty activation will be assigned a location for staging and a report time.

6.11.5 Personnel reporting for off-duty activation are required by Harnett County EMS Divisional Standard 5.3.13 to have all issued Personal Protective Equipment with them.

## **7. Staff Meetings and CME**

### **7.1 Staff Meeting Attendance Requirements**

7.1.1 Harnett County EMS Full-Time Employees are required to attend all mandatory Staff Meetings. Regular Part-time employees are encouraged to attend staff meetings when possible. Minutes from all staff meetings may be emailed to all HCEMS personnel for review.

7.1.2 Classes are expected to run from 0800 – 1700. Class agendas will be set by the Training Department in advance of each class.

7.1.3 Staff meetings are considered a workday like any other and all policies / procedure shall be followed including having approved Harnett County EMS issued uniforms worn unless otherwise indicated. The following scheduled report times will be utilized unless otherwise notified.

07:00 – EMS Assistant Chiefs, District Chiefs, EMS Lieutenants, QA Techs

08:00 – Field Staff

7.1.4 If you cannot attend Staff Meetings, you must contact your assigned Assistant Chief. Failure to attend staff meetings will be treated as failure to report for duty.

### **7.2 Medical Director Requirements**

7.2.1 The EMS System may offer CME programs each month and will be open to all EMS personnel.

7.2.2 Attendance at training programs is encouraged of all EMS personnel who are:

- Approved to function in the system
- Participating in the Precepting process (has a precepting packet)

7.2.3 The requirement for attendance in these programs is defined as follows:

- EMS personnel must be present, in class, at all mandatory educational programs.
- Missed Classes:
  - Anyone missing mandatory sessions:
    - Assistant Chief of Training will notify individual and the employee will have an opportunity to make up the mandatory class or meet the objectives of the class.
    - Assistant Chief of Training will notify Assistant Chief and EMS Chief of missed attendance or failure to make up class or objective.

- Credentials may be immediately suspended by the Medical Director.
- Additional disciplinary actions to be directed by EMS Administration.

### **7.3 Instruction**

7.3.1 It is understood that some employees have instructor credentials in specialty courses offered by the training department. Employees may elect to instruct (either directly through HCEMS or through an outside agency) during these program offerings to maintain their instructor certifications.

### **7.4 Classroom expectations**

7.4.1 In order to create a more productive learning environment:

- *A/V equipment present in classrooms and EOC are only to be used by personnel trained in their operation and are not be utilized for recreational purposes without the authorization of EMS Administration.*
- Do not abuse equipment.
- All electronic devices shall be in the silent alert or powered off while class is in session.
- Newspapers, magazines, electronic games, computers, etc. should be put away while class is in session.
- Be respectful and courteous to others.
- Clean up your space.

## **8. System QRV Operations**

### **8.1 Purpose**

8.1.1 The primary purpose of the Paramedic QRV is to provide expedient ALS response and care prior to transport unit scene arrival at emergency medical calls or to provide support for a transport unit already at scene which may require additional emergency medical personnel, equipment, supplies or resources for medical operations, communication and patient care.

### **8.2 Operations**

8.2.1 If the QRV is the first unit to arrive at the scene, the Paramedic will assume incident command responsibility and continue to provide on-scene patient care until an ambulance staffed with a paramedic arrives.

8.2.2 Patient care transfers to the transport unit Paramedic upon their arrival. The QRV Paramedic will provide a verbal report to the transport unit Paramedic which includes, but is not limited to:

- Chief complaint(s) and/or problem(s)
- Signs and symptoms
- Vital Signs
- Patient History
- Treatment provided

8.2.3 If the transport unit is not staffed with a Paramedic and ALS patient care protocols are indicated, initiated or performed, the QRV Paramedic must bring all necessary equipment and supplies from the QRV to manage and attend the patient during transport to the hospital which includes:

- Black Bag
- Airway Bag
- Cardiac Monitor
- Backup Drug Box

8.2.4 If the QRV Paramedic accompanies the patient to the hospital, the QRV must be secured prior to leaving the scene. Fire/Rescue department may elect to return QRV to assigned station and secure there for the paramedic.

8.2.5 If the patient does not require ALS level care, the QRV Paramedic is not required to accompany the patient to the hospital.

8.2.6 After completion of the call, the QRV must be restocked to pre-call levels.

## **9. Transport Division**

### **9.1 General**

Harnett County EMS will provide Inter-facility Transports of appropriate non-critical patients who have been stabilized at the transferring facility and who have on-going monitoring and/or treatment that is within their scope of practice as outlined in the currently approved EMS Policies, Procedures and Protocols document.

- 9.1.2 Harnett County EMS provides scheduled and non-scheduled transports to facilities in Harnett County and surrounding counties as required. The Transport Coordinator is responsible for taking and assigning calls to the transporting units in coordination with District Chief / Assistant Chief. Calls outside of our normal transporting region will be approved by the EMS Chief and /or Emergency Services Director. These transports may be handled by off duty employees and on back up units.
- 9.1.3 Harnett County EMS is responsible for the transport of persons in Harnett County to other counties as requested; however, if the patient is being discharged or has to be left at that facility and Harnett County EMS returns to Harnett County then the EMS Chief would authorize going out of Harnett County to pick-up a patient to return to Harnett County.
- 9.1.4 Requests for patient transports are routed through Transport Coordinator during normal business hours. All other times the Harnett County Dispatch and the EMD System will receive calls for transports and dispatch units.
- 9.1.5 Trucks not assigned to a call or specific transport assignment must remain in their respective response area, unless directed otherwise by EMS Administration.
- 9.1.6 When assigned a call, the crew must check en-route with the Transport Coordinator or Harnett County Dispatch. If the call is a wheelchair run, the unit will need to be marked as "Out of Service" until wheelchair call is completed. Crews must check with Transport Coordinator prior to leaving the transport destination.
- 9.1.7 Crews must familiarize themselves with unfamiliar destinations via maps, dispatcher, call the facility, etc, prior to departure from the station.
- 9.1.8 Crews will be expected to provide mutual aid and back-up 911 services as needed.
- 9.1.9 If during a non-emergency transport an emergency arises the patient should be transported to the closest appropriate facility. When possible, call for ALS intercept from closest responding jurisdiction.

### **9.2 Required Documentation**

- 9.2.1 All required documentation and forms are outlined during billing procedure when employees are in-processed.
- 9.2.2 All documentation found to be missing upon QA shall be obtained on the employee's next day working. Paperwork can be obtained by the employee's

partner or the District Chief if there will be an extended period of time before the employee returns.

**9.3 Duties**

- 9.3.1 Transport crews will be responsible for the Equipment and Facilities standards as provided in Section 4.
- 9.3.2 Meals should not conflict with pre-scheduled and emergency inter-facility transports.
- 9.3.3 Transport crews are permitted to dine outside of their station within their response areas. Transport crews are allowed to have a “sit down” meal within their response area or in the area of a pending call within the County. When returning from out of county hospitals, you will not be allowed to stop and eat in, you will be allowed to get a to-go meal and return to your response area.
- 9.3.4 Transport crews are allowed to rest during the day only after all assigned duties are complete.
- 9.3.5 If transport unit is unassigned or does not have a patient on-board and encounters an incident(Fire/Accident) without emergency providers on the scene, the unit is required to stop and ask if assistance is needed and notify appropriate authorities.
- 9.3.6 If a transport unit is unassigned or does not have a patient on-board and a 911 call is dispatched and they are closer than the dispatched unit, they shall contact Harnett County Dispatch and respond to the call. If the transport unit responding does not have a paramedic, the originally dispatched unit shall not be put back in service until patient contact is made and it is determined to need a lower level of care.
- 9.3.7 Transport crews should remain outside of any exam room during a patient’s appointment unless specifically directed by office personnel to remain with the patient.
- 9.3.8 Patient will be accompanied in waiting areas by at least one crew member at all times.
- 9.3.9 Transport Unit Response Area is defined as the area in which the unit is stationed and has the potential for mutual aid 9-1-1 response, or the area in which a scheduled transport is pending for later assignment.
- 9.3.10 Non critical transports may be held for an oncoming crew with the approval of EMS Administration.
- 9.3.11 Any patient who expires during transport, with a valid DNR or MOST form in place, should be returned to the pick-up location if same is a skilled nursing facility. All other patients should be transported to the closest Emergency Department for disposition. The On-Duty Assistant Chief should be notified immediately.
- 9.3.12 When clearing calls during administration hours, units shall contact the Transport Coordinator. If the Transport Coordinator is on lunch the crews will then be

instructed to contact dispatch to clean and still contact the Transport Coordinator fill-in for possible pending transports.

