

Seneca Area Emergency Services Standard Operating Procedures

Management and Administration

001.0 – 099.0 Organization

01.0 Organizational Chart

Seneca Area Emergency Services Standard Operating Procedures

02.0 History of organization

Seneca Area Emergency Services was formed by the consolidation of Etna VFD / EMS and Sharpsburg EMS on January 1, 1995. In July of 1998 a merger with Dorseyville VFD/EMS completed the organization. Seneca operates out of two stations:

- Station 160 – Responsible for Etna, Sharpsburg, And Surrounding Area's
- Station 165 – Responsible for Indiana Township

Our staffing consists of a combination of Paid and Volunteer staff providing 24-hour coverage to the communities of Etna, Indiana, and Sharpsburg.

03.0 Mission Statement

Seneca Area Emergency Services exists to provide quality pre-hospital services to the residents of the communities we serve. These services include emergency and non-emergency transportation, community training programs, quick response services, out of hospital wellness programs, pre-hospital research, and contributing to the advancement of the EMS field.

04.0 Policy On SOP's

Standard operating procedures are guidelines to allow personnel to function within the organization. They are guidelines written to provide crews with direction during most operations. They are however written to fit as broad of a range of situations possible and are subject to interpretation. No procedure can be written to provide for all contingencies. Personnel are expected to use their judgment and make decisions in keeping with the mission statement and policies of the service.

05.0 Chain of Command

The chain of command at Seneca is set by the operations director in keeping with the most current command structure. Currently the operations chain of command will function as follows.

- Operations Director (501)
- Assistant Directors (502, 503, & 504)
- Supervisors (in order of seniority)
- On Duty Shift Crew Chief
- Appointed Crew Chiefs (in order of seniority)
- Crew Members (in order of seniority)

Patient care issues will be decided in the following order

- Paramedic or Health Professional
- EMT
- First Responder

Seneca Area Emergency Services Standard Operating Procedures

Should disputes in patient care exist crews are encouraged to work together to come to resolution however ALS Supervisory personnel will have the final say provided they transport with the patient. Should no supervisor be involved in the issue seniority will be the deciding factor as long as all other factors are equal.

Caution: Rank is a privilege but the abuse of power will not be tolerated. The service and individual crews operate as teams and the best outcome is achieved when all concerned parties work together to solve the problem.

06.0

Code of Ethics

PURPOSE

- A. To establish broad behavioral guidelines within which all employees are expected to conduct themselves while working for Seneca Area Emergency Services.
- B. To declare and define the moral obligations of all Members/employees of Seneca Area Emergency Services.

POLICY

- A. Employees will conduct themselves at all times in such a manner as to create respect for themselves, as public servants, and the service they represent.
- B. Employees will place public interest above individual, group, or special interests and will consider their jobs as an opportunity to serve the citizens of our communities.
- C. Employees will not discriminate because of race, color, religion, age, sex, handicap, political affiliation, national ancestry, or any other protected class. In his/her job capacity, each employee will work to prevent and eliminate such discrimination in providing services, assigning work schedules, and in executing all personal actions.
- D. Employees will not have any material, financial interest in any private business or professional activity which would be in conflict with their job responsibilities. Employees will not engage in any business activity or professional activity that would appear to be in conflict with their job responsibilities or that would tend to impair independence of judgment or action in the performance of official duties.
- E. Employees will not accept any personal gift, favor, service, money, or anything of value from the public which might reasonably tend to influence or might reasonably be inferred to tend to influence the impartial discharge of duties.
- F. Employees will at all times, when in contact with the public, be fair, courteous, respectful, and impartial.
- G. Employees will refrain from using their position for personal gain and will keep confidential all information not available to all citizens that is required by virtue of their position in the organization.

Seneca Area Emergency Services Standard Operating Procedures

- H. The same shall apply to interdepartmental information not available to all employees of the department.
- I. Use of department telephones will be allowed for local calls as long as employees are reasonable in their use. Use of department telephones for unofficial long distance calls will not be permitted without prior approval.
- J. Employees will observe all work schedules as established by the department and will not deviate from them except within the written guidelines of the department.
- K. Employees will not drink any alcoholic beverage or take any drug that might incapacitate an individual while on duty or within 12 hours of reporting for duty.
- L. Employees will, when in public, clearly distinguish/identify between all statements and actions made as an individual and as a representative of the department.
- M. Employees will, under no circumstance create a hostile work environment for any other employee or group of employees.
- N. It is expected that all employees of the department will follow these policy statements as stated herein. Failure to do so will result in disciplinary action.

07.0 Drug Free Work Place

Seneca EMS does not permit alcohol, drugs, or paraphernalia on the premises. Any member caught with possession of or under the influence of will have disciplinary action taken up to and including immediate dismissal.

08.0 Interdepartmental Communications - Reserved

09.0 Job Descriptions

09.1 Director

Requirements:

Posses Current Paramedic Certification.

Posses two (2) years EMS Management Experience.

Have four (4) years EMS Field Experience.

Reside within 30 minutes of the Base/Response Area.

Duties:

- Manage day-to-day and long term operations of service
- Enforce rules, regulations and Standard Operating Procedures
- Represent the service at Regional and State Levels
- Scene control and personnel management
- Quality Assurance and improvement
- Volunteer recruitment and retention

Seneca Area Emergency Services Standard Operating Procedures

The Operations Director will be appointed by the Board of Directors.

The Operations Director answers directly to the Board of Directors and receives additional duties as needed.

09.2

Assistant Director

Requirements:

Possess a Current EMT or Paramedic Certification.
Posses two (2) years of Management Experience.
Have four (4) years EMS Field Experience.
Reside within 30 minutes of the response area.

Duties:

- Manage day-to-day operation of service
- Enforce rules, regulations and Standard Operating Procedures
- Scene control and personnel safety
- Oversee the Supervisors
- Vehicle and equipment safety, maintenance and purchasing

The Assistant Operations Director will report to the Operations Director and will act on the Directors behalf in his/her absence.

The Assistant Director is appointed by the Operations Director and serves no specific term

09.3

Supervisor

Requirements:

- Posses a Current EMT or Paramedic Certification.
- Exhibit Leadership Potential.
- Be able to perform scene management and personnel management within the organization.
- Reside within 30 minutes of the response area.

Duties:

- Manage day-to-day operations of the service

Seneca Area Emergency Services Standard Operating Procedures

- Enforce Policies and Procedures of the service
- On-scene management
- Crew and Scene Safety
- Ensure Professionalism and Quality Patient Care
- Other duties as assigned by the Operations Director
- Responsible for contacting Norcom about NET during primary week

Operations Supervisors are appointed by the Operations Director.

Supervisors shall answer directly to the Director of Operations their term is not defined.

09.4

Crew Chief

Minimum Qualifications For Crew Chief

- Minimum of 2 years experience. May be waved if member demonstrates exceptional ability
- Minimum of EMT certification
- Minimum of 1 year with the service
- Must maintain minimum crew hours. May not have been on probation within the past 6 months (LOA, MLOA, & senior members are exceptions)
- Demonstrate leadership ability, common sense, and the ability to follow orders.
- Must attend an incident command class within 6 months of appointment
- Must participate in mandatory crew chief training class.

Responsibilities of crew chiefs

- Ensure crew and patient safety
- Ensure completion of paperwork and medical documentation
- Ensure checklists and work details are completed
- Ensure vehicle is restocked and equipment missing or left is reported
- Ensure the calls are covered and any transports are reported to the supervisor

Seneca Area Emergency Services Standard Operating Procedures

- Bring any significant problems on a shift to the attention of the supervisor
- Ensure the crew is properly relieved by the next crew and notifies the on call supervisor of any problems
- Ensure the base is left in an orderly condition at the completion of the shift
- Perform incident command functions until properly relieved by an officer.

Crew chiefs are ultimately responsible for anything that happens on a shift and report to the on call supervisor and other operational officers. They serve at the discretion of the Director but several factors are used to determine their ability to continue in their position. Chiefly, they must maintain minimum crew hours. Crew chiefs are responsible for the over all care of the patient but the senior medical person on scene is responsible for all medical decisions concerning their patient.

09.5

Paramedic

Minimum Qualifications:

- PA State Certification (Paramedic)
- Active Medical Command Authorization
- Preference given to county preceptors
- Valid PA Drivers License
- Clean Driving Record
- Minimum of 18 years of age
- 2 Years Experience (Preferred)
- EVOC Certification

Duties:

- Respond to Emergency and Non-Emergency Calls for assistance.
- Provide basic and advanced life support
- Must be able to meet physical demands of the position
- Check and Clean Emergency Vehicles
- Housekeeping duties around base
- Training of new personnel
- Assigned Secondary Duties
- Other duties assigned by supervisors

Position Reports to:

Operations Supervisors

09.6

EMT

Seneca Area Emergency Services

Standard Operating Procedures

Duties:

- Respond to Emergency and Non-Emergency Calls for assistance
- Must be able to meet physical demands of the position
- Provide Basic Life Support
- Operate an emergency medical vehicle
- Check and Clean Emergency Vehicles
- Housekeeping duties around base
- Training of new personnel
- Assigned Secondary Duties
- Other duties assigned by supervisors

Position Reports to:

Operations Supervisors

09.7 First Responder

First responders will have the same duties as an EMT under this section however they will be restricted to running as a third person.

09.8 Trainee

10.0 **Membership Requirements**

10.1 Applications

Seneca accepts volunteer applications on a continuous basis. Applications will be available at each station and should be forwarded to the appropriate supervisor upon submission.

New members will be interviewed and oriented to the service and it's day-to-day operations. An orientation checklist will be initiated and reviewed frequently by the membership supervisor. Members will be required to run a minimum of 16 hours per month. New members will be placed on probationary period:

- Non-certified (on the job trainees) – 6 months
- Certified – 3 months

10.2 Minimum Hours

Volunteer staff are required to run a minimum of 12 hours a month in order to continue as active members of the service. Exceptions may be made on a case by case basis at the discretion of the director.

Seneca Area Emergency Services Standard Operating Procedures

Facilities

11.0 No Smoking Policy

Seneca has a no smoking policy within the station. If crewmembers wish to smoke they may do so outside of the station.

12.0 Telephone Usage

Seneca allows local phone calls on its telephone system for all members and employees. We ask that phone usage be kept to reasonable time limits. Long distance and toll calls are not allowed on company phones. Should a crewmember have to make a long distance phone call please report it to the office manager so it may be billed appropriately.

13.0 Sleeping Facilities

Seneca will provide sleeping facilities for staff and volunteers. Occasionally with the pre-approval of the Director a "live-in" type of arrangement will be acceptable. At all times crews shall utilize the facilities for sleeping and not sleep in the public areas of the station. Personnel sleeping in are responsible for the cleanliness of the bunkroom.

14.0 Bay Doors

Bay doors are to be kept closed at all times when the temperature is below 50 degrees or when crews are not in the station for any reason. Crews may leave bay doors open at other times as long as personnel are in the vicinity of the bays.

15.0 Facility Maintenance

Seneca members are responsible for general maintenance duties within the station. Matters beyond their skills are to be referred to a supervisor for action.

16.0 Facility Security

Seneca personnel are to ensure facility security at all times by locking door when exiting the building, never allowing non authorized personnel to have access to keys or security codes, and using good judgment when bringing visitors into the facility.

17.0 Public Access Policy

Seneca encourages public participation within the service at all times. Certain areas of the facility are open to the public at certain times. All Seneca personnel are to do their best to ensure a safe and positive experience is had by any visitor of the service.

Seneca Area Emergency Services Standard Operating Procedures

18.0 Workplace Violence

Seneca has a zero tolerance policy towards work place violence. Any violent or threatening act toward another member or employee will result in immediate disciplinary action.

19.0 Live in Members

Seneca Area Emergency will when prudent allow members to live in station for limited periods of time. This privilege is one that allows better staffing for the service while giving the member a needed resource.

This program will only continue as long as it does not interfere with the day to day operation of the service. Seneca Area Emergency Services is a business and as such it needs to operate in a professional manner if having live in members interferes with this the program will be terminated.

Responsibilities of Members Sleeping in Quarters.

1. Live in members are responsible for taking ambulance calls in the absence of a regularly scheduled crew. They are not required to run every shift they are present for but they are responsible for every shift not covered which they are present for. What this means is that if you are planning on being unable to run a shift you must either (1) ensure a crew exists for that shift or (2) do not sleep in the station that night.
2. Showers are to be cleaned by live-in's on a rotating basis worked out by the live-in members.
3. Beds are either to be stripped each morning or made in an acceptable fashion.
4. Live-in's are expected to treat the crew running when they are not with courtesy and not interfere with the crews utilization of the base.
5. In return for this SCHEDULED CREWS are to be considerate of the live-in's sleep schedule and space.
6. All belongings being kept at the station are to be stored neatly.
7. Additional duties as needed
8. Prior to becoming a live-in member approval must be given by the operations director. Privileges may be revoked at any time by the Director, President, or Vice-President.

Supervisors and scheduling people are to make every effort to schedule crews when the live-in members are not scheduled (i.e. nights off). They are not to be used as an easy way out.

Seneca Area Emergency Services

Standard Operating Procedures

19.5 Personnel Requirements

(1) *Minimum staffing requirements.*

(i) *BLS unit.* A BLS ambulance, when transporting a patient, except for when engaging in the routine transfer of convalescent or other nonemergency cases, shall be staffed by at least two persons, one of whom shall be an EMT, EMT-paramedic, or health professional, and one of whom shall, at least, qualify as an ambulance attendant. A BLS ambulance need not meet the staffing requirement in this subparagraph when responding to a call, provided that the minimum staffing requirement is satisfied when transporting a patient. An EMT, EMT-paramedic or a health professional shall accompany the patient in the patient compartment of the ambulance during transport.

(ii) *ALS units.* Minimum staffing standards for an ambulance that is operating at the ALS level of care shall be as follows:

(A) Two persons shall respond to calls for assistance. This staff shall consist of one of the following:

(I) Two health professionals.

(II) One health professional and either one EMT or one EMT-paramedic.

(III) One EMT and one EMT-paramedic.

(IV) Two EMT-paramedics.

(B) An ALS ambulance service may be staffed by one EMT-paramedic or one health professional when responding to calls for assistance, if the minimum ALS staffing requirements in this subsection are met during emergency medical treatment and transport of the patient.

(C) An ALS squad unit meets minimum staffing requirements by transporting an EMT-paramedic or health professional to rendezvous with a BLS ambulance, and having the EMT-paramedic or health professional provide emergency medical treatment to, and accompany on the BLS ambulance during transport, a patient requiring ALS care.

(D) Minimum ALS staffing standards apply to the ALS ambulance service 24 hours-a-day, 7 days-a-week. A mobile ALS care unit, itself, need only satisfy BLS ambulance staffing requirements under subparagraph (i) when responding to a call for BLS assistance exclusively. If the nature of the

Seneca Area Emergency Services Standard Operating Procedures

assistance requested is unknown, the mobile intensive care unit shall respond as if the patient requires ALS care.

(A) Minimum staffing standards are satisfied when an ambulance service has a duty roster that identifies staff who meet minimum staff criteria and who have committed themselves or been assigned by the ambulance service to be available at the specified times, or a staff availability schedule that identifies staff who meet minimum staff criteria and have identified themselves to the ambulance service as being available at the specified times, and minimum staff are present at times required by this subsection, the staff being the staff of the ambulance service except as otherwise authorized in this subsection.

(B) The ambulance service shall comply with the Child Labor Law (43 P. S. § 41—66.1) and regulations adopted under that law when it is using persons 18 years of age and younger to staff an ambulance.

20.0 SHIFT WORK DETAILS

All personnel are responsible for the condition of the Base. points will not be awarded if the Base is left in a disorderly fashion at the end of a shift. Employees leaving the base are to ensure it is left in an acceptable condition. Oncoming shift crew chiefs are not to accept the base unless it is neat and clean.

In order to equally distribute the cleaning duties, a schedule has been provided. Each crew is responsible for completing the assigned duties for their shift. Additional duties may be assigned as needed.

Shift	Duties
0001-0700	Begin the laundry in the morning Strip beds after use
0700-1200	Complete laundry Dust crew lounge and kitchen
1200-1900	Clean bathrooms Complete any cleaning duties left unfinished
1900-2400	Clean ambulance interior, Fold laundry, clean engine room, and supply room.
ALL SHIFTS	Do any dishes found in the sink at the end of the shift Run the sweeper as needed. Take out the trash (including bathrooms) Clean the exterior of the ambulance when needed

Seneca Area Emergency Services Standard Operating Procedures

Emergency Vehicles

21.0 Fueling of Vehicles

All vehicles are to be fueled and ready to respond at all times. Fuel levels should be checked at the beginning and end of every shift and refueled anytime the level drops to $\frac{1}{2}$ of a tank. Under extreme weather conditions fuel levels should be topped off at $\frac{3}{4}$ of a tank.

Fuel will be purchased at a vendor arranged by the office manager. Fuel may be used for official business only.

22.0 Inspection of Vehicles

All Seneca units shall be inspected for safety, equipment, fuel, fluid levels and cleanliness at the beginning of every shift. Units and equipment shall also be inspected for readiness to respond following every detail.

All crews are responsible for completing a vehicle checklist at the beginning of each shift. Truck checks should be completed within the first 60 minutes of a shift and available for review by the supervisor as long as call volume allows. All personnel can help ensure care and maintenance by reporting any potential problems.

Crews failing to complete their required inspections are subject to disciplinary action

23.0 Out of Service Vehicles

From time to time for various reasons units will be placed out of service. When a unit is marked as out of service it is not to be used for any reasons due to safety concerns.

Units are also considered out of service after a call until the crew chief returns the unit in service through the dispatch center. Normally this should be done within 20 minutes of reaching the receiving facility.

24.0 Non-Departmental Vehicles

From time to time members responding from home will do so in non-departmental vehicles. Seneca provides no insurance protection for this and members do so at their own risk.

25.0 Care and Maintenance of Vehicles

Seneca vehicles will follow a preventative maintenance schedule determined by the assigned supervisor. Immediate problems may be handled by the crew chief by contacting the supervisor for repair authorization. Any potentially dangerous situation will result in the unit immediately being removed from service by the crew chief.

Seneca Area Emergency Services Standard Operating Procedures

26.0 Repair of Vehicles

Seneca will make every effort to repair any potential problem with service vehicles. Staff members should document any problems with our vehicles in the pass on log. Significant problems should also be reported immediately to the on call supervisor.

27.0 Minimum Ambulance Standards

(1) For ambulance vehicles which transport patients the ambulance service will be required to show evidence that the vehicle has met 75 Pa.C.S. § § 4571 and 4572 (relating to visual and audible signals on emergency vehicles; and visual signals on authorized vehicles) and 67 Pa. Code Chapter 173 (relating to flashing or revolving lights on emergency and authorized vehicles), and the Federal KKK standards which were in effect at the time of the vehicle's manufacture and which are not inconsistent with the Vehicle Code standards in 75 Pa.C.S. § § 4571 and 4572. These specifications will be for design types, floor plans, general configuration and exterior markings. An ALS squad unit vehicle is not subject to the Federal KKK standards; however, it is required to meet the standards in 75 Pa.C.S. § § 4571 and 4572. It is also required to have a minimum of six stars of life at least 3 inches in diameter prominently displayed on its exterior, at least two on both the front and rear and at least one on each side.

(2) The name of the ambulance service, or a fictitious name of the ambulance service duly registered with the Department of State, shall be displayed on both sides of an ambulance in lettering at least 3 inches in height, except these requirements do not apply to a temporary ambulance used for 30 days or less.

28.0 Equipment Standards

Equipment and supplies. Required equipment and supplies shall be carried and readily available in working order for use on BLS and ALS vehicles.

(1) BLS and ALS vehicles shall carry medical equipment and supplies as published by the Department in the *Pennsylvania Bulletin* on an annual basis, or more frequently.

(2) An ALS squad unit vehicle is exempt from the requirement of carrying patient litters and equipment which is permanently installed.

(3) A BLS ambulance service may carry ALS equipment and drugs, in addition to those generally prescribed for use by a BLS ambulance service, only if it has a physician who is directly responsible for security, accountability, administration and maintenance of the equipment and drugs, and the arrangement is authorized by the Department upon its

Seneca Area Emergency Services Standard Operating Procedures

determination that the arrangement is in the public interest. The physician shall have education and continuing education in ALS and prehospital care and shall serve as the medical director of the BLS ambulance service.

29.0 Open
30.0 Open

Equipment and Supplies

31.0 Uniform Requirements

The uniform policy shall be followed to ensure that all personnel exhibit consistency, proper identification, and professionalism when representing Seneca Area Emergency Services. Uniforms are an extremely important part of the services image and must be worn at all times when representing this service.

Uniform Standards

ON-Duty Crews

- Plain black steel toe boots or black low cut shoes (with black socks only)
- Service issue light blue uniform shirts (short or long sleeve)
 - Service patch on left sleeve
 - First responder, EMT, Paramedic, or Health Professional patch on right sleeve
 - A white or dark blue t-shirt may be worn underneath the uniform shirt
 - No more than 2 collar pins (silver only)
 - Badge (service issue only)
 - Name Tag (silver)
- Uniform dark blue pants (With or without extra pockets will be acceptable)
- Dark blue uniform jacket or other service approved jacket.
 - Patches and insignia to the same standard as a uniform shirt.
- Black Belt

On-Duty Supervisor

- Plain black steel toe boots or black low cut shoes (with black socks only)
- Service issue white uniform shirts (short or long sleeve)
 - Service patch on left sleeve
 - First responder, EMT, Paramedic, or Health Professional patch on right sleeve
 - No more than 2 collar pins (gold only)
 - Badge (service issue only)
 - Name Tag (gold)
 - Plain white t-shirt underneath

Seneca Area Emergency Services Standard Operating Procedures

- Neck Tie (worn any time long sleeves are worn or a uniform jacket or sweater)
- Uniform dark blue pants (With or without extra pockets will be acceptable)
- Dark blue uniform jacket or other service approved jacket.
- Patches and insignia to the same standard as a uniform shirt
- Black Belt

Home Response Crews

- Home response crews may either comply with the above standards or
- Service approved jumpsuits may be worn

Exceptions

- Observers may wear civilian clothes as long as they meet the standards of professionalism.
- A navy blue sweater may be worn over the uniform shirt as long as the sweater has the appropriate patches.
- Staff not required to wear neck-ties may wear blue turtleneck shirts underneath their long sleeve uniform shirts
- Trainees may wear a uniform shirt with civilian pants until points are accrued to purchase pants.
- The President and Vice-President will be furnished with Gold badges to be worn with Blue uniform shirts during normal duty shifts. These officers will wear White shirts for service related functions such as public service details or public meetings.

Rank Insignia

- The following are the optional rank insignia.
 - Director Gold Star
 - Asst Director Gold Eagle
 - Supervisor Gold Oak leaf
 - Shift Crew Chief 2 Silver Bars
 - Crew Chief 1 Silver Bar

32.0

Personal Protective Equipment

Seneca staff are required to wear protective equipment on any potentially hazardous scene. This includes full turn out gear, safety eye wear, helmet, gloves, and bio-hazard protection.

Seneca Area Emergency Services Standard Operating Procedures

Staff is responsible for obtaining a full set of gear that fits prior to starting their shift if they do not have their own.