- 9.4.13 Patient pick-up times are intended to be the time the patient is picked up. Any deviation needs to be approved by the Transport Coordinator.
- 9.5.14 Calls assigned during the Transport Coordinator lunch break shall be called in by the unit as soon as they are given the call.

## **10. Wheelchair Division**

### **10.1 General**

10.1.1 Harnett County EMS will provide Wheelchair Transports of appropriate non-critical patients.

10.1.2 All scheduled transport requests will be coordinated by the Transport Coordinator.

10.1.3 Transport Coordinator is to be contacted on EMS ADMIN. (on radio) and/or cell phone or land line for each of the following:(this only applies if the mobile CAD is down)

- Enroute to pickup location
- Arrived at pickup location
- Departing pick up location
- Arrived at destination of appointment
- Departing destination to return patient
- Assignment complete

### **10.2 Required Documentation**

10.2.1 All required documentation and forms are outlined during billing procedure when employees are in-processed.

### **10.3 Duties**

10.3.1 Wheelchair crews will be responsible for the Equipment and Facilities standards as provided in Section 4.

10.3.2 Meals should be coordinated with the Transport Coordinator as scheduled transports allow.

10.3.3 Wheelchair crews should remain outside of any exam room during a patient's appointment unless specifically directed by office personnel to remain with the patient.

10.3.4 Patient should be accompanied in waiting areas by the crew member at all times unless a caretaker is present.

10.3.5 All wheelchair patients and riders will be properly secured during transport per policy.

10.3.6 Wheelchair units will be maintained in accordance with Section 4.



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<b>Subject:</b>  <b>Maintenance of Controlled Substances and Chain of Custody</b>		<b>April 6, 2017</b>
		<b>Revised Date:</b> <b>March 7, 2018</b> <b>February 3, 2019</b> <b>January 5, 2022</b>
		<b>Policy # EMS1</b>

**Purpose:** To establish uniform procedures for the storage, administration, security and chain of custody of controlled substances.

**Procedure:**

**A. Ordering Controlled Substances.**

1. Ordering of Controlled Substances will be the responsibility of the Assistant Chief of Logistics or their designee.
2. When the Assistant Chief of Logistics or designee is ordering a controlled substance, they will submit a completed DEA 222 form, for Schedule II controlled substances, to the vendor of the controlled substance. Schedule IV controlled substances are ordered without a DEA 222 directly from vendor.
3. The DEA 222 form is in triplicate. The light blue (third copy) is to be kept in a secure file after order is submitted. Once order is received the form will have to have the received date and number of packages entered in appropriate box.

**B. Receiving Controlled Substances.**

1. Upon receipt of ordered controlled substances, the EMS Assistant Chief or Assistant Chief of Logistics will immediately inspect all controlled substances for evidence of tampering.
2. Check packaging list and compare to amount received. Any difference shall immediately be reported to the Assistant Chief of Logistics or designee.
3. All controlled substances will be placed in the double locked cabinet for controlled substances immediately after counts are verified.
4. Enter amount received on the HCEMS Assistant Chief Controlled Substance Daily Log Sheet.
5. Vendor packaging sheet shall be signed by person receiving along with time and date received and then given to the Assistant Chief of Logistics or designee for filing in secure file. All Schedule IV shipping paperwork will be maintained in this file as well.

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**C. Master Controlled Substance Inventory.**

1. Master stock will be maintained at the Emergency Services Center (ESC).
2. All stock will be maintained inside secure medical supply room in the double locked cabinet for controlled substances.
3. EMS Assistant Chief and Assistant Chief of Logistics shall be assigned keys to cabinet.
4. EMS Assistant Chief will conduct daily Controlled Substance counts at shift change and as necessary to include current inventory and expired inventory.
5. EMS Chief and Assistant Chief of Logistics is to be notified immediately of any discrepancies in the master controlled substance inventory.
6. Expired stock will be maintained in a separate double lock cabinet in medical supply room.

**D. Unit Inventory**

1. Each Medic unit is assigned one Controlled Substance Box containing the following medications. (*these numbers may be altered by EMS Administration depending upon availability from vendor*)
  - a) Morphine – 3
  - b) Fentanyl – 2
  - c) Midazolam – 2
  - d) Ketamine - 2
2. Each District Chief unit will be assigned one Controlled Substance Box containing the following medications. (*these numbers may be altered by EMS Administration depending upon availability from vendor*)
  - a) Morphine – 3
  - b) Fentanyl – 4
  - c) Midazolam – 4
  - d) Ketamine - 2
3. Controlled Substance Box will be sealed with two (2) numbered seals. The box is then placed inside zippered compartment within the Blackhawk Bag. Zipper is then sealed with one (1) numbered seal. (*numbered seal should pass through zippers and not the pull strings.*)

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4. Controlled Substance outer seals are checked and logged at each shift change or change in station assignment during shift.
5. Both the person accepting custody and the person transferring custody for the controlled substance will go to unit together and verify outer seal number for the Blackhawk Bag. Seal number will then be documented and both personnel will initial log book after verification. (*See Attachment #1-Controlled Substance Chain of Custody Daily Log Sheet*)
6. If seal number does not match the last entry and no change was documented, the respective EMS District Chief / Assistant Chief will be notified immediately. Failure to immediately call the EMS District Chief / Assistant Chief establishes acceptance of accountability for the controlled substances by the oncoming personnel. All personnel that were assigned to the unit with a discrepancy in the controlled substance inventory shall remain at the station until released by EMS Chief / Assistant Chief.
7. All certification levels may sign for custody of controlled substance boxes; however, controlled substances may only be administered by a Paramedic.
8. Any discrepancies or evidence of tampering must be reported immediately to the EMS District Chief. EMS District Chief will notify the EMS Assistant Chief and He/She will notify the EMS Chief/Assistant Chief of Logistics for immediate investigation.
9. EMS District Chief will replace the controlled substance in question with a new vial/bristojet, and then deliver the vial/bristojet in question to the Assistant Chief. EMS Assistant Chief will secure the vial/bristojet in double locked cabinet at ESC for further investigation by EMS Chief.
10. If it is determined that a theft has occurred, the law enforcement agency with jurisdiction will be requested to complete a theft report and initiate an investigation.
11. A separate investigation will be initiated by the EMS Chief/Assistant Chief of Logistics to determine what accountability practices EMS personnel did or did not follow.
12. EMS personnel are subject to interrogation, voice-stress analysis, or other investigation procedures at the direction of law enforcement or the EMS Chief.
13. The Assistant Chief of Logistics will be responsible for making the necessary notifications to the Harnett County Emergency Services Director and the Drug Enforcement Administration.

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**E. Patient Administration / Restocking**

1. Upon administration of controlled substance, the Paramedic will complete the HCEMS Controlled Substance Patient Administration Report in its entirety. (*See Attachment #2*)
2. If all of the controlled substance was not administered during patient care, a witness is required for the disposal of the waste and they will be documented on the HCEMS Controlled Substance Patient Administration Report.
3. A witness will need to sign the HCEMS Controlled Substance Patient Administration Report, even when all of the controlled substance was administered to the patient during the call to verify an empty vial/bristojet.
4. The controlled substance box will then be kept in the pants pocket of the Paramedic until it is restocked and/or secured back in the Blackhawk Bag with two (2) inter seals, and one (1) outer seal. Controlled Substance Checkoff will also need to be completed in EMS Manager.
5. The Paramedic will notify the EMS District Chief, or Assistant Chief that a controlled substance has been administered. This is to be done as soon as possible after arriving at the receiving facility.
6. The Paramedic will scan the completed controlled substance administration report and attach same to the patient's medical record in the EMS Charts software program.
7. Paramedic will then email a copy of the controlled substance administration report to the District Chief / Assistant Chief.
8. EMS Chief, Assistant Chief, or District Chief will provide replacement stock.
9. The Assistant Chief of Logistics, Assistant Chief, or District Chief will then inspect all the controlled substances within the controlled substance box, document all expiration dates, seal numbers using the Controlled Substance Check-off on EMS Manager.
10. EMS District Chief will log all controlled substances that are distributed to Medic Units on the HCEMS District Chief Controlled Substance Distribution Log Sheet.

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11. EMS Assistant Chief will enter the amount taken out of the Controlled Substance cabinet on the Assistant Chief Controlled Substance Daily Log Sheet, including the unit number that it was transferred to and quantity.
12. EMS District Chief / Assistant Chief will review and file the scanned document to Completed Controlled Substance Forms Folder on the EMS share drive.