33.0 Small Tools and Equipment

Seneca units will be equipped with hand tools and light rescue equipment. All personnel are responsible to familiarizing themselves with these items and their uses.

34.0 SCBA

Seneca may provide staff with SCBA for rescue and working in hazardous environments. Under no circumstance is any staff member not certified in the use of an SCBA to use this equipment.

35.0 Inventory Control Procedures

Assigned staff are responsible for checking and maintaining BLS and ALS supplies. This person should be notified of any supplies/equipment that are low or missing. These individuals will provide a written list of items to be ordered to the Assigned Supervisor and the order will be placed.

Crews are responsible for checking packing slip with contents of box and putting supplies away in storage.

36.0 Ropes and Rope Equipment – Reserved

37.0 Communications Equipment

Seneca provides portable communications equipment (radios) to crewmembers and officers of the service. Any crew responding to any detail is responsible for having the radio with them at all times. The on duty crew chief will be directly responsible for the portable radio inventory at both the beginning and the end of each shift.

38.0 Public Use Requests – Reserved

39.0 Grooming Requirements

PURPOSE

To establish guidelines concerning personal appearance standards which will enable Department members and employees to present a neat and professional appearance at all times.

POLICY

Seneca Area Emergency Services Standard Operating Procedures

- A. Department members shall maintain a high standard of dress and personal appearance.
- B. Members (while on duty) shall abide by departmental grooming standards.

SCOPE

All members of the Department (while on duty) shall abide by the standards contained within this policy.

RESPONSIBILITY

- A. Individual officers are responsible for the appearance of members under their direct supervision.
- B. All members are responsible to abide by departmental grooming standards and maintain a neat and professional appearance while on duty or in uniform.

HAIR

- A. Hair: Hair shall be maintained clean and neat in appearance and at a length so as not to protrude below or beyond a helmet liner when the head is moved or turned in any direction. Female employees with hair shoulder length or longer must pull hair back while on duty.
- B. Sideburns: Sideburns shall be maintained at a length and/or configuration which will not come into contact with a breathing apparatus face piece (inner seal) at any point.
- C. Wigs or Hairpieces: The wearing of a wig or hairpiece while in uniform is allowed for the purpose of covering natural baldness or disfiguration. When worn, it shall conform to the haircut criteria specified in this policy.
- D. Facial Hair
 - I. Mustaches may be worn, but must be neat in appearance.
 - m. Facial hair must in no way restrict the positive inner seal of the breathing apparatus face piece.
 - n. Beards and goatees are not permitted.

Females

- E. Hair must be neat and clean and if longer than shoulder length must be pulled away from the face.
- F. Wigs or Hairpieces: The wearing of a wig or hairpiece while in uniform is allowed for the purpose of covering natural baldness or disfiguration. When worn, it shall conform to the haircut criteria specified in this policy.
- G. Make-up should be kept to a minimal and look professional.
- H. Jewelry:
 - No dangling earrings and should be kept to 1 each ear.
 - Necklaces should be kept under uniform shirt for safety

Seneca Area Emergency Services Standard Operating Procedures

Males

- A. Facial hair is not permitted. Exceptions may be granted on a case by case basis provided facial hair looks neat and does not interfere with the donning of an SCBA.
- B. Hair must be cut, neat and clean. Sideburns are to be trimmed and kept to an appropriate length.
- C. No visible tattoos. Tattoos must be hidden under uniform.
- D. Jewelry:
 - No dangling earrings and to be kept to 1 each ear
 - Necklaces should be kept under shirt for safety

UNIFORMS

- A. Uniforms must be kept neat, clean and in good condition.
- B. Shoes shall be kept clean and polished.

PERSONAL CLEANLINESS

- A. Members shall keep themselves clean. Good health habits shall be observed.
- B. Individuals are expected to shower before reporting for duty or when on duty (24 hour personnel) and to use deodorants. Individuals are also expected to bathe when necessary, be clean shaven and well groomed.

40.0

FIREARMS, WEAPONS AND EXPLOSIVES POLICY

All ambulance personnel of Seneca Area Emergency Services shall not wear on their person, nor carry aboard any service vehicle or ambulance any firearms, weapons or explosives. This policy does not apply to the law enforcement officers who are serving in an official law enforcement capacity. No firearms are permitted on service property at any time with the exception of on duty police personnel

Finance

41.0

Budgeting

Seneca will operate on a yearly budget beginning each January 1. Each department will have it's budget proposal in writing for the board of directors no later than November 15th of each year.

42.0

Procurement and purchasing – Reserved

43.0

Out of Town Travel – Reserved

44.0

Expense Reimbursement – Reserved

Seneca Area Emergency Services Standard Operating Procedures

45.0 Points System

Seneca will operate a points system for all certified volunteers. Points will be awarded to each volunteer for each hour they run on station in uniform and for any second or third calls answered. One point will be given for the first 16 hours each month and two points per hour for each additional hour over the first 16.

The following will serve as guidelines in the acquisition and reimbursement of accumulated points.

- On station crews are not eligible to collect additional points.
- A supervisor must authorize a second crew for standby unless first unit out on detail.
- A completed vehicle check must be documented or no points will be awarded.
- The Volunteer Shift Report must be signed or no points will be awarded

46.0 Purchase of items using points.

The business office will maintain an accurate accounting of accumulated points. Members may review their point accumulation by contacting the business office. Points may be used for those items that are specifically related to the operation and mission of Seneca Area Emergency Services. Members must complete a Request for Use of Points form and submit to the Director for approval prior to any reimbursement of points. Special requests for the use of a member's points may be handled on a individual case basis.

47.0 Open

48.0 Open

49.0 Open

50.0 Open

Training and Education

51.0 Initial in – service Training

Seneca will provide staff with initial in-service training on any new equipment placed in service. The service reserves the right to mandate refresher training on any equipment carried or procedures performed by staff.

52.0 Refresher in-service Training – Reserved

53.0 Training Evaluation

Any new staff member will undergo a training evaluation by the training supervisor prior to being cleared to attend to patients without a service preceptor.

Seneca Area Emergency Services

Standard Operating Procedures

53.1 Probation Standards

In order to be cleared from probationary status staff must be certified as an EMT, complete a minimum of 6 months (3 months if previously certified), and undergo a performance review with the training supervisor.

54.0 Certification

Seneca observes the regulations of the PA Department of Health in respect to certification levels. The minimum certification necessary for membership or employment with Seneca will be EMT. All staff are encouraged to further their education and Seneca will assist with this goal in any possible way.

55.0 Requests for Training

Seneca employees are encouraged to help develop our training program by submitting requests for in house training to the Training Supervisor. Seneca will attempt to facilitate outside agencies wishing to obtain EMS related training and will hold regular educational opportunities for the community.

56.0 Training Records

All staff members training records will become a part of their regular personnel folder.

57.0 Interorganizational / Community Exercises

Seneca will participate in interorganizational and community exercises with the advance consent of the Operations Director and Training Supervisor.

58.0 New Member Training

Purpose: To provide a uniform training program for all new members of this service, regardless of prior EMS training. To orient all new members to operating procedures. To provide the highest level of care possible. To enable new members to function on calls as a useful member of the crew.

Procedures:

- New member applications will be forwarded to the Membership Coordinator who will then assign a Training Instructor. A Training Checklist will be started for the new applicant. Each item must be covered and the applicant must perform/explain each skill with efficiency..

Seneca Area Emergency Services Standard Operating Procedures

- The Training Instructor will then contact the applicant and schedule a time to begin the training process.
- After being oriented and becoming certified in CPR, the applicant will then be eligible to run. (His/Her first shift should be with the Training Instructor.)
- The applicant may then begin running shifts in the fourth person slot.
- An attempt should be made to cover at least one training subject each time an applicant is running a shift at the base.
- A final interview with the Training Supervisor will be necessary to end the probationary period.
- Several training subjects may be waived if the applicant possesses prior EMS Certifications.

TRAINING GUIDELINES

Trainee Status

- On the job training
- Probation
 - six (6) months non-certified
 - three (3) months certified
- Used to determine genuine interest

Tour of Base

Explanation of Personnel

- Crew members
- Office personnel
- Operational personnel
- Chain of command

Uniforms

- Importance of uniformity
- Safety considerations
- Privilege of the uniform

Continuing Education

- EMT/Paramedic class
- Rescue classes
- In-house Con-ed
- Other classes

Dispatch

- Answering phones
- Non-emergency transport information

Seneca Area Emergency Services Standard Operating Procedures

- Using radios
- Talking to dispatch

Scheduling

- Main schedule
- Permanent schedule
- Using paging system
- Shift reports and red book

Ambulance Equipment

- Exterior equipment
- Truck radio and cellular phone
- Main and portable oxygen
- Regulators
- Change @ 500 psi
- Medical bags/boxes
- Stretcher (load/unload/raise/lower)
- Airway Management
- Main and portable suction

Maintenance of the Base

- Maintain high public image
- Courtesy to other crew members
- Clean your dishes
- Change bed sheets in am
- Empty trash at the end of a shift
- Keep lounge clean
- Other details

59.0

Drivers Training

Our insurance company has mandated a formalized drivers training program. It will consist of both Didactic Training and Practical Training. Members under 21 years of age will have additional requirements to meet. Driving candidates must possess a valid driver's license for at least 1 year.

Procedure For Members Over 21 Years Of Age:

1. Verbally inform Operations Director or Training Coordinator of intent to begin drivers training.
2. Operations to have drivers record check done.

Seneca Area Emergency Services Standard Operating Procedures

3. Complete review of drivers training manual.
4. Complete 15 hours of behind the wheel training with certified driver (hours may be adjusted for drivers with previous experience).
5. Perform drivers test with designated driving instructor.
6. When all previous steps are completed, submit paperwork to operations for final approval.

Procedure For Members Under 21 Years Of Age:

In addition to ALL of the above an additional five (5) hours of behind-the-wheel training is required.

Drivers under 21 are only permitted to be classified as emergency drivers. (Which means they may only drive to an emergency call when no other driver is available.)

Personnel who demonstrate good driving skills may be certified as emergency drivers before the full completion of their training requirements.

60.0 Open

Information Management

61.0 Incident Reporting System

Seneca utilizes the EMMA tripsheet generation system. All calls are to be reported and entered into the system by the end of each shift. Under no circumstance shall any tripsheet be left unfinished before the staff leaves. The crew chief will be responsible for checking each tripsheet for accuracy and completeness and initialing each tripsheet.

62.0 Record Keeping System

Each call for assistance shall have a tripsheet generated, be entered into the trip log (located in the radio room) and attached to billing and supporting information (i.e. refusal forms, DNR orders, and nursing facility transfer forms. Tripsheets are then placed into the bin for retrieval by the billing staff.

63.0 Confidentiality and Access to information

Seneca recognizes the patients right to confidentiality. Under no circumstances shall any staff member release any information to any party with the exception of 1) the patient, 2)

Seneca Area Emergency Services Standard Operating Procedures

the receiving medical facility staff, and 3) family members at the SPECIFIC request of the patient. (such as notifying family members of an accident at the patients request)

Staff designated as Service Managers within the EMMA system shall divulge no information without a medical records release or subpoena.

No member shall retain a copy of the patient report for any reason.

64.0 Use of Computer Equipment

Seneca computers used for tripsheet entry are to be used for this purpose only. The writing of tripsheets will take precedence over any other allowed activity. Access to this computer is restricted to staff able to write tripsheets.