**F. Expiring Controlled Substances**

1. All controlled substances are checked monthly along with all other medications and supplies.
2. Notify the EMS Assistant Chief, or District Chief of the controlled subject expired and the number needed to restock.
3. All expiring controlled substances will be picked up by the EMS District Chief, Assistant Chief, or Assistant Chief of Logistics.
4. Controlled substance box will then be checkoff, resealed and secured in Blackhawk Bag with numbered seal by EMS Chief, Assistant Chief, or District Chief.
5. EMS Assistant Chief will put expired controlled substance in double locked cabinet and enter expired meds in received column on the Assistant Chief Controlled Substance Daily Log Sheet.

**G. Disposal of expired Controlled Substances.**

1. Controlled Substances will be disposed of in accordance with DEA regulations.
  - o Assistant Chief of Logistics or designee will contact local DEA representative.
2. EMS Assistant Chief or Assistant Chief of Logistics will log expired controlled substances that have disposed in the Assistant Chief Controlled Substance Daily Log Sheet.



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<b>Subject:</b>		<b>April 9, 2017</b>
<b>EMS Vehicle Backing</b>		<b>Revised Date:</b>
		<b>January 10, 2019</b> <b>January 5, 2022</b>
		<b>Policy # EMS2</b>

**Purpose:** To establish a procedure for safe backing of all EMS vehicles.

**Procedure:**

**A. Backing of Ambulances**

1. All ambulances are required to have a ground guide anytime that an ambulance is being backed. This will require the EMS passenger of the ambulance to be behind the ambulance and in plain view of the driver.
2. The ground guide is responsible for identifying any hazards and to relay them to the driver.
3. If a critical patient is onboard the ambulance, the attendant should look out the back of the unit and watch for hazards as the driver backs.
4. Non-critical patients will have the attendant outside of the ambulance during backing of the ambulance.
5. When operating an ambulance as the only person on the unit, the driver will walk around the unit to identify any hazards and then move the ambulance in a safe and prudent manner.
6. Other emergency personnel (i.e. fire/police) can serve as ground guide when on scenes or returning to station.
7. This includes backing of squad units.

**B. Backing of QRV**

1. When operating a QRV as the only person on the unit, the driver will walk around the unit to identify any hazards and then move the QRV in a safe and prudent manner.
2. If a student or preceptor is riding on the QRV, they may be asked to be a ground guide during backing.

**C. Backing of Wheelchair unit**

1. When operating a wheelchair unit as the only person on the unit, the driver will walk around the unit to identify any hazards and then move the wheelchair unit in a safe and prudent manner.
2. If a preceptor is riding on the wheelchair unit, they may be asked to be a ground guide during backing.



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<b>Subject:</b>		<b>Revised Date:</b>  January 10, 2019 January 5, 2022
<b>Management of the patient receiving radiation therapy from a planned internal source</b>		Policy # EMS3

**Purpose:**

In the event a patient receiving a form of planned radiation implant/oral therapy becomes a patient, the following procedures will be followed to minimize the risk of radiation exposure to staff, other patients and visitors.

**Definition:**

Brachytherapy, implant/oral radiation therapy (i.e. Oral Iodine 131), is used in the treatment of patients with certain disease processes (i.e. hyperthyroidism or metastatic disease). When patients are administered large quantities of a nuclear substance, they become a source of radiation exposure to anyone they come in contact with. All patient care must be carried out in such a way as to minimize radiation exposure to staff, patients, visitors and to minimize the spread of contamination.

**Precautions:** Occasionally patients who have received therapeutic levels of radioactivity must be transported. The risks associated with transportation of such patients are small and results in a very insignificant exposure if the following procedures are followed:

- a. Transport the patient by the most direct route.
- b. The patient shall not be left in public waiting areas or corridors. If necessary the transporter shall remain in the area to keep other people at least 6 feet from the patient.
- c. When transporting the patient, do not share elevators with other staff or patients.
- d. Avoid contact with any patient body fluids, radiation is primarily excreted through urine in the first 48 hours.
- e. Pregnant EMS employees should avoid extended exposure to these patients.

**Procedure:**

A. Identification of Patient

- 1. Obtain type of radiation therapy from patient and any additional information needed.
- 2. **Life saving measures comes first. Radiation protection should not prevent or delay life saving measures.**
- 3. The patient if deemed contaminated should be wrapped in a blanket to prevent further contamination.

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4. Stretcher should be draped with a blanket and after the patient is placed on top; the blanket over the sides of the stretcher should be wrapped to provide a double layer of protection.
5. Only remove blanket barriers to administer necessary treatment.
6. Prior to transporting patient to receiving facility verify that the hospital has the capability to treat and care for the potentially contaminated patient.
7. Upon confirmation, the EMS crew should notify the receiving facility early of the potentially radiological contaminated patient along with the patient's status, estimated time of arrival, any radiological contamination concerns, acquire from the receiving facility about any special instructions, and the need for monitoring of themselves and the ambulance.
8. Upon arrival at the hospital, the EMS Crew should follow the hospital's radiological control protocol.
9. Once the patient has been removed from the ambulance, a contamination control zone should be established in and around the ambulance until both the ambulance and crew can be surveyed for contamination.
10. All items used in the care of the patient should be considered potentially contaminated until released by the Radiation Safety Officer and/or Nuclear Medicine Technologist.
11. The ambulance should be declared out of service until the Radiation Safety Officer and/or Nuclear Medicine Technologist has determined they are free of contamination.
12. EMS crew should notify the EMS District Chief / Assistant Chief as soon as possible and/or prior to leaving the receiving facility.

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<b>Subject:</b>		<b>September 19, 2012</b>
<b>Wheelchair transport safety and security</b>		<b>Revised Date:</b> <b>January 10, 2019</b> <b>January 5, 2022</b>
		<b>Policy # EMS4</b>

**Purpose:** To establish policies for patient safety and security during the transport of wheelchair patients.

**Training:** All EMS employees that are asked to perform as a wheelchair unit operator will receive training on the operation of the wheelchair units.

### **Procedures:**

#### **Wheelchair Patient Loading Procedure**

1. Once arriving at scheduled location attempt to park with the rear loading area on level ground.
2. Ensure that the unit is in PARK.
3. Ensure the following lights for the Intelligent Lift Interlock System are illuminated:
  - a. Parking Brake
  - b. Park
  - c. Interlock System
4. Exit vehicle and go around to rear doors and open doors.
5. Switch the power switch to the ON position which is located at the lower right side of the lift gate.
6. Grab remote from lift arm hanger.
7. Depress the “FOLD” button on the remote to allow lift-tight latches to automatically unlock.
8. Depress the “UNFOLD” button on the remote to allow the lift gate to come down until the lift is parallel with the ground or until the gate does not unfold any further.
9. Depress the “DOWN” button on the remote until the lift gate reaches the ground and rest flat and firmly on the ground.
10. You may have to put lift back up and fold into unit, then close doors to secure unit.
11. Retrieve the patient and bring back to the wheelchair unit.
12. Ensure the combined weight of the wheelchair and patient does not exceed the recommended weight limit of 800lbs.
13. Roll the wheelchair onto the lift ensuring the chair components do not cross the rear safety line and come in contact with the Inner Roll Stop.
14. Lock the patient’s wheelchair brakes.
15. Step off of the lift and grab remote while standing at the outer barrier of the lift gate.

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<b>Wheelchair transport safety and security</b>		Policy # EMS4

16. Depress the “UP” button on the remote ensuring that the outer barrier of the lift gate closes and is secured in the upright position as the lift is raised.
17. Maintain eye contact on the wheelchair/patient to ensure they remain stationary while the lift is in motion.
18. Continue to depress the “UP” button until the lift gate comes to a stop and the Inner Roll Stop folds inward to allow the chair to be moved inside the unit.
19. Hang the remote on the lift arm hanger and go inside the unit.
20. Release the patient’s wheelchair break locks and move the patient and chair inside the unit into the position desired.
21. Lock the wheelchair’s breaks on each side of the chair.
22. Place SurLock mechanisms into designated position at all 4 corners of the chair located in designated slots on the wheelchair unit’s floor.
23. Attach the SurLock hook connectors to 4 points directly attached to the frame of the wheelchair. Do not attach the hooks to the wheels of the chair at any point.
24. Tighten all 4 of the hook connectors using the knob on the SurLock mechanism until they are taut against the frame of the chair.
25. Place seat belt across the patient and secure through the side rails of the chair to the latch which is connected to the SurLock mechanism on the opposite side of the patient creating a 4 point restraint system for the patient and chair.
26. Ensure patient and chair are secured firmly into position and the lap/shoulder belt are in the correct locations.
27. Repeat this process from step 10 as needed to accommodate a max of 2 wheelchair patients inside the unit.
28. Once completed, return to the outside rear lift gate area of the wheelchair unit.
29. Grab the remote from the lift arm hanger.
30. Depress the “FOLD” button until the lift gate folds safely back inside the unit and the lift-tight latches are secured.
31. Hang the remote back onto the lift arm hanger.
32. Switch the lift power switch located at the lower right side of the lift gate to the OFF position.
33. Close and secure outer doors.
34. Return to the driver’s area.
35. Ensure lights on the Intelligent Lift Interlock System are no longer illuminated.
36. Safely transport your patient to their destination.

#### **Wheelchair Patient Unloading Procedure**

1. Once arriving at scheduled location attempt to park with the rear loading area on level ground.

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2. Ensure that your unit is in PARK.
3. Ensure the following lights for the Intelligent Lift Interlock System are illuminated:
  - a. Parking Break
  - b. Park
  - c. Interlock System
4. Exit vehicle and go around to rear doors and open doors.
5. Switch the power switch to the ON position which is located at the lower right side of the lift gate.
6. Grab remote from lift arm hanger.
7. Depress the “FOLD” button on the remote to allow lift-tight latches to automatically unlock.
8. Depress the “UNFOLD” button on the remote to allow the lift gate to come down until the lift is parallel with the ground or until the gate does not unfold any further.
9. Return to the inside of the unit through the side door and unsecure the shoulder/lap belt across the patient.
10. Remove the Sur-Lock mechanisms from the 4 corners of the wheelchair.
11. Remove the Sur-Lock mechanisms from the floor of the wheelchair unit to prevent trip or fall hazards.
12. Move the patient safely onto the lift gate ensuring the chair does not come in contact with the outer barrier guard.
13. Lock the wheelchair’s break systems on each side.
14. Return to the outside of the wheelchair unit to the lift gate area.
15. Grab the remote from the lift arm hanger.
16. Depress the “DOWN” button on the remote until the lift reaches the ground and rest flat and firmly on the ground.
17. Maintain eye contact on the wheelchair/patient to ensure they remain stationary while the lift is in motion.
18. Hang the remote on the lift arm hanger.
19. Release the patient’s wheelchair break locks and remove from lift.
20. Once off the lift lock the wheelchair’s breaks on each side of the chair.
21. Grab the remote from the lift arm hanger.
22. Depress the “UP” button on the remote ensuring that the outer barrier of the lift gate closes and is secured in the upright position as the lift is raised.
23. Continue to depress the “UP” button until the lift gate comes to a stop and the Inner Roll Stop folds inward.
24. Repeat these steps from step 10 as needed.

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25. Depress the “FOLD” button until the lift folds safely back inside the unit and the lift-tight latches are secured.
26. Hang the remote back onto the lift arm hanger.
27. Switch the lift power switch located at the lower right side of the lift gate to the OFF position.
28. Close and secure outer doors.
29. Release the patient’s wheelchair break locks and transport the patient to their desired location.
30. Return to the driver’s area.
31. Ensure lights on the Intelligent Lift Interlock System are no longer illuminated.

#### **Manual loading and unloading of patients**

1. In the event that your electrical connections don’t work, the hydraulic pump will not operate. You will have to use the manual lift operations as described in pages 33-37 of the operator’s manual.

#### **Bench Seat Operations**

1. All movable bench seats are to be kept in the upright, locked position when not in use.
2. When you need to lower the seat to the floor, depress the red-tipped lever (located halfway between the tip of the folded seat and the floor) while holding the seat up.
3. Slowly lower the seat to the floor.
4. Ensure seat is locked in position.
5. All passengers must be secured with seatbelts while unit is in motion.
6. The maximum passengers on Wheelchair 1 will be 8, including driver.
7. The maximum passengers on Wheelchair 2 will be 4, including driver.

#### **Wheelchair Unit Equipment**

- Various pieces of equipment have been assigned to each wheelchair unit. All equipment is specified on the daily check off sheets and is to be checked at the start of shift.
- All equipment is to be stowed securely before vehicle is in motion.

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<b>Staging of Emergency Units</b>		Policy # EMS5

**Purpose:** To ensure quick response for all areas when areas have depleted coverage due to multiple calls in a given area of the county.

**Procedure:**

- A. Each unit will be responsible for monitoring radio traffic for calls in adjoining areas and make sure that units are staged to cover multiple areas from a given location.
  - 1. Normal staging locations:
    - a) Chalybeate Springs and US 401 (at store)
    - b) Harnett Central Road and NC 210
    - c) Oak Grove Church Road and NC 55
    - d) US 421/US 401/NC 210/NC 27 (Big Intersection-Lillington)
    - e) Leaflet Church Road and NC 27 West (Tingen Store)
    - f) Emergency Services Center (Lillington)
    - g) NC 55 and Clayhole Road (Coats/Erwin Middle School)
    - h) NC 55 and US 421 Erwin
- B. Units can contact the EMS District Chief / Assistant Chief to make sure they are going to the appropriate staging point depending on units already out on calls.
- C. Units will notify Harnett County Dispatch via radio that they are relocating for staging and give the exact location that the unit will be staging at.
- D. Unit will remain at the staging location until primary units return to service area or are released by EMS Administration and notify Harnett County Dispatch that the unit is “clear staging”.
- E. If a call is dispatched in the area that the staging unit is in and that unit is not dispatched by Harnett County Dispatch, the staging unit should advise dispatch that they will be enroute to the call from the staging location.
- F. Staging location can be altered at any time by EMS Administration.
- G. Units may need to be moved from one side of the county to another during times of extremely high call volumes.



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<b>Mass Gathering Policy</b>		Policy # EMS 6

## PREFACE

The Harnett County EMS System bears a responsibility to its Providers and the general public to ensure that the usual and customary standards of EMS care are maintained and provided to all persons attending planned large scale events with mass gatherings of people.

## DEFINITION OF A MASS GATHERING EVENT

For the purpose of this policy, mass gathering events include, but are not limited to, community celebrations, races, concerts, athletic events, etc. in which at least 500 persons are gathered at a specific location for a defined period of time.

## POLICY

- A. The provision of emergency medical care at a mass gathering shall meet or exceed all local, regional, and/or state guidelines for mass gathering event EMS planning.
- B. Planning for mass gathering events should include negotiations between event managers, venue owners, and the event EMS Coordinator in conjunction with the EMS Chief. The medical action plan must be the basis for any contractual agreements between the event EMS Coordinator (EMS provider agency), EMS Chief, and event sponsor(s).

## PROCEDURE

- A. Harnett County EMS requires submission of a Special Events Form to be completed as an amendment to an existing EMS system plan by the EMS provider agency that will be providing on-scene coverage at a specific event. The completed form and attachments, if appropriate, should be forwarded to the Harnett County EMS office for review and approval by the EMS Chief. If approved, the EMS Chief will forward the signed form to the Emergency Services Director. Forms shall be submitted to HCEMS at least 45 days prior to the event. **See attached form.**
- B. The Harnett County EMS System will act as a resource for maintaining the standard of care at all events located within the geographic boundaries of Harnett County regardless of size.
- C. A basic medical action plan (ICS 206) must be created for every mass gathering event.
- D. The medical action plan should be discussed with EMS personnel working the event prior to the mass gathering during briefing.

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**The medical action plan should address the following components:**

1. **Physician medical oversight:** The HCEMS System MD has ultimate authority and responsibility for all prehospital care provided within the geographic boundaries of the Harnett County EMS System. Standard Operating Procedures approved by the HCEMS System MD shall provide the basis of all EMS care for Mass Gathering Events held within the System.
2. **Medical reconnaissance:** e.g. venue date, location, duration; nature, characteristics, expected attendance; physical considerations such as barriers to crowd access; and ingress and egress routes for emergency vehicles including alternative EMS vehicles such as bicycles, golf carts or ATVs. May include crowd demographics, expected weather conditions, risk for violence, availability and/or use of alcohol or drugs, availability of food, water, and shelter.
3. **Negotiations for Event medical services:** Planners should address all regulations governing mass gathering medical care, fire codes, safety codes, public health codes and any other applicable local and state regulations must be reviewed prior to the event. A contractual agreement must be in place that delegate's responsibility for the delivery of EMS care to the appropriate agency or authority. Scope and responsibility for EMS care must be clarified. Issues regarding licensing and System practice privileges for EMS personnel who are not already System members must be clarified. All parties must agree upon the number and type of EMS personnel necessary and desirable for event coverage. Resources for each event must be evaluated based on specific needs, i.e., community band concerts will have a different clientele with different needs than a heavy metal concert or a baseball game.
4. **Level of care:** The Plan must state whether or not ALS care is required on site at the event or on call per usual 911 procedures. It must also address how early defibrillation capability will be designed to meet a collapse-to-shock goal of 3-5 minutes or less. A detailed map of the event or venue site must be created to show where both BLS and ALS support capability is located. When limited ALS resources are available on site, they should be located in a fixed position rather than remaining mobile.
5. **Human resources**
  - a. The exact number of EMS personnel necessary to deliver appropriate care at fixed treatment facilities and to provide roving coverage that will guarantee

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rapid response for life-threatening medical emergencies will differ for every mass gathering event. It is impossible to present a mathematical formula that will accurately predict staffing requirements. Staffing goals should include as many personnel as possible both to avoid burdening the local EMS system and to be prepared for mass casualty incidents. The number of personnel should be based on medical reconnaissance, statistical estimates, and experience from previous events.