64.5 Dissemination of Information

(a) A person who collects, has access to, or knowledge of, confidential information collected under § 1001.41 (relating to data and information requirements for ambulance services), by virtue of that person's participation in

the Statewide EMS system, may not provide the EMS **patient** care report, or disclose the confidential information contained in the report or a report or record thereof, except:

- (1) To another person who by virtue of that person's office as an employee of the Department is entitled to obtain the information.
- (2) To another person or agency under contract with or licensed by the Department and subject to strict supervision by the Department to insure that the use of the data is limited to specific research, planning, quality improvement and complaint investigation purposes and that appropriate measures are taken to protect **patient** confidentiality.
- (3) To the **patient** who is the subject of the information released or to a person who is authorized to exercise the rights of the **patient** with respect to securing the information, such as the **patient's** duly appointed attorney-in-fact.
- (4) Under an order of a court of competent jurisdiction, including a subpoena when it constitutes a court order, except when the information is of a nature that disclosure under a subpoena is not authorized by law.
- (5) For the purpose of quality improvement activities, with strict attention to **patient** confidentiality.

Seneca Area Emergency Services Standard Operating Procedures

(6) For the purpose of data entry/retrieval and billing, with strict attention to **patient** confidentiality.

(7) Under § 1001.41 and to another health care provider to whom a **patient's** medical record may be released under the law.

(b) The Department will regularly disseminate nonconfidential, statistical data collected from EMS **patient** care **reports** to providers of EMS for improvement of services.

Employment

65.0 Applications

Applications for employment will be submitted to the Operations Director. Applications will be accepted on a continuous basis and positions will be filled as needed.

66.0 Required Supporting Information

Each applicant will be required to submit the following:

- Applicants must be 18 years of age or older
- Applicants must complete an Employment Application and may or may not submit a resume
- Proof of current Driver's License
- Proof of EVOC Certification
- Proof of current Emergency Medical Technician or Paramedic/Health Professional Certification
- Proof of current C.P.R.
- Any other certification that may be applicable (ACLS, PHTLS/BTLS, PALS, Rescue, Fire training etc.)

67.0 Call off Procedure

Each employee is expected to report on time for their scheduled shift. There are times when this is not possible and unexpected situations arise. In the event that you need to report off of work the following guidelines are to be followed:

- 1 You need to contact the primary supervisor by phone or pager and tell them which shift you are calling off for and the reason.
- 2 If you are unable to reach the primary supervisor the on-call director should be contacted.
- 3 A replacement of equal or greater certification must be found to cover. The on-duty crew should be offered the overtime opportunity first.
- 4 If they choose not to take it then a page should be put out for all casual employees.
- 5 If that doesn't work then page for the part-time employees should be put out.

Seneca Area Emergency Services Standard Operating Procedures

- 6 Make phone calls to paid staff first who did not respond to the page then contact the on-call director.
- 7 If needed a page for the volunteers may be made in the event we do not find a paid staff to cover the shift.
- 8 Split shifts are acceptable as long as it gets covered.
- 9 At certain times forced overtime may be mandated by the shift supervisor. These instances shall be restricted to times when all other possibilities have been attempted.

Switching shifts is allowed as long as it is with an employees with the same or higher certification. Please make sure that you let the primary supervisor or on-call director aware of the switch.

68.0

Absence Policy

Your timely attendance at work is crucial to making the service run smoothly. We must be able to respond to the needs of the community. You need to do your part in achieving this goal, and one way is to maintain a good attendance record. Any absence or tardiness becomes a part of your employment record.

Punctuality requirements. Employees are expected to report for duty on time. Tardiness is defined as reporting for duty at least 10 minutes past your scheduled starting time. You should also notify the appropriate person when you know you may be late for work. Being tardy for work will be considered cause for corrective action.

Counting absences. Here are the rules for how absences will be counted:

- An unscheduled absence for at least one-half the workday will be counted as one occurrence.
- An absence for one or more consecutive workdays will be considered one occurrence. For example, if you're out two consecutive days, that will count as one occurrence.
- If an employee returns from an absence (due to an illness) and goes out again due to the same illness after being at work for no more than one day, then the absence will be counted as one occurrence.

Repeated occurrences will result in verbal counseling, written counseling, and/or suspension or termination of employment.

Procedure. In the event that you are unable to come to work, be sure to call in and let the appropriate person know, in advance where possible, but no later than your regular starting time, so that arrangements for other help can be made.

Vacation days must be scheduled at least 72 hours in advance except in cases of emergency.

Employees may be granted excused absences for sickness/illness when the appropriate person is notified prior to the start of work. Pre-scheduled medical/professional appointments (lawyers, clergy, counselors, etc.) or other compelling reasons, with prior supervisory approval, may also be considered as

Seneca Area Emergency Services

Standard Operating Procedures

excused absences.

Absence of three or more consecutive scheduled working days without notifying the appropriate person will be considered as a voluntary termination, and you will be removed from the payroll.

Authorized absence documentation. We may require documentation of authorized reasons for absence, such as sick leave or jury duty, and may also verify the documentation where appropriate.

Inclement weather. The service must continue to operate during periods of bad weather. Thus, the need for employees to be on the job during such emergencies is of paramount importance. You are expected to make every effort to report for work. If you do not report for work when scheduled during a weather emergency, you will be considered absent.

Member Health and Benefits

101.0	Medical Screening / Examinations - Reserved
102.0	Post-Injury / Exposure Examinations - Reserved
103.0	Vaccinations - Reserved
104.0	Medical Exposure Records - Reserved
105.0	Open
106.0	Open
107.0	Open
108.0	Open
109.0	Open
110.0	Open

Employee Performance

111.0 Work Performance Evaluation

Seneca staff members will receive performance assessments on a regular basis. New employees will receive 3, 6, and 12 month assessments. Every employee will receive a minimum of a yearly performance assessment. Employees and supervisors have the option of requesting additional performance assessments.

112.0 Appeal Process

Seneca staff may appeal the results of a performance evaluation in writing to the Director at any time. The director will consider the appeal and issue a decision within 7 days of the receipt provided all supporting information is readily available.

Seneca Area Emergency Services

Standard Operating Procedures

113.0

DISCIPLINARY ACTION POLICY

Personnel may be disciplined for the following types of behavior or activity:
incompetency; inefficiency; absenteeism; tardiness; unprofessional conduct; insubordination and disregarding safety rules.

It will be the responsibility of a Supervisor to recommend disciplinary action, which will then be approved by the Director.

The pattern of disciplinary action will be as follows:

- Step 1 ~ Verbal Warning
- Step 2 ~ Written Warning
- Step 3 ~ Disciplinary Suspension
- Step 4 ~ Discharge from Service

The following types of behavior or actions are considered serious and may be cause for immediate discharge without following the above procedures:

- Reporting for duty intoxicated
- Drinking on EMS premises
- Illegal conduct while representing Seneca
- Violation of the Code of ethics or Harassment Policy
- Personal violence
- Sale or use of illegal narcotics or any other drugs
- Participating in any activities that may jeopardize patient care
- Dishonesty (i.e., stealing)
- Violating patient confidentiality
- Immoral conduct
- Insubordination
- Disorderly conduct on EMS premises
- Any grossly negligent, careless, or willful act which results, or may result in personal injury or property damage

Seneca Area Emergency Services Standard Operating Procedures

114.0 ON THE JOB PROBLEMS

1. If a problem arises, a member will be given every opportunity to present and discuss the problem with the Immediate Supervisor and also with successively higher level Supervisors, as appropriate for consideration and resolution, provided that:
 - Potential solutions are within the services control
 - Potential solutions would not be contrary to the law or policy
2. You may personally take your problem through operational channels without fear of penalty, recrimination or embarrassment.
3. Most on-the-job problems can be resolved by a personnel and the Immediate Supervisor through discussion based on a common understanding of EMS and departmental goals and policies. In any organization, problems and differences of opinion do arise.
4. It is the members responsibility to present and discuss any problem with the Immediate Supervisor first. If the problem has not been resolved, the member may discuss the problem with successively higher levels of management. The decision of the Operations Director shall be considered final. If the Director does not present the problem to the Board and the member feels it is warranted, then the Volunteer Representative to the Board may be approached to bring the matter before the Board of Directors.

115.0 Accident, injury and fatality reporting.

An ambulance service shall report to the appropriate regional EMS council, in a form or manner prescribed by the Department, an ambulance vehicle accident that is reportable under 75 Pa.C.S., and an accident or injury to an individual that occurs in the line of duty of the ambulance service that results in a fatality, or medical treatment at a facility. The report shall be made within 24 hours after the accident or injury. The report of a fatality shall be made within 8 hours after the fatality.

- | | |
|-------|------|
| 116.0 | Open |
| 117.0 | Open |
| 118.0 | Open |
| 119.0 | Open |
| 120.0 | Open |

Seneca Area Emergency Services Standard Operating Procedures

Post Injury Rehabilitation

121.0 CISD

Seneca realizes that occasionally staff members may encounter particularly stressful incidents. We actively encourage staff to seek assistance from local CISD teams and will accommodate staff in any possible way to accomplish this goal.

122.0 Disability / Job assessment - Reserved

123.0 Reassignment options - Reserved

124.0 Open

125.0 Open

126.0 Open

127.0 Open

128.0 Open

129.0 Open

130.0 Open

Employee / Member Assistance

131.0 Substance Abuse Cessation - Reserved

132.0 Professional Development - Reserved

133.0 Family Relations - Reserved

134.0 Mental Health Services - Reserved

135.0 Open

136.0 Open

137.0 Open

138.0 Open

139.0 Open

140.0 Open

Organizational Planning and Preparedness

Strategic / Master Planning

201.0 Intraorganizational Coordination and Planning

Intraorganizational coordination and planning shall be the responsibility of the Operations Director or his designee.

202.0 Short Term Planning

Seneca's operational and administrative officers shall bear the responsibility for short term operational planning. Input from staff is not only welcomed but necessary for the success of the service. Both the President and Director may appoint, at will, committees to address planning issues for the service.

Seneca Area Emergency Services Standard Operating Procedures

203.0 Long Term Planning

Seneca will approach long term planning in a collaborative manner. The President, Director, Administrative Manager, Board or Directors, and Staff shall all be involved in the long term planning process. The ultimate responsibility shall rest with the Board of Directors.

204.0 Administrative Systems – Reserved

205.0 Organizational Evaluation

Seneca must be prepared to evolve as the EMS field changes in order to provide our residents with the best possible service. To accomplish this Seneca shall continuously evaluate the structure and goals of the service and with input from all involved parties make appropriate changes to the organization.

206.0 Open

207.0 Open

208.0 Open

209.0 Open

210.0 Open

SOP Development

211.0 Committee Organization

The SOP's will be revised by a committee appointed by the Operations Director. The committee will submit changes and additions to the Director who may in certain circumstances be required to submit them to the board of directors.

212.0 Schedule

The SOP's must undergo an annual review that will be scheduled by the Director. Throughout the year situations may necessitate changes or additions to the procedures. This ability to adapt policies shall not be infringed.

213.0 Needs Assessment & Process – Reserved

214.0 Development Process – Reserved

215.0 Approval

Seneca's Board of Directors shall approve the SOP's as a unit and the Director shall be responsible for subsequent changes. The Director is responsible for keeping any changes or additions in line with the goals of the organization and any relevant laws or guidelines.

Seneca Area Emergency Services Standard Operating Procedures

216.0 Distribution

Seneca staff shall each receive a copy of the SOP's upon entry into the organization. Changes to the manual will be posted and updated in both master copies (One in the supervisor office and one in the radio room). Individual staff are responsible for keeping their manuals up to date by including additions or changes.

217.0 Implementation

Changes or additions can be implemented at any time however no operating procedure will be implemented on a retroactive basis.

218.0 Evaluation – Reserved

219.0 Open

220.0 Open

Risk Management

221.0 Identification of Workplace Hazards - Reserved

222.0 Risk Management Monitoring – Reserved

223.0 UNIVERSAL PRECAUTIONS

SUMMARY: The purpose of this policy is to prevent the transmission of all blood born viruses that are spread by blood, sweat, saliva, sputum, gastric secretions, urine, feces, csf, semen and breast milk. Since medical history and examination can not identify all patients infected with HIV and/or other blood born pathogens, blood and body fluid precautions shall be used for all patients at all times. This is necessary in the pre-hospital setting, as the risk of blood exposure is increased and the infection status of the patient is usually unknown.

- I. Universal blood precautions shall be done for every patient, especially if any body fluid contact is possible.
- II. Body fluids include: saliva, sputum, gastric secretions, urine, feces, csf, breast milk, semen and blood.
- III. Procedures:
 - A. Non-sterile gloves should be worn with every patient contact.

Seneca Area Emergency Services Standard Operating Procedures

- B. Gowns shall be worn if soiling of clothing with blood and/or other body fluids may occur.
- C. Masks shall be worn if aerosolization of blood and/or body fluids may occur. (i.e., suctioning, intubation, patients coughing excessively)
- D. Goggles shall be worn when splattering of blood and/or body fluids may occur.
- E. Hand washing must be done after contact with any patient.
- F. Mouth-to-mouth resuscitation should be avoided whenever possible.
- G. Contaminated disposable articles will be disposed of in the appropriate manner. (i.e., sharps in sharps container, non-sharps in red plastic bags marked BIOHAZARDOUS WASTE)
- H. Non-disposable items shall be cleaned with cleaning materials available in most emergency departments or at the service base.

224.0

EXPOSURE REPORTING POLICY

In the event of a needle stick or other blood and/or body fluid exposure the following procedures must be followed:

- A. Immediately disinfect and wash wound.
- B. Notify the on-call Supervisor by telephone.
- C. Complete an Incident Report and Employee Injury Report.
- D. Report to St. Margaret Memorial Hospital for treatment, if necessary.
- E. Document the attending physician's name on the Injury Report.
- F. Notify the patient's receiving facility of the incident.

On the next working day the on-call Supervisor or Director will complete the following steps:

1. Contact the patient's receiving facility for a follow-up report.
2. Contact the insurance company and report the incident and complete all necessary paperwork.
3. Contact the affected member and follow-up the reports with the members condition.

Seneca Area Emergency Services

Standard Operating Procedures

225.0 INJURY REPORTING POLICY

For the safety of the public and the members, all personnel shall be responsible for the reporting of any disabilities or injuries occurring in the line of duty to the on-call Supervisor *immediately*.

Examples:

- Back injuries
- Accidental needle sticks
- Hazardous waste exposure

The following are the guidelines all personnel should follow when they become injured while on duty:

- A. Immediately notify the on-call Supervisor by phone or radio.
- B. If the injury requires immediate medical attention, seek medical attention at that time.
- C. Complete an Incident Report and Injury Report at the earliest possible time.
- D. Please note the attending physician's name on the Injury Report.

226.0 Open
227.0 Open
228.0 Open
229.0 Open
230.0 Open

Emergency Operations Planning

231.0 Community Right to Know

Seneca will provide on request any information to our emergency operations planning to any public or private entity with a legal right to the material.

232.0 General Operations Planning - Reserved
233.0 Facility and Operational Pre-planning – Reserved
234.0 EMS Response to Fire - Reserved
235.0 Haz Mat Response - Reserved
236.0 Water Rescue Response - Reserved
237.0 Technical Rescue Response - Reserved
238.0 Disaster Response - Reserved
239.0 Open

Seneca Area Emergency Services Standard Operating Procedures

240.0 Open

Mutual Aid

241.0 Requirements for Outside Aid

Seneca recognizes it's duty to maintain appropriate mutual aid agreements with surrounding services. Generally, Seneca will select services for mutual aid response by proximity to the district in question.

Seneca will respond to any call for assistance provided units are available. Should our response be delayed or closer units be available Seneca will inform dispatch of this factor and continue response until disregarded by units on scene.

242.0 Inter Jurisdictional Unified Command - Reserved

243.0 Mutual Aid Agreements

Seneca will provide written mutual aid agreements to appropriate services and maintain agreements from services on our response plan.

244.0 Requirements for Mutual Aid Agencies

Mutual aid services must maintain state licensure and demonstrate a reliable ability to respond with sufficient staffing to handle calls.

245.0 Evaluation of Mutual Aid Agreements

Mutual aid agreements will be evaluate each year and upon the request of any appropriate officer.

246.0 Open

247.0 Open

248.0 Open

249.0 Open

250.0 Open

Working with the Public

251.0 Special Populations - Reserved

252.0 Personal and Professional Behavior

Seneca staff are required to uphold the highest professional standards at all times. As an agent of the service your every action has the ability to impact the residents we serve.

Seneca Area Emergency Services Standard Operating Procedures

Patients, families, and other responding agencies are to be viewed as customers and treated with the courtesy they deserve.

253.0	Open
254.0	Open
255.0	Open
256.0	Open
257.0	Open
258.0	Open
259.0	Open
260.0	Open

Working with the Media

261.0 Media Rights and Responsibilities

The service recognizes the media's responsibility to report the news and recognizes its responsibility to maintain patient confidentiality. Any media request for information shall be referred to the operations director or assistant director in charge in the event of his/her absence.

Major incidents may require the appointment of a media information officer who will conduct regular briefings to media representatives. When performing this task the officer will strive to both keep the media informed of emergency operations and maintain patient confidentiality.

262.0	Open
263.0	Open
264.0	Open
265.0	Open
266.0	Open
267.0	Open
268.0	Open
269.0	Open

Public Relations

270.0 Program Goals and Objectives

Seneca's public relations program will serve to increase positive public awareness of the services activities, increase public participation in EMS, improve the health and safety of our residents, and display our commitment to the community. Additional secondary objectives of our PR program include volunteer recruitment and obtaining additional non-emergency transport contracts.

Seneca Area Emergency Services Standard Operating Procedures

271.0 Use of Department and Community Resources

Any member of the service may, with prior consent, use service equipment for the purposes of public relations provided it meets with the goals listed above.

272.0 Conducting Programs and Activities

The service will conduct regular CPR and First Aid training programs for the residents of the community and other programs as the outreach coordinator determines necessary.

273.0 Evaluating Program Accomplishments - Reserved

274.0 Customer Service Strategies - Reserved

275.0 Building and Maintaining Departmental Image – Reserved

276.0 Dealing with Citizen Complaints

Complaints received from citizens will be assigned for investigation to the appropriate operations supervisor. All citizen complaints will result in a written investigative report completed no later than 2 weeks from the date of the complaint. The Director will make a determination as to what type of follow-up with the citizen will occur.

277.0 Contacts with Municipal / Elected Officials - Reserved

278.0 Open

279.0 Open

280.0 Open

281.0 Open

EMERGENCY OPERATIONS

Driving Emergency Vehicles

301.0 Driver Qualifications

Each ambulance driver, as identified on the ambulance service roster, who operates ambulances for Seneca Area Emergency Services must meet the following qualifications:

- Be 21 years of age or older
- Hold a valid PA drivers license
- Will observe relevant traffic laws
- Is not addicted to, nor under the influence of drugs or alcohol
- Is free from any physical or mental defect or disease that may impair his/her ability to drive an ambulance
- Has not been convicted within the last four (4) years of driving under the influence of alcohol or drugs, has not been convicted of reckless driving within the last two

Seneca Area Emergency Services Standard Operating Procedures

(2) years or had his/her drivers license suspended under the points system

- Must complete an EVOC course
- Members between the ages of 18 and 21 may be certified as emergency drivers and may drive only when no other driver is present in an emergency situation

302.0

Skills Maintenance

Drivers of emergency vehicles must maintain skills necessary to operate under extreme conditions. From time to time the training supervisor may mandate additional training programs for emergency vehicle operators.

The training supervisor may also mandate for specific staff members additional training to build safe driving skills.

303.0

Driver Behavior

Drivers for Seneca are expected to obey all traffic laws and operate with due regard for the safety of the crew, patient, and the general public. Unsafe operation of any vehicle operated by the service will not be tolerated and violation of this policy may be cause for suspension from driving privileges.

It is expected of all vehicle drivers to operate within the limits of the law when driving for this service. Please remember that you are responsible for your actions when behind the wheel of an emergency vehicle.

- When responding to an emergency, obey all speed limits.
- Stop at all intersections and proceed only when all approaching vehicles have yielded the right-of-way.
- The driver is responsible for the siren and emergency lights.
- The Crew Chief will determine if the patient is to be transported with lights and sirens. Please limit this to critical patients only.
- When backing up into an intersection or where visibility is limited a crew member must guide the driver from the rear of the unit.
- A Police Report must be filed in the event of an accident involving an ambulance.

UNDER NO CIRCUMSTANCES IS ANYONE TO REPORT FOR DUTY AFTER DRINKING ALCOHOL OR USING CONTROLLED SUBSTANCES.

As a rule, no drinking is allowed twelve hours before your shift (or home response) starts.

Violations of these policies are subject to discipline and/or termination

Seneca Area Emergency Services

Standard Operating Procedures

304.0 Use of Warning Devices

All ambulance personnel of Seneca Area Emergency Services shall adhere to the following Policies and Procedures for the use of lights and other warning devices:

- Ambulances responding to an incident scene or to an emergency care facility may use emergency lights and audible warning devices in circumstances involving life threatening or potentially life threatening illnesses or injuries at the discretion of the patient attendant with the highest medical training. The ambulance driver is responsible for operating the vehicle in a safe manor at all times with due regard for the safety of the patient, the crew and the public.
- Ambulances responding to the incident scene or emergency care facility may not use emergency lights or audible warning devices for circumstances involving patients that do not have a life threatening or potentially life threatening illnesses or injury.
- *Use of lights and other warning devices.* Ambulances may not use emergency lights or audible warning devices, unless they do so in accordance with standards imposed by 75 Pa.C.S. (relating to Vehicle Code) and are transporting or responding to a call involving a patient who presents or is in good faith perceived to present a combination of circumstances resulting in a need for immediate medical intervention. When transporting the patient, the need for immediate medical intervention must be beyond the capabilities of the ambulance crew using available supplies and equipment.

305.0 Accident Investigation

When an service vehicle is involved in an accident a police report must be filed. Each unit is outfitted with an accident reporting packet which should be filled out before leaving the scene.

Staff should use good judgment when carrying a patient while involved in an accident. Generally, when this occurs another unit should be dispatched to complete transport however if the patients condition does not permit this then the other party should be notified to await police arrival, the police should be summoned by radio, and the crew should proceed to the hospital after attaining the license number of the other involved vehicle. The crew should return to the scene IMMEDIATELY after delivering the patient to the receiving facility.

306.0 Drivers Statement

Seneca Area Emergency Services Standard Operating Procedures

The following policy will be followed when responding to an incident that may be emergency or non-emergency in nature.

- The use of emergency warning lights and/or audible warning devices will be used in coordination with priority dispatch set fourth in the Communication Standard Operating Procedures.
- Operations of an emergency vehicle are required to follow all laws set forth by the Pennsylvania Department of Transportation, Bureau of Motor Vehicles and Emergency Vehicle Operation.
- All driving incidents must be reported to the on-call Supervisor immediately following the incident and will be documented on a General Incident Report form.
- Emergency vehicle operators will be responsible for the safe operation of the vehicle at all times and will yield to all adverse weather conditions for the safety of themselves, crew, patients and family members.
- All emergency vehicle operators are responsible for vehicle fueling and implementing repair dispositions (i.e., tire tread, lights, brakes, etc.) for the mechanic, to insure the safe transport to and from any required emergency.

Seat Belt Usage: All personnel and family members who occupy the front of the vehicle must use the seat belts at all times. In the case of the patient care provider, that person must be free to actively provide necessary treatment in the modular section of the vehicle. However if patient condition permits attendants in the patient compartment should use available seat belts.

Accidents Involving Service Vehicles: Any driver involved in an accident while operating a service vehicle is required to stop and assess all occupants for injuries. This policy is to be followed regardless of the type, or condition of the patient that you may be transporting.