- b. In addition, there must be a sufficient number of appropriately trained on-site personnel to deliver emergency cardiac care (minimum 2 EMT-Bs with AED defibrillation capability) to anyone suffering sudden cardiac death within the geographic boundaries in which care is to be provided within 3-5 minutes from the time the first call for assistance is placed 90% of the time. All EMS personnel must have HCEMS System practice privileges unless a Variance is approved in advance by the HCEMS System MD.
- c. Medical personnel deployed in the field must be able to contact their supervisors or the command post by radio, cellular phone, or other reliable communication method. Deployment of EMS personnel must occur before the event begins; the exact time should be determined by the Event EMS Coordinator in conjunction with venue administrators.
- d. Dismissal of EMS personnel must not occur before the Event ends; the exact time of demobilization should be determined by the Event EMS Coordinator in conjunction with venue administrators.
- 6. **Medical equipment:** It is impossible to suggest minimum quantities for recommended items as needs will differ for every event. ALS personnel may only administer drugs included in the System Protocols. Basic first aid supplies (bandages, ice packs, etc.) are appropriate items for use at community events. Under no circumstances should any over-the-counter drugs (aspirin, Tylenol, etc.) be given to patrons/participants of the event without an EMS physician's direct order.
- 7. **Treatment facilities**
  - a. There must be a clearly defined plan to deliver critically ill and/or injured patients to definitive care. Establishment of an on-site treatment facility must be guided by criteria that ensure a safely constructed environment that is efficient for medical personnel and maximally therapeutic for patients. On site treatment facilities are usually needed only for large mass gathering events,

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those planned for a long period of time, those with predicted high patient volumes, and those with an excessive transport time to off-site hospitals. See the Guidelines for specifics regarding physical characteristics of facility construction, communications, medical equipment and pharmaceuticals, level of care, staffing, patient access, and logistics.

- b. One or more receiving hospitals must be designated to receive potential patients from the mass gathering event. Potential receiving hospitals should be notified in advance of the event. The Event EMS Coordinator must ensure that EMS personnel are familiar with local hospital destinations. All attempts should be made to appropriately and efficiently distribute casualties to multiple hospitals to prevent "overload" of any single facility. Use the Mass Casualty Incident SOG.
- 8. **Transportation resources:** A basic transportation plan must exist for every mass gathering event. The plan must contain at a minimum the number of medical capability (BLS vs. ALS) of ambulances deployed, type and number of non-transport vehicles, and staging locations for all response resources. The number of transportation resources available for event deployment should be greater than the predicted utilization. The number of on-site ground transportation resources should be maintained at a constant level. Dedicated transportation resources should not leave the venue to answer jurisdictional emergency calls unrelated to the mass gathering event unless this possibility is included in the plan and agreed to by all Event planners.
- 9. **Public health elements:** The purpose of the public health component is to protect the health and well-being of participants and spectators from infections and unintentional injuries related to improper food, water, waste, land and/or road traffic management.  
Event EMS personnel must determine if the jurisdictional public health department and other regulatory authorities will be responsible for oversight of public health concerns at a mass gathering event. While EMS personnel may not be directly responsible for any of these areas, a working knowledge of factors contributing to the development of diseases and injuries related to improper management of these areas may help reduce the number of medical incidents during the event.
- 10. **Access to care:** All spectators and participants at a mass gathering event must be able to access EMS care in a timely fashion. The plan should address how the venue administration and the medical sector will inform the public of the location(s) and easiest access to medical care through use of audio/and/or visual

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aides. Such a plan must ensure compliance with all American with Disability Act (ADA) statutes and with pertinent local, regional and state guidelines. The plan must also address the strategic location of EMS resources to minimize the distance and time interval necessary for the patient to reach medical care or vice versa.

11. **EMS operations:** An EMS operations plan must exist for every mass gathering event including but not limited to, contractual relationships (if applicable), scope of medical care to be provided, anticipated duration of medical operations, and geographic limits of medical coverage. The plan must address the relationship of the medical sector to other areas, such as fire suppression, security, venue administration, and logistics. It should address how medical care will be provided for celebrities, VIPs and /or high-ranking government figures (if applicable). The plan should address an initial response to an act of terrorism, including the use of weapons of mass destruction or other hazardous materials. See the Guidelines for specific details regarding these issues.
12. **Communications:** Efficient and effective information flow is vital to the successful delivery of EMS care at a mass gathering event. The communication portion of the plan should define how information pertinent to medical care and medical issues is managed and disseminated during the Event and how the communications system is designed and operated. The exact configuration of the system, including the type and number of needed radios or phones will be unique to each event and may depend on how the local public safety system is currently functioning.
13. **Command and control:** This section of the plan must show clear lines of authority and responsibility for each medical position. It must delineate the integration of medical oversight into the overall administrative structure of the Event. Every mass gathering event must have a functioning Coordinator for EMS Operations.
14. **Documentation**
  - a. Patient log sheet will be completed for every event so that all care is documented for future event planning.
  - b. Patients receiving ALS care must be entered into the EMS Charts per usual and customary system procedure.
  - c. All refusals of transportation against medical advice (AMA) shall be recorded and communicated as described in System Policy.

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- d. Before discharge from the first aid area, all patients should be encouraged to follow-up with their personal physician. Note that a full disclosure of risk and recommendation for follow-up care has been communicated on the release form.
15. **Continuous quality improvement:** The purpose of the QI component is to ensure that the delivery of medical care is constantly improving through analysis of medical sector performance. The Event EMS Coordinator should ensure that basic facts and figures concerning the delivery of medical care and patient volume at the Event are recorded and/or obtained for appropriate analysis. Selected patient care reports should be reviewed by the HCEMS Event Coordinator or his/her designee within a reasonable time frame after the conclusion of the event to determine if care provided was in compliance with System policy or the Event plan. EMS supervisory personnel on-site shall record ongoing notes concerning medical sector performance for review with assigned crews and for future event planning.

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<b>Vehicle Driving Policy</b>		Policy # EMS 7

**Purpose:** Responding to any emergency call, Harnett County Emergency Services places a great deal of responsibility on the drivers of our emergency vehicles. Emergency vehicle drivers also have a higher standard of care to provide to the general motoring public and must make every attempt possible to provide due regard for the safety of others. Drivers must constantly monitor and reduce the amount of risk and exposure to potential losses during each and every response. Safe arrival at the emergency scene shall be, and must always remain, the first priority of all emergency vehicle drivers. In order to accomplish this enormous task all emergency vehicles drivers shall become familiar with, and constantly abide by the following policies and procedures.

**Requirements:** The following will be required to operate all EMS vehicles:

1. Minimum of 18 years of age.
2. Provide a baseline medical statement for personnel to EMS Administration. (*See Medical Statement form*)
3. Successful completion of an Emergency Vehicle Driver class approved by HCEMS administration and/or proof of current certification in EVD.
4. Successful completion of HCEMS EVD competency course within time frame set by HCEMS Administration.  
(*See EVD Competency Course Evaluation form*).
5. Each employee shall have 1 Practice attempt, 1 Testing attempt and 1 Re-Testing attempt to successfully pass the competency course within no more than 8 minutes and total points not to exceed 60.
6. Maintain certification through continuing education, minimum of 3 hours drivers training per year and successful completion of classroom and EVD Competency Course once every 5 years.

**Procedures:**

- **Circle of safety**
  - Prior to entering the cab and starting the vehicle, the emergency vehicle driver shall make a circle of safety around the vehicle to see that all equipment is secured, that all compartment doors are securely closed and any physical obstructions moved out of the way. During the circle of safety the emergency vehicle driver shall encircle the vehicles and visually inspect all 4 sides before entering the cab. He/she should also verify right side and rear clearance. This shall be conducted prior to moving the vehicle regardless of whether or not the vehicle is about to leave on an emergency or non-emergency.

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➤ **Warning devices and true emergencies**

- When responding to an EMD recommended “HOT” response, all audible and visual warning devices will be operated at all times regardless of time of day and/or traffic conditions. All emergency vehicle drivers must understand that warning devices are not always effective in making other vehicle operators aware of your presence. Warning devices only request the right-of-way, they do not insure the right-of-way.

➤ **Vehicle control and right-of-way**

- All drivers shall attempt to maintain control of the vehicle that they are operating in such a manner as to provide the maximum level of safety for both their passengers and the general public. Emergency vehicle drivers should be aware that the civilian vehicle operators may not react in the manner in which is expected or felt to be appropriate. An attempt should be made to have options available when passing or overtaking vehicles. If another vehicle operator fails to yield the right of way to an emergency vehicle, the emergency vehicle driver cannot force the right of way, nor can you assume the right of way, therefore you do not have the right of way until the other vehicle yields to you. The emergency vehicle driver shall be aware of his/her rate of closure on other vehicles and pedestrians at all times to make sure that a safe following distance is established and maintained. All drivers shall follow the rule for safe following distance and allow 1 second of following distance for every 10 feet of vehicle length for speeds under 40 mph and add 1 additional second for each 10 mph for speeds over 40 mph.

➤ **Response speeds**

- When responding to an EMD recommended “HOT” call, drivers shall operate the vehicle they are driving at as close to the **posted speed limit** as possible, but not to exceed ten (10) miles per hour over the posted speed limit, conditions permitting. Examples of conditions requiring slower response speeds include but are not limited to:
  - slippery road conditions
  - inclement weather
  - poor visibility
  - heavy or congested traffic conditions
  - sharp curves

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➤ **Intersection Practices:** Extreme care should be taken when approaching any intersection as intersections are the locations responsible for a large percentage of major accidents involving emergency vehicles. Drivers are required to practice the organizations intersection operating guidelines during all emergency responses.

➤ **Uncontrolled intersections:** Any intersection that does not offer a control device (stop sign, yield or traffic signal) in the direction of travel of the emergency vehicle or where a traffic control signal is green upon the approach of the emergency vehicle all emergency vehicle drivers should do the following:

- Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast, etc.). Observe traffic in all 4 directions (left, right, front, rear)
- Slow down if any potential hazards are detected and cover the brake pedal with the drivers foot.
- Change the siren cadence not less than 200 feet from intersection
- Avoid using the opposing lane of traffic if at all possible.

Emergency vehicle drivers should always be prepared to stop. If another vehicle operator fails to yield the right of way to an emergency vehicle, the emergency vehicle driver can not force the right of way, nor can you assume the right of way, therefore you do not have the right of way until the other vehicle yields to you.

A. **Controlled intersections:** Any intersection controlled by a stop sign, yield sign, yellow traffic light or a red traffic light requires a complete stop by the emergency vehicle driver. In addition to bringing the vehicle to a complete stop these additional steps must be followed as well;

- Do not rely on warning devices to clear traffic
- Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast etc.) as well as driver options
- Begin to slow down well before reaching the intersection and cover the brake pedal with the drivers foot, continue to scan in 4 directions (left, right, front,, back)
- Change the siren cadence not less than 200 feet from intersection
- Scan intersection for possible passing options (pass on right, left, wait, etc.) avoid using the opposing lane of traffic if at all possible

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- Establish eye contact with other vehicle drivers; have partner communicate all is clear; reconfirm all other vehicles are stopped
- Proceed one lane of traffic at a time treating each lane of traffic as a separate intersection

**B. Railroad intersections:** At any time an emergency vehicle driver approaches an unguarded rail crossing he/she shall proceed with caution. EMS shall not cross a railroad track if warning gates are down or signals are activated.

- **Non-emergency response:** When responding to a call in a non-emergency (cold) response mode or normal flow of traffic the vehicle will be operated without any audible or visual warning devices and in compliance with all state motor vehicle laws that apply to civilian traffic. At no time should any emergency vehicle be operated during response with only visual warning devices.
- **Ordinary travel procedures:** All drivers shall obey all traffic laws and traffic control devices when driving any department vehicle under ordinary travel conditions. Any driver observed breaking any traffic laws or driving any vehicle in an aggressive manner will be subject to disciplinary action including, suspension of driving privileges.
- **Riding policy:** HCEMS requires all persons riding on vehicles to be seated in approved riding positions and be secured to the vehicle by seat belts whenever the vehicle is in motion. The emergency vehicle driver and/or the person riding in the passenger position shall verify that all personnel are properly seated and in seat belts before the vehicle in motion. It is recommended that personnel who perform emergency medical care while the vehicle is in motion should be secured to the vehicle by a seat belt or safety harness designed for occupant restraint.
- **Backing:** HCEMS recognizes that backing emergency vehicles is made hazardous by the fact that the driver cannot see much of where he/she intends to go. HCEMS recommends that whenever possible drivers should avoid backing as the safest way to back up a vehicle is not to back up at all. When it is necessary to back-up any departmental vehicle all drivers shall follow one of the two following measures: (Policy EMS 2)

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- HCEMS' first choice of backing procedures is that before any vehicle is put into reverse and backed that a spotter be put in place near the rear of the vehicle. The spotter should be safely positioned so that the emergency vehicle driver can see them at all times. If at any time the emergency vehicle driver loses sight of the spotter, he/she shall stop immediately until the spotter makes himself/herself visible again.
- If conditions exist that make use of spotters impossible, all drivers, before attempting to back up any department vehicle, should walk completely around the unit to see that; no person or persons are directly behind the vehicle or in its intended path of travel; all equipment is secured and that all compartment doors are securely closed; any physical obstructions are moved out of the way. The emergency vehicle driver should also note all potential obstructions in the intended path of travel. The driver will start at the driver's door and walk completely around the unit ending at the driver's door.

➤ **Response in private owned vehicles**

No HCEMS personnel should respond to the scene of an emergency in his/her private vehicle unless requested and/or approved by HCEMS Administration. Each member must strictly adhere to all applicable motor vehicle laws. Privately owned vehicles are not provided with the same exemptions that are provided to emergency vehicles. No member of the organization will be permitted to violate any motor vehicle laws.

➤ **Passing school buses**

HCEMS vehicles shall not pass a school bus that has stopped with red lights flashing to load or discharge passengers, unless the bus driver clearly signals that it is safe to pass.

When clearly signaled by the bus driver that it is safe to pass a stopped school bus, the emergency vehicle shall proceed slowly and with extreme caution past the school bus; all members must be vigilant for children while approaching and passing the bus. The emergency vehicle driver must be prepared to stop immediately while approaching, passing, and leaving the area in which the school bus is stopped.

➤ **Response through school zones**

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<b>Vehicle Driving Policy</b>		Policy # EMS 7

All HCEMS vehicles will obey all traffic laws and posted speed limits when traveling through marked school zones.

#### ➤ Rollover Prevention

The simplest method of prevention is for the emergency vehicle driver to simply slow down. Excessive speed greatly reduces the driver's ability to control the vehicle on curves or when making evasive steering moves.

Driving at a reduced speed will increase the driver's ability to keep the vehicle under control during a wide range of circumstances. Excessive speed increases the likelihood that the weight will shift and cause the vehicle to be uncontrollable.

- In addition to excessive speed and shifting weight, another leading cause of vehicle rollover is oversteering after dropping off the road surface onto the shoulder of the road. Oversteering will cause the vehicle to rollover by causing the weight to severely shift from one side to the other and/or by the vehicle tires gripping the road at an excessive angle once brought back off of the shoulder.
- The potential for this type of incident increases as the difference in height between the road surface and the shoulder increases. The greater the difference in height, the greater the angle of steering must be applied to overcome the resistance of the road surface against the tires of the vehicle. Once the tires are at a great enough angle to overcome the resistance and return to the driving surface, they will either grip and shoot the vehicle in the opposite direction, or will buckle and roll. Either way, the results are the same . . . a wrecked vehicle.
- The following safe driving points will increase the emergency vehicle driver's ability to maintain control of their vehicle should he/she run off of the road surface onto the shoulder.

##### *Things To Do*

- Take your foot off of the accelerator and allow the vehicle to slow down gradually.
- Do not apply full braking! Use soft application of the brakes, natural deceleration and downshifting to bring the vehicle to a safe speed or complete stop.
- Under soft shoulder conditions, feather the accelerator to help maintain control of the vehicle while slowing.
- Once the vehicle has been stopped or been brought down to a safe speed, gently steer the vehicle back onto the road surface using a lower gear and/or

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feathered acceleration to assist in overcoming the surface drop off or soft shoulder.