Riding in an Emergency Vehicle

307.0

Permitted Vehicle Occupants

As a rule only one passenger may ride with the patient and crew to the hospital. The passenger must be seated in the front passenger seat with a seat belt. The only exception to this rule will be for pediatric patients when the passenger's presence will not interfere with patient care. In these circumstances a passenger may be seated in the rear of the unit but still must be restrained.

Seneca Area Emergency Services Standard Operating Procedures

308.0 Vehicle Use

As a rule vehicles may be used by on duty staff for official use only. It is expected that staff may use service vehicles for food runs and other acceptable on duty details. At no time may the vehicle leave the response district.

309.0 Blue light Policy

Members of Seneca Area Emergency Services are permitted, under state law, to use blue courtesy lights when responding to emergency calls with the following limitations:

- Pre-approval of the Director to use the light.
- All traffic laws must be obeyed while using the light.
- If any complaints are received, permission to use the light will be rescinded.
- You are responsible for your actions while using the light.
- Blue lights are not authorized for non-certified personnel.
- If you receive a traffic citation while using the blue light you will face additional disciplinary action from Seneca Area EMS in addition to being responsible for any fines.
- You are not to respond to a scene unless scheduled to do so, legitimately QRS-ing a potentially life threatening call, or requested by the crew. Respond instead (no blue light) to the base to staff the next out unit.

Please remember that the blue light is nothing more than a courtesy light and grants you no special privileges while driving.

310.0 Open
311.0 Open
312.0 Open
313.0 Open
314.0 Open

Safety at Emergency Incidents

315.0 General Hazard Assessment Guidelines

The crew chief of the responding unit is responsible for assessing potential hazards and taking steps to mitigate hazards. This role is shared on scene by all officers of the organization. On large scale incidents a safety officer will be appointed to monitor hazards and prevent injury to emergency workers.

Seneca Area Emergency Services Standard Operating Procedures

316.0 Scene Access Control

The incident commander will be responsible for controlling access to incident scenes.

317.0 Safety Officer - Reserved

318.0 Authority and Responsibility of Safety Officer - Reserved

319.0 Post Incident Safety Follow-up – Reserved

320.0 Protective Clothing and Safety Vests

- All personnel assigned to the truck should make sure that they place bunker gear in the vehicle that will fit them when they do their truck check at the beginning of the shift. Any accident with entrapment or hazards requires the wearing of bunker gear no exceptions. This includes trainees and observers.
- any accident without entrapment or any time the vehicle is parked on a major roadway will require the personnel to wear the reflective vests. This also includes trainees and observers

321.0 Personal Accountability System - Reserved

322.0 Open

323.0 Open

324.0 Open

Hostile Environments

325.0 Assessing Hostile Environments

The crew chief on any responding unit is responsible for assessing hostile environments and determining suitability for the crew to enter the scene. Under no circumstance shall any service personnel enter a hostile environment without the actual presence of police officer(s)

326.0 Dealing with Potentially Violent Persons

From time to time service personnel will be called on to treat violent patients. While rendering treatment is important the safety of the crew will be the first priority. Under no circumstance will staff treat any patient who is violent without the patient being under the control of the police officer in charge of the scene.

327.0 Open

328.0 Open

Seneca Area Emergency Services

Standard Operating Procedures

329.0 Delaying or Suspending Operations / Modifications / Resuming

Should a scene become unsafe for the crew they are expected to terminate operations as early as possible. The chief determining factor in this will be the safety of the crew. When the crew chief or line officer in charge determines that the scene is once again stable they may resume operations. Modifications in operations may be necessary in order to accomplish patient care goals while maintaining safety of the crew.

330.0 Operations Near Moving Traffic

Traffic is possibly the most dangerous environment our staff can be called to work in. Any time operations are occurring in moving traffic police shall be requested for traffic control. Should they be unable to respond and the situation warrants the ambulance should be parked in such a way as to provide for the safety of the patient, crew, and bystanders. If our unit is blocking traffic dispatch should be notified of this and an effort made to mitigate the situation as soon as possible.

331.0 Traffic Control / Use of Warning Devices

The safety of the crew is supremely important on an emergency scene. Each unit is equipped with warning lights and flares to provide warning to passing motorists. Initial placement of these devices will be the responsibility of the crew chief on the responding unit.

332.0 Special Situations (ex Power Lines Down) - Reserved

Incident Termination

333.0 Operational Debriefing

Following any incident the appropriate level of officer (Chief for large incidents, Crew Chief for single patient contacts) shall conduct an operations debriefing of the call. The purpose of this debriefing will be to provide all personnel to discuss positive and negative aspects of the call. The goal of this debriefing will be to evaluate the call, give credit for work well done, identify problems with operational procedure, answer questions of staff, and plan for the next incident. This important part of the call is to be performed on every detail and should include mutual aid companies when they are involved in an incident.

334.0 DOA Procedures

Personnel will be called for pronouncement of dead patients. This important function of this service is unique because the patient becomes the family of the deceased. Seneca personnel are encouraged to be as considerate as possible to bystanders / Family member on scene.

Seneca Area Emergency Services

Standard Operating Procedures

Medical Patients – Apparent Natural Causes

The paramedic with the permission of the police shall contact the family doctor to determine willingness to sign a death certificate. If the family doctor is willing to sign attain his name and the cause he plans to list.

- The coroner will be called next giving the deputy coroner the information contained on the death notification sheet. The coroner will then make a determination on the release of the remains. If he releases it to the funeral director a call should be placed to the funeral home to arrange removal.
- The remains shall be left in the care of the local police department. Should no officer be available then a member of the crew must wait for the arrival of the funeral director. As a general rule the remains shall never be left without a public safety representative.

All other patients – Suspicious deaths – Crime scene

The crew will limit their operations to pronouncement with a medical command consult and then turn the scene over to the police disturbing as little of the scene as possible and noting any actions taken on scene on the tripsheet.

335.0 Open
336.0 Open
337.0 Open
338.0 Open
339.0 Open

COMMUNICATIONS

401.0 Procedures to Access System

Communicating with PSAPs.

(1) *Responsibility to communicate unavailability.* An ambulance service shall apprise the PSAP in its area as to when it will not be in operation due to inadequate staffing or for another reason and when its resources are committed in such matter that it will not be able to have an ambulance and required staff respond to a call requesting it to provide emergency assistance.

(2) *Responsibility to communicate delayed response.* An ambulance service shall apprise the PSAP, as soon as practical after receiving a dispatch call, if it is not able to have an ambulance and required staff en route to an emergency within the time as may be prescribed by a PSAP for that type of communication.

(3) *Responsibility to communicate with PSAP generally.* In addition to the communications required by paragraphs (1) and (2), an ambulance service shall

Seneca Area Emergency Services Standard Operating Procedures

provide a PSAP with information, and otherwise communicate with a PSAP, as the PSAP requests to enhance the ability of the PSAP to make dispatch decisions.

(4) *Response to dispatch by PSAP.* An ambulance service shall respond to a call for emergency assistance as communicated by the PSAP, provided it is able to respond as requested.

402.0

HOME RESPONSE

Seneca Area Emergency Services operates primarily as an on-station system. There are times when personnel will be permitted to respond from home. When you wish to respond from home please indicate this by signing up **in orange** on the schedule. Remember, you are responsible for the shift you sign up for, failure to respond is grounds for disciplinary action.

You are responsible for notifying NewCom when you respond.

If you are not on the schedule, you are not to respond, unless:

- requested by the crew;
- a second set of tones are hit;
- the call is potentially life threatening and you are close enough to QRS.

If you are available, respond to the base to staff the second unit.

403.0

Priority Medical Dispatch

Priority 1 Response: Definite life threat: Respond lights and siren. Paramedic required upon response (if none on the unit, page out or use 267). If upon assessing the patient, ALS is deemed unnecessary, they may be canceled.

Priority 2 Response: Potential life threat: Respond lights and siren. Paramedic required upon response (if none on the unit, page out or use 267). If upon assessing the patient, ALS is deemed unnecessary, they may be canceled.

Priority 3 Response: Basic life support call: Respond non-emergency. ALS is not required on response but may be requested at the discretion of the Crew Chief.

Seneca Area Emergency Services Standard Operating Procedures

404.0 Procedures for Communication

All Seneca units are equipped with UHF and VHF radios capable of both dispatch communications and medical command consultation. All communication is to be done in plain English and 10 codes shall not be used.

405.0 Initiation of Emergency Signals

All portables are equipped with an orange emergency alert signal to be used only in the event of a potentially life threatening situation. Accidental activations are to be reported to dispatch immediately.

406.0 Frequency Utilization

NewCom communications center supplies all units with a bank of channels and their use will be as follows:

- EMS 1 – Primary dispatch and response channel
 - Used by all Seneca units for normal operations
- EMS 2 & 3 – Repeated operations channels
 - Used by Seneca, mutual aid companies, and rescue units for multiple patient incidents or any incident which will interfere with normal traffic on EMS1
- EMS 4 & 5 – Non repeated (short distance) channel used for secondary communications on particularly large incidents, standby's, and training events.
- Fire 1 – Primary dispatch only channel for area fire units
- Fire 2 – Primary response channel for north communities
 - Used by Indiana Township
 - For use by fire and EMS units responding to fire incidents
- Fire 3 – Primary response channel for southern communities
 - Used by Etna and Sharpsburg
 - For use by fire and EMS units responding to fire incidents
- Fire 4,5,6,&7 – On scene fire ground channel
 - Assigned by Newcom to on scene units for firefighting operations
 - Used by all on scene units for the duration of the incident
- Police channels – For use by police units only at this time
 - Police 2 is open for use in each vehicle (not portables) for emergencies only
- Med channels (1-8) – For use by ALS providers for medical command
 - Currently Med 4 will be the primary channel
- Allegheny County EMA – For use on large scale incidents with the permission of the incident commander for communications with responding county officials.
- Red Cross – For use communicating with the red cross on large scale disasters or when they are responding to a fire scene.

Seneca Area Emergency Services Standard Operating Procedures

- Salvation Army – For use communicating with Sally wagons responding to a scene primarily for giving directions.
- Pittsburgh Dispatch 1 – for monitoring only
- Pittsburgh Dispatch 2 – Used on incidents occurring within the borders of the City of Pittsburgh.

407.0 Mutual Aid Communications

Mutual aid communications will be done through our dispatch center who will have the capability of tying channels together.

408.0 Situation / Status Reports

Incident commanders should give situation / status reports at 15 minute intervals on potentially dangerous calls.

409.0 Open

410.0 Open

Command and Control

Incident Command System

431.0 General Description of ICS

Seneca will utilize the ICS model developed by the national fire academy and included in the current Paramedic course. Seneca will make available to all staff the ICS course at the cost of the service. ICS serves to provide a uniform method of dealing with incidents by dividing responsibility in an organized manner

432.0 Organizational Structure in ICS

The organizational structure will follow the blue print of the national fire academy's course with overall incident command following the organizational structure detailed previously in this manual.

433.0 Open

434.0 General Radio Procedures

At the scene of any incident crews should restrict radio communication to essential traffic only. This becomes much more important on a large scale incident where essential radio traffic by itself may tax the system

Seneca Area Emergency Services Standard Operating Procedures

435.0 ICS Equipment

Both the ALS Squad 164 and Supervisor Vehicle 163 will be equipped with ICS equipment to assist in the management on an incident.

436.0 Open
437.0 Open
438.0 Open
439.0 Open
440.0 Open
441.0

Mutual Aid

442.0 Resource List

A resource list will be available to crews so that they may have knowledge of available resources. The Assistant Director in charge of Operations will be directly responsible for maintaining this list.

443.0 Requesting Mutual Aid

The incident commander will have the primary responsibility for requesting mutual aid companies. Any time a crew chief feels additional assistance is required appropriate mutual aid should be requested.