***Things Not To Do***

- ☛ Do not attempt to steer back onto the road surface at speed or under acceleration.
- ☛ Do not make any sudden or drastic steering movements.
- ☛ Do not apply full braking.
- ☛ Do not attempt to accelerate over the surface drop off.



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<b>Patient Handling, lifting and moving.</b>		Policy # EMS8

**Purpose:** Every day, emergency responders are called to scenes involving patient movement. These range from simply putting a patient back in bed to the most complex calls, which challenge even the most experienced providers. Too often the basics of patient handling are taken for granted. Improper lifting and moving patients can cause injury and damage to you and the patient. HCEMS has a wide variety of devices available to move patients in a safe manner for both the provider and the patient.

**The incidence of patient drops can be attributed to a few generalized areas:**

- Improper selection and use of equipment
- Improper balance/strength of crews
- Improper evaluation of scene hazards
- Improper maintenance of equipment
- Equipment failure/malfunctions

#### **Some General Rules for Safe Patient Handling**

- Assess the scene for hazards that may inhibit moving the patient safely (*plush carpet; soft ground; inclined surfaces; narrow hallways etc.*)
- Select and utilize the proper lifting device
- Know the weights you're about to lift (*ask the patient's weight if you can and add to the weight of the equipment*)
- Know your physical abilities and limitations and also those of your partner
- Attempt to apply your physical abilities to your partner's and to the situation
- Use proper lifting techniques and keep the weight you're lifting close to your body
- Communicate clearly and frequently with your partner(s). Verbalize all commands
- Don't hesitate to request assistance with the lift or movement of the patient

**Attitudes and actions of responders that may contribute to incidents can include:**

- Complacency
- Haste
- Lack of proper training
- Improper lifting

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- Utilizing the wrong device

**Areas that may increase the potential for loss include the failure to:**

- follow manufacturer recommendations
- properly inspect the equipment
- properly clean the equipment
- establish a comprehensive reporting system
- process equipment issues when reported
- make appropriate repairs with authorized service technician

**Field Staff Responsibilities**

Equipment familiarization:

- Train frequently with patient-handling equipment to remain familiar with the equipment
- Know the availability of specialty patient-handling equipment
- Know the weight limitations of patient handling equipment
- Know how to use specialty patient handling equipment or how to obtain this equipment for use.
- Know the procedure for requesting assistance with the lift or movement of the patient. (*local fire department or other EMS agencies*)

**Type of Equipment Available:**

- Standard stretcher
- Electric stretcher
- Stair chair
- Standard long back board
- Slide board
- “Jersey” stretcher
- Wheelchair
- SKED system
- “Charlie Horse” gurney

Each new employee will be trained on the proper use on all equipment (*according to manufacture recommendations*) used in patient handling and moving during new employee orientation.

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<b>Service Dog Transportation on EMS Units</b>		Policy # EMS9

**Purpose:**

This policy is intended to provide information to EMS personnel about the rights of patients and their service animals as well as several of the laws concerning service animals under the Americans with Disabilities Act (ADA). This policy will assist ambulance agencies in understanding the rights of patients who utilize service dogs/animals, how these animals should be transported and that these animals have rights under the law that are not granted to domestic pets.

**ADA Service Dog Definition:**

The ADA defines a service animal as any dog that is trained to do work or perform tasks for the benefit of an individual with a disability.

**Some General Rules:**

- EMS providers may not ask for proof of certification:
- EMS providers may ask: "Is this a service dog?", "Does your dog have legal allowances?" or "IS the service animal required because of a disability?"
- A person may be asked to remove his or her service dog **only** if the dog is out of control or if the dog is not housebroken
- A service dog is not a pet or companion dog
- Regulations do not specify where a service dog should be placed during transport (*the size of the dog, condition of the patient and space consideration may affect decision*)

**Transporting the Patient and the Service Animal:**

When transporting a patient with a service animal, every effort should be made to do so in a safe manner for the patient, the animal and the crew members. If possible, the animal should be secured in some manner in order to prevent injury to either the animal or the crew during transport. Safe transport devises may include:

- Crates, cages, specialty carriers
- Seatbelts or passenger restraints using a specialized harness or seat belt attachments
- In certain circumstances it may not be possible for the animal to be transported with the patient. In that case, every effort should be made to ensure safe care and transportation of the animal by alternative means (Animal Control, family member, etc.)

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- EMS should notify the receiving facility of the presence of a service animal accompanying the patient

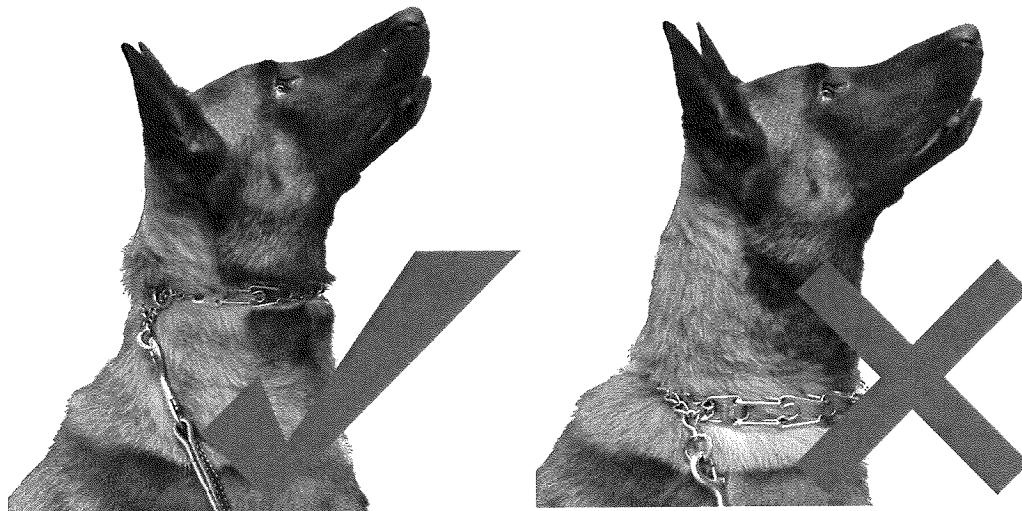
**Best Practices for Transporting Service Dogs:**

- For everyone's safety, the dog should be tethered to a stationary device, i.e., the stretcher or a seatbelt that is locked into place. ( See photo below )
- Be sure to secure the stretcher before placing the guide dog in the patient compartment. Remove the guide dog first upon arrival at your destination.



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- If possible, place on appropriate collar ring to prevent injury or asphyxiation when securing the dog. Leash should be secured to live lead and not dead lead.



- Cover sharp surfaces in perforated running boards to prevent lacerations to paws.

Regardless of the purpose of the animal, if the animal is a potential threat to health or safety of anyone involved in response, the animal may be excluded from transport.



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<b>EMS Unit Detailing</b>	Policy # EMS10
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**Purpose:**

This policy is intended to provide information to EMS personnel about the standards to which EMS Units will be cleaned on a Bi-Weekly basis. This policy is applicable to all units to include Ambulances, Quick Response Vehicle and Wheelchair Units. Applicable steps should be used based on which unit is being detailed.

1. Wash the exterior of the vehicle with soap and water. To include rims, tires, mirrors. Dry the vehicle.
2. Any portion of the vehicle that cannot be reached with a brush should be washed by hand.
3. Clean all the glass with proper cleaner (inside and outside). To include the windshield, drivers and passenger windows, mirrors, side door window in the action area, and the windows on the rear doors of vehicle.
4. Pull all the floor mats out of the cab of the vehicle and vacuum/clean.
5. Vacuum the floor boards, to include between the seats and the center console, door storage areas and under the seats.
6. Vacuum the seats.
7. Wipe down the dash, radios, center console, the arm rests, and trim pieces, and door jambs. This includes areas behind the seats.
8. Pull all the equipment and “dri-deck” out of the exterior compartments and wipe down the compartments and all equipment. Inspect all equipment for needed repairs.
9. Pull all the equipment out of the interior compartments to include under the bench seat and wipe down the inside of the compartments. Wipe down all supply storage containers. To include the sliding plastic doors.
10. Take the stretcher out and wipe down the side rails, mattress, and entire stretcher frame.
11. Sweep and mop the floor.
12. Wipe down the bench seat, captains chair, and action seat and the area behind the captains chair.

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13. Wipe down all the counters, ceiling and interior walls and doors.
14. Inspect all equipment for needed repairs. Any equipment that is found to be damaged or not functioning correctly should be reported to your District Chief immediately.
15. In reference to step #14 you should include but not be limited to, checking the interior lights to make sure they are working, check the lights on all the switches in the center console, frayed radio cables, radio microphone mounts. Also on the vehicles that have it, verify that the hidden door unlock switch operates correctly. File a special report if any of these conditions are noted.

**DO NOT** use degreaser on the QRV rims, as it will take the clear coat off of them and ruin the finish.

When detailing your vehicle please use proper safety measures, and be cautious for sharp objects, wet ground, etc. As safety is our number one concern.

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<b>Patient Belongings</b>		Policy # EMS11

**PURPOSE:**

EMS Technicians may be required to handle patient's personal belongings and other items either by carrying them for a patient or in an attempt to identify or understand medical conditions. In order to minimize the risk of these items being misplaced, the following procedure is to be adopted.

**PROCEDURE:**

Wherever possible, EMS Technicians shall ensure any belongings such as wallets, handbags and jewelry are retained by the patient. It is recognized that certain conditions and situations prohibit this from occurring. In these circumstances, the patient's belongings should be handed to a relative or friend for safe keeping. At times, this may not be possible and these items will need to be transferred with the patient when unit arrives at the destination. When handing the items over, EMS Technicians should utilize the patient belongings bags and place items such as wallets, purses, jewelry, pension cards etc into the bag, which should be clearly identified with the patient's details. This should be done in the presence of the patient and whenever possible with their consent. In the event the patient is incapacitated and/or unaccompanied during transport, the same process of securing items that were removed to facilitate treatment should occur and as part of the handover process, the items are to be given to the nursing staff immediately upon being triaged or received at the facility. The process of handover should be clearly documented on the PCR at the earliest opportunity. These details should include the name of the nursing or medical staff who receives the items, where the items were left and a brief description of items left in bag. Prior to completing the call, EMS Technicians are to ensure all luggage and items belonging to the patient have been transferred with the patient, where necessary secured and noted on the PCR. Should a discrepancy be identified at the time of transport, EMS Technician should immediately contact the EMS District Chief and/or EMS Assistant Chief of Operations on-duty and request the attendance of a chief officer. If attendance is not possible the EMS District Chief and/or EMS Assistant Chief of Operations on-duty must make contact at the earliest opportunity. Clinical intervention should not be compromised in the event a patient is not willing to have their belongings (items) secured. Patient care is the first priority in all circumstances. Any issues arising from these procedures should be documented on the PCR and brought to the attention of Administration with a special report.

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### **DOCUMENTATION:**

EMS Technicians will document a description of items that were placed in a patient belongings bag on the patient chart. Refrain from using “GOLD”, “SILVER”, “DIAMOND” in the description. Here are some examples of vague descriptions of jewelry; shinny ring that was yellow in color, necklace that was shinny metallic color, shinny ring that was yellow color with a single clear stone. EMS Technicians should not count any money that is found on patient, simply document that it was placed in a patient belongings bag. Documentation of whom you give this bag to is of the upmost importance and will be required for all cases where a patient belongings bag is used or when transporting patient’s bags with patient.

### **PROPER PERSONS TO ACCEPT PATIENT BELONGINGS:**

There can be multiple friends and family with a patient and you can ask the patient who they would like to keep their wallet, purse, phone, keys or other items if patient is alert and oriented. It is still important to document who accepts the patient’s belongings on the scene or the nurse that you transfer your patient too at receiving hospital or Security personnel at the receiving hospital. Key item here is to document whom you turn the patient belongings over to.

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<b>Subject:</b>		<b>Revised Date:</b> <b>August 19, 2021</b>
<b>Uni-Size Ballistic Uniform Vest</b>		Policy # EMS12

**PURPOSE:**

The purpose of this policy is to provide a guideline for the use of ballistic vests at incidents or situations that may arise during the course of an operation. Each employee is expected to know, understand and operate according to this guideline as each situation arises.

**POLICY:**

It shall be the responsibility of each employee to know, understand, and use this guideline as it applies to the situation at hand. Each employee will use good judgment in the use of this guideline. All employees are responsible for immediately intervening in any situation where improper use of or failure to utilize ballistic vests might jeopardize the safety of another employee, regardless of rank.

1. Ballistic vests are provided to give personnel responding to potentially dangerous situations the maximum protection currently available. Caution shall continue to be used when responding to all incidents in order to minimize the potential injury to personnel.
2. Ballistic vests have been proven to provide an effective means to protect the wearer from blunt force trauma, sharp objects as well as gunshot wounds. Personnel should wear ballistic vest anytime they feel it is necessary.
3. At the beginning of your shift, you should ensure proper fit by adjusting the vest.
  - a. For guidance on adjusting and donning, visit  
[https://www.youtube.com/watch?v=AUUB8q\\_baws](https://www.youtube.com/watch?v=AUUB8q_baws)
4. Ballistic vest shall be worn when dispatched to the following incidents:
  - a. Shooting or stabbing
  - b. Civil disturbance areas
  - c. SWAT standby or police situation involving violence
  - d. Domestic violence, family dispute, or address that has been flagged for such
  - e. Any incident that may be interpreted as explosive devices (suspicious box, bomb threat)
  - f. During Active Assailant incidents with the Rescue Task Force prior to entering warm area when directed by command.
  - g. Any time deemed necessary by IC

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5. Personnel dispatched to the above types of incidents shall don their ballistic vest prior to entering the affected area and remain in their vest until all potential threats have been adequately neutralized.
6. Any person riding 3<sup>rd</sup> party shall remain inside the response vehicle at all incidents where body armor is being used and not available.
7. Personnel shall wear ballistic vests to all incidents following the issuance of a bulletin advising of an elevated or imminent alert by the Department of Homeland Security. This will remain in effect until the reason for the alert can be evaluated by the department for the potential danger to our employees. This evaluation process will be performed by the Emergency Services Director, EMS Chief, and with local law enforcement agency representatives as soon as possible.
8. It continues to be the policy of this department to allow the law enforcement agencies to stabilize a situation/scene prior to our employees entering the area. Caution on our part is our first defense in reducing employee exposure to danger.
9. When not in use, ballistic vests shall be properly secured to prevent theft and damage.
10. Reporting Loss or Damage
  - a. EMS personnel are responsible for maintaining the security of issued personal protective equipment.
  - b. Loss of or damage to equipment shall be reported to the direct supervisor of the employee as soon as the loss or damage is discovered as outlined in the adopted SOG.
  - c. Supervisors shall take necessary steps to ensure that employees assigned to emergency response or special event duties always have a ballistic vest.
9. Ballistic vests should be properly decontaminated in accordance with manufacturer's recommendations following each use.
  - a. In the event that a ballistic vest is contaminated with biohazardous materials, it should be taken out of service and a replacement vest issued until the contaminated vest can be properly decontaminated.
  - b. For manufacturer's recommendations on cleaning HCEMS ballistic vests, visit <https://condoroutdoor.com/carrier-care-instructions.html>

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10. This policy is not designed nor intended to refer to the response of a call-out for the Tac Med team.
11. Any employee wishing to purchase and use their own ballistic vest for use at Harnett County EMS must adhere to the following:
- a. Should you choose to purchase and use your own, approved ballistic vest, Harnett County EMS will not be held liable for any claims, expenses, fees, costs, demands, damage to personal property, personal injury, or death relating to the improper use or maintenance of your personal ballistic vest. You hold sole responsibility for maintaining the ballistic vest in accordance with the manufacturer's recommendations and any/all applicable Harnett County EMS policies.
  - b. Any vest purchased or obtained by an employee for use at Harnett County EMS shall have prior, express, written approval from the EMS Chief via the "Harnett County EMS Personal Ballistic Vest Prior Approval" form. (Attachment A)
    - i. Prior approval is essential to ensure purchased vests meet all department specifications prior to on-duty use including, but not limited to, threat level, color, and labeling.

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Attachment A  
 Harnett County EMS  
 Personal Ballistic Vest Prior Approval

My name, signature, and date below acknowledge that I have read, understand, and agree to the above Harnett County EMS Uni-Size Ballistic Uniform Vest policy. I guarantee I shall remain up-to-date on any ballistic vest policy changes or updates to ensure my vest continues to meet all department specifications from this point forward.

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: Vest Make/Model/Color: \_\_\_\_\_

EMS Chief Approve/Deny: \_\_\_\_\_

EMS Chief Printed Name: \_\_\_\_\_

EMS Chief Signature: \_\_\_\_\_

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