444.0 Activation of ACEMS

Any incident which exceeds the borders of our communities or taxed area resources beyond reasonable limits the incident commander should request notification of Allegheny County EMS. If the Incident commander feels that additional resources or administrative support would be helpful a the notification should include a request for a response from ACEMS.

445.0 Mutual Aid ALS Squads

Any potential ALS call shall have a Paramedic present. Typically an ALS response will be mandatory for all Priority 1 and 2 calls. If a Service Paramedic is not scheduled, then a paramedic is to be dispatched AT THE TIME OF INITIAL DISPATCH.

- i. Transport should never be delayed to wait for a Paramedic. If the paramedic has an extended ETA, load the patient and meet the paramedic en route while providing appropriate BLS care.

Seneca Area Emergency Services Standard Operating Procedures

- ii. If a call is determined by the on-scene crew to definitely be BLS in nature, the ALS squad may be canceled. If there is any doubt, allow the Paramedic and Command Physician to make this determination.
- iii. Seneca ALS personnel have the option of requesting assistance from any ALS squad in the area. However, it is recommended that one (1) attempt to obtain ALS assistance from within Seneca Area Emergency Service be made first.

If you have any doubts, do the right thing for your patient and request a Paramedic.

446.0 Open
447.0 Open
448.0 Open
449.0 Open
450.0 Open
451.0 Open

Incident Management

452.0 Transfer of Command

When transferring command during an incident you must give a detailed verbal report face to face with your relief. You must notify Newcom by radio that you are back in service and let them know who had command.

Ex: "502 is back in service ...503 has EMS Command

453.0 Dealing with Relatives / Family on scene

Incident Commander should delegate a personnel to relay information to families on scene. If there is not enough manpower then he/she should do the job. Make sure that the information is brief and accurate.

454.0 Record Keeping

Staff members are responsible for documenting every response of the service. Every response, patient contact, or false call should be documented by a tripsheet generated by the EMMA program. Crews must finish all documentation prior to the end of their shift.

Receiving facilities shall be given a copy of the NCR patient contact form before leaving the facility as well as a faxed copy of the EMMA tripsheet upon completion.

455.0 Patient Refusals

All patient refusals shall have a refusal form signed by the patient or witnesses on scene. They will be filled out completely and filed with the tripsheet.

Seneca Area Emergency Services Standard Operating Procedures

456.0 Refusal of Transportation

Seneca Area Emergency Services offers transport to residents and visitors to the Boroughs of Etna, Sharpsburg, and Indiana Township. Crews are not permitted to refuse medical transport to any person requesting it with few exceptions.

In all instances where crews believe transport is unnecessary the following procedure will be followed.

1. The Crew Must be ALS. An in depth assessment and medical history must be done.
2. An appropriate medical command consult must be done and the Command MD must agree to the paramedics refusal
3. A Seneca Supervisor or Director must be contacted and spoken to prior to refusing transport. The officer will either approve or deny the request.
4. A complete tripsheet will be done and refusal form will be completed immediately after the call

If someone needs or feels they need to go to the hospital and has no other way to get there we will always take them. There are too many liability issues which place the service at risk if we do not.

457.0 Open

Emergency Operations

Tactical Guidelines

501.0 Minimum Staff Requirements

Seneca is an ALS service and the minimum crew will consist of (1) EMT and (1) Paramedic minimum. The paramedic may respond in the ALS squad if (2) EMT's are staffing the primary unit. If a BLS crew exists with no paramedic mutual aid ALS should be requested for any priority 1 or 2 dispatch.

502.0 Incident Size up

Incident size up is the responsibility of the primary unit crew chief. This person should occupy the passenger seat in the front of the unit to effectively perform this task. Initial on scene report to dispatch should include essential size up information and requests for additional units.

Seneca Area Emergency Services

Standard Operating Procedures

503.0 **Forcible Entry / Gaining Access**

On occasion crews will be confronted with situations requiring forcible entry into a building. Any time forcible entry is done a supervisor must be dispatched to the scene to give approval unless the police perform the forcible entry.

Obviously for life threatening situations no prior approval will be needed however a supervisor must still respond once the situation is controlled.

504.0 **Severe Weather Operations**

During times of severe inclement weather officers of the service may limit receiving destinations to the closest appropriate hospital. This policy serves to limit down time during incidents such as snow storms when resources are limited and travel is difficult leaving our communities uncovered for unacceptable periods of time.

505.0 **Fire Response**

The following will be our response assignments for fire calls.

<u>Alarm</u>	<u>Assignment</u>	<u>Instructions</u>
Structure Fire	1 Unit Priority 2 1 Unit Priority 3	One unit committed to standby 2 nd for transport.
Structure Fire w/ Entrapment or Special Conditions	2 Units Priority 2 1 Unit Priority 3 1 Supervisor Priority 2	Supervisor and 1 unit committed for Standby others used for transport
CO Alarms	1 Unit Priority 3	Respond regardless of symptoms
Haz-Mat Details	1 Unit Priority 3 1 Supervisor Priority 3	Evaluate needs once on scene
Automatic Alarms	1 Unit Priority 3	May stand by on station for commercial structures if NewCom reports the alarm as false
All other calls	1 Unit Priority 3	Crew becomes committed once line is laid. Crew Chief may respond additional units if situation warrants

The committed unit will remain on scene until released by the fire officer in charge of the call and is to remain out of service until released.

Seneca Area Emergency Services Standard Operating Procedures

All communication will happen on the responding fire frequency with the exception of multiple alarm structure fires. In these cases a EMS operations frequency will be requested from NewCom.

Once on scene the Crew Chief or Supervisor in EMS command is to report to the fire officer in charge and report unit status. The EMS OIC will remain with the Fire OIC until the completion of the incident.

506.0 Special Needs Patients - Reserved
507.0 Open
508.0 Open
509.0 Open

Personal Protection

510.0 Selection / Use / Cleaning Protective Clothing

Seneca provides its staff to the best of our ability with appropriate protective clothing. Staff are required to select bunker gear at the beginning of each shift and store it on their assigned unit for the duration of the shift. Bunker gear that needs cleaned or repaired should be reported to the on-call supervisor.

511.0 Lifting and Moving of Patients - Reserved
512.0 Open

513.0 Body Armour

Personal use of Body Armour by service personnel is allowed at the individual's expense. The service will not provide body armor to staff at this time.

514.0 Open

515.0 Suicidal Persons

Any call for a possible suicidal patient requires the response of the local police department. Staff shall not enter the scene until such a time as the police declare the scene safe.

516.0 People with Weapons

Any call for assistance where weapons are reported requires the response of the local police department. Staff shall not enter the scene until such a time as the police declare the scene safe.

Seneca Area Emergency Services Standard Operating Procedures

517.0 Patient Restraints

Staff may need to restrain patients in order to provide for the safety of both the patient and crew. Anytime a patient needs restrained a police officer should accompany the patient to the hospital. Restraints should be a last resort and performed in as humanly as possible in accordance with all applicable laws and standards. Under no circumstance shall a patient be restrained in such a way as to make rendering care or continual assessment of the patient possible.

518.0 Open

519.0 Open

First Response

520.0 First Responder Components

Currently all associated police departments and several local fire departments provide first responder assistance to calls in our districts. In order to be placed on our dispatch assignment as a first responder departments must comply with minimum training requirements set forth by this department. Training for first responder agencies will be provided free of cost.

521.0 Open

522.0 Biohazard Disposal

Seneca will appropriately dispose of any biohazard materials upon the request of the applicable first responder agency.

523.0 AED Procedures

Staff will make every effort to replace supplies used by first responders on scene. Additionally, Indiana Township AED's are to be downloaded at station 165 as early as possible following the arrest.

524.0 Open

525.0 Open

526.0 Open

527.0 Open

528.0 Open

529.0 Open

Seneca Area Emergency Services

Standard Operating Procedures

Patient Transportation

530.0 Destinations Guidelines

Generally, Seneca will transport emergency patients to the hospital of their choice provided it is an approved receiving facility and in our response area. The following will be our primary receiving facilities:

- UPMC St Margaret
- St Francis
- Allegheny General
- UPMC Main
- UPMC South Side
- Mercy Hospital
- Mercy Divine
- West Penn
- UPMC Shadyside
- Forbes Regional
- Allegheny Valley
- UPMC Passavant
- Magee Womens

Seneca Units may go to other area hospitals when necessary and appropriate but should contact a supervisor via radio for permission prior to agreeing to transport to distant facilities.

531.0 Special Situations

During periods of extreme weather, system overload, and other extreme situations the primary supervisor may limit receiving facilities to the closest appropriate emergency department.

532.0 Method of Transportation

Patients transported to the hospital will be transported by stretcher with a minimum of 3 safety straps applied.

533.0 Mode of Transportation

Generally patients shall be transported to the hospital without lights and siren unless the patients condition exceeds the capabilities of the crew or equipment carried on board.

534.0 Open

535.0 Open

Seneca Area Emergency Services Standard Operating Procedures

536.0 Open
537.0 Open
538.0 Open
539.0 Open

Management of EMS Operations

540.0 SUPPLIES, EQUIPMENT REPAIR AND MAINTENANCE

This service maintains a supply inventory for durable medical equipment and disposable medical equipment. Following transport of patients to a medical facility, it will be the crews responsibility to replace all disposable medical supplies that the hospitals provide. The Crew Chief will be responsible for double-checking supplies replaced.

A. At the hospital, please wipe down stretcher, if soiled, and floor of unit and bench seat, if soiled. Wipe down any adjacent equipment such as long boards, collars HID's, scoop, Reeves, etc. Most ER areas have cleaning supplies.

B. Some medical equipment will not be available for replacement at the hospital. Therefore, the crew should make a list of all the equipment not replaced. Notify the on-call Supervisor of any equipment needing replaced.

C. Any equipment left at the receiving facility should be noted on the board by the base radio. Include all items left, the date and the location. The equipment left can be replaced with spare equipment located in the garage.

D. The supply board should be checked during each shift and equipment retrieved, as time permits. If you will be picking up equipment in your own vehicle, please notify the on-station crew or the on-duty Supervisor to avoid any confusion or duplication.

Equipment Repair:

Any time a piece of equipment is found to be defective or broken, an Equipment Repair Form is to be filled out, stating the problem with the equipment. The equipment should be placed into the bin located by the base radio marked "repairs".

A replacement piece of equipment is to be placed in service. Contact either the Director or the on-call Supervisor to handle the replacement. If you are unsure of any equipment failures or a need for repairs, contact the on-call Supervisor.

Seneca Area Emergency Services

Standard Operating Procedures

541.0 Drug Use and Inventory Control

An ambulance service may stock drugs as approved by the Department, and shall carry drugs in an ambulance in conformance with the transfer and medical treatment protocols applicable in the region in which its ambulance is stationed. Additional drugs may be stocked by an ALS ambulance service as authorized by the ALS service medical director if the ALS ambulance service uses health professionals, and additional drugs may be carried or brought on an ambulance as follows:

(1) Drugs which the applicable regional transfer and medical treatment protocols prescribe for the treatment of an ALS **patient** may be brought on a BLS ambulance by an EMT-paramedic or health professional when rendezvousing with a BLS ambulance to treat an ALS **patient** on behalf of an ALS ambulance service.

(2) Drugs other than those authorized by the applicable regional transfer and medical treatment protocols may be carried on an ALS ambulance, or brought on board a BLS ambulance by a health professional, when the requirements of subsection (d)(2) are satisfied.

(3) Drugs other than those authorized by the applicable regional transfer and medical treatment protocols may be carried on an ALS ambulance, or brought on board a BLS ambulance by a registered nurse, physician assistant, or physician when the following standards are met:

(i) The ambulance is engaged in an interfacility transport.

(ii) The physician, registered nurse, or physician assistant has special training required for the continuation of treatment provided to the **patient** at the facility, and the use of drugs not maintained on the ambulance is or may be required to continue that treatment.

(iii) The physician, registered nurse, or physician assistant does not substitute for required staff.

(4) A BLS ambulance service, if not also licensed as an ALS ambulance service, may not stock drugs which are not prescribed by the Department for use by a BLS ambulance, and a BLS ambulance service may not carry

Seneca Area Emergency Services Standard Operating Procedures

these drugs, except as authorized under this section and § 1005.10(c)(3) (relating to licensure and general operating standards).

(b) The Department will publish at least annually by notice in the *Pennsylvania Bulletin* a list of drugs approved for use by ambulance services when use of those drugs is also permitted by the applicable regional transfer and medical treatment protocols.

(c) An ambulance service may procure and replace drugs, from a hospital, pharmacy or from a participating and supervising physician, if not otherwise prohibited by law

(d) Administration of drugs by prehospital personnel, other than those approved for use by a BLS ambulance service, shall be restricted to EMT-paramedics and health professionals who have been authorized to administer the drugs by the ALS service medical director, when under orders of a medical command physician or under standing orders in the EMS region's transfer and medical treatment protocols; except all prehospital personnel other than a first responder and an ambulance attendant may administer to a **patient**, or assist the **patient** to administer, drugs previously prescribed for that **patient**, as specified in the Statewide BLS medical treatment protocols.

(1) An EMT-paramedic is restricted to administering drugs permitted by the applicable regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols.

(2) A health professional may administer drugs in addition to those permitted by the applicable regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols, provided the health professional has received approval to do so by the ALS service medical director of the ambulance service, and has been ordered to administer the drug by the medical command physician.

(e) The ambulance service shall adequately monitor and direct the use, control and security of drugs provided to the ambulance service. This includes, but is not limited to:

(1) Ensuring proper labeling and preventing adulteration or misbranding of drugs, and ensuring drugs are not used beyond their expiration dates.

(2) Storing drugs as required by The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. §§ 780-101—780-149), and as otherwise required to maintain the efficacy of drugs and prevent their misappropriation.

Seneca Area Emergency Services Standard Operating Procedures

(3) Including in the EMS **patient** care report information as to the administration of drugs by **patient** name, drug identification, date and time of administration, manner of administration, dosage, name of the medical command physician who gave the order to administer the drug, and name of person administering the drug.

(4) Maintaining records of drugs administered, lost or otherwise disposed of, and records of drugs received and replaced.

(5) Providing the pharmacy, physician or hospital that is requested to replace a drug, with a written record of the use and administration, or loss or other disposition of the drug, which identifies the **patient** and includes any other information required by law.

(6) Ensuring, in the event of an unexplained loss or theft of a controlled substance, that the dispensing pharmacy, physician or hospital has contacted local or State police and the Department's Drugs, Devices and Cosmetics Office, and has filed a DEA Form 106 with the Federal drug enforcement administration.

(7) Disposing of drugs as required by The Controlled Substance, Drug, Device and Cosmetic Act.

(8) Arranging for the original dispensing pharmacy, physician or hospital, or its ALS service medical director, to provide it consultation and other assistance necessary to ensure that it meets the requirements of this section.

542.0

Vehicle Checks

Vehicle checks are to be done every shift. There are no exceptions. Vehicles are to be stocked with supplies that are missing or used during patient care. Maintaining supplies and equipment on the vehicles is the responsibility of the entire crew.

543.0

Open

544.0

CQI System

Seneca will audit a predetermined number of tripsheets each month based on 20% of the call volume from that month. The audit will include deficiencies and positive feedback from each patient contact.

545.0

Research and Reporting - Reserved

546.0

Open

Seneca Area Emergency Services

Standard Operating Procedures

547.0 Patient Documentation / Billing

All patients transported should sign the billing form and each crew chief is responsible for ensuring that the appropriate billing information is obtained on each patient. Non-emergency transport requests of medicare patients must be accompanied by a certificate of medical necessity signed by the patient's physician. Any deviations from this policy must be documented in writing prior to the end of each shift.

548.0 Open

549.0 Open

Special EMS Operations

561.0 Mass Gatherings – Reserved

562.0 Hazardous Materials Response

EMS is a division in the Incident Command System. EMS personnel should designate an EMS commander and that person oversees all EMS operations. The EMS commander is the only person to communicate with the Incident Commander.

As designed by the ICS system, the size of the incident shall determine the length and size of response:

Small hazard / Limited Exposure: - Supervisor or Crew Chiefs discretion

Large Hazard / Maximum. Exposure – *2 ALS Units, ALS Squad, Supervisor, and Director be notified*

If a Large hazard is involved then EMS commander must appoint personnel with communications capability to command to the following positions:

- 1) EMS Commander
- 2) Triage Officer
- 3) Treatment Officer
- 4) Transportation Officer
- 5) Fire Command Liaison
- 6) Staging Officer
- 7) Logistics Officer (Supply)

If available, all sections should be clearly identified and radio designation should be "EMS command to Staging". Do not use radio numbers because of the possibility of multiple agency response and they may have duplicate numbers.

The Duties of Each division is clearly identified in the ICS box located in Unit 164.

Seneca Area Emergency Services

Standard Operating Procedures

Any Duty not assigned to a person will be the responsibility of the EMS Commander

All operations should be done with the concept of minimizing the risk of exposure to all rescue personnel and bystanders.

562.5 Decontamination of Patients and Rescuers exposed to Hazardous Materials

- 1) First and most important is to insure your safety and the safety of your team.
- 2) Identify and mark definitive "Zones". (Hot, warm, cold)
- 3) Notify dispatch to contact Allegheny Co. Emerg. Mgt and have a Haz Mat Supervisor notified (Notification does not mean the Team will be called. But expert advise is then available)
- 4) Contact Hospital ER to prepare them for a potentially contaminated Patient
- 5) Insure only "Hazardous Material Trained" Personnel function on decon crews. (SCBA Trained personnel should handle this duty)
- 6) The length of Decon will vary depending on the chemical and exposure
- 7) Equipment Needed in lengthy Decontamination procedures:
 - A) Perimeter and Sector markers
 - B) Absorbent
 - C) Water supply manifolds and delivery systems
 - D) Brushes
 - E) Soaps, detergents, and decontamination solutions (Laundry Soap works for this)
 - F) Run off barriers
 - G) Plastic sheets and tarps
 - H) Containment pits
 - I) Communication equipment
 - J) Long Back Boards (Will Vary dependant on size of decon line)
 - K) Stools or buckets to lay boards on (To keep them out of the water)
 - L) EMS Equipment
 - M) Portable Lights
 - N) Disposable clothing to put on Pts after Decon
- 8) Do not place pt in ambulance until Pt has been properly decontaminated
- 9) If needed ask Fire Command to designate an Engine for Decon water supply

Decon Stations

Station 1: Entry Point and Hot Zone. *This is the area of most extreme exposure. A single entry point into the hot zone and a single exit leading to station 2 should exist. The entry team mechanically removes as much of the contaminants as possible from victims. Tools and equipment used in the Hot Zone are left in a tool drop area. Victims are then moved to station 2 for gross decontamination.*

Seneca Area Emergency Services Standard Operating Procedures

Station 2: Gross decontamination. Victims and rescue personnel should be showered or scrubbed by decontamination personnel wearing personal protective equipment. Washing is carried out primarily with water. Initially victims should be washed while fully dressed. Removal of victims' contaminated clothing may be performed. It is critical that over spray be minimized and run off be contained.

Victims can be transported directly to station 6 for further body washing. Rescue personnel who exit the Hot Zone must first pass through stations 3 to 5.

Station 3: Protective clothing removal. All protective clothing is removed, isolated in plastic bags, and labeled for later disposal. Depending on the severity of the hazardous incident, personnel may have donned multiple levels of clothing. Protective clothing should be removed in stages. (Removal of outer layer in 1 station and removal of another layer in another station)

Station 4: SCBA removal. In this station, rescue personnel can remove and isolate their SCBA. Changeover and replacement SCBA can be obtained if re-entry is necessary.

Station 5: Personal clothing removal. Rescue personnel entering this station should remove all clothing and personal items such as rings and watches. Victims who were not undressed at station 2 should be undressed here. All clothing and personal items should be packaged in plastic bags and labeled for later disposal

Station 6: Body washing. Full Body washing is performed at this station. Soft scrub brushes or sponges and soap or mild detergent should be used. Special attention should be given to hair, groin, skin folds, and nail beds. Copious water rinsing should also be performed.

Station 7: Dry off. Towels and sheets are used to dry off the entire body. A clean change of clothes should also be supplied. Disposable coveralls or hospital gowns are inexpensive and can be made available for this station.

Station 8: Medical assessment. At this station emergency personnel conduct a rapid patient assessment. Vital signs should be taken and compared to baseline values. All open wounds should be cleansed and bandaged. A thorough respiratory and cardiac evaluation must be done. Any poison control recommendations should be done at this time. Necessary stabilization procedures should be accomplished in this station. EMS personnel working in this station should be in direct contact with medical control, poison centers, product specialists, and other appropriate advisory services.

Station 9: Transport for definitive care. This is a transfer station to facilitate the transport of patients to hospitals for medical attention, or to recovery areas for rest and observation.

Seneca Area Emergency Services Standard Operating Procedures

563.0 PROCEDURE FOR NON-EMERGENCY TRANSPORTS

For Calls Directly to the Station:

1. Obtain Basic Information to determine if the call is an emergency or non-emergency.
2. Instruct the caller to call 911 if the call is an emergency or (412) 782-HELP if a non-emergency.
3. All further information and instructions will be handled by NORCOM

For Calls Originating with NORCOM:

1. Obtain basic information from NORCOM and have them Fax the sheet to the station. (412-781-3477)
2. Crews must be on time for all transports and have 5 minutes to be enroute to STAT transports. By definition and nature the hospital requires arrival within 10 minutes of the request.
3. If for any reason a transport cannot be handled by the crew NORCOM and the on call supervisor must be notified immediately.
4. For upcoming transports the NORCOM sheets are to be posted on the crew schedule in the front room.
5. The shift crew chief is directly responsible for ensuring that all NET's are handled appropriately

564.0 Open
565.0 Open
566.0 Open
567.0 Open
568.0 Open
569.0 Open

Disaster Operations

570.0 Triage Methods

Seneca will utilize the Allegheny County Approved triage tags. Each unit will be supplied with triage tags with the supervisor vehicle holding addition tags if needed.

571.0 Alternate Treatment Procedures – Reserved

Seneca Area Emergency Services Standard Operating Procedures

572.0 Alternate Transportation Procedures

During disaster operations transport destination will be decided by the transport officer in accordance with the capabilities of the receiving facilities.

573.0 Open

574.0 Shelter Medical Procedures

Any time an evacuation shelter is opened in our district the Seneca officer in charge may delegate appropriate resources to the facility to provide for the medical care of the displaced persons. At a minimum the facility management should be informed of procedures to access the EMS system and the on duty supervisor should make every attempt to regularly check (in person) with the management of the evacuation facility.

575.0 Open

576.0 Open

577.0 Open

578.0 Open

579.0 Open

Seneca Area Emergency Services Standard Operating Procedures

Medical Command Policies

Seneca Area Emergency Services

Standard Operating Procedures

ALS SOP's

MINIMUM STANDARDS (5/97)

The following minimum standards will be in effect:

ALS Preceptor – (Level 4) Must run a minimum of 16 field hours each month and be approved by the operations director. *There will be no exceptions to this standard.*

ALS Provider, Full Command – (Level 3) Must run a minimum of 16 hours per month. Exceptions will be made on a case-by-case basis for those providers who are not solely running with Seneca EMS. Paramedics who run less than the amount of hours required, on a consistent basis, may be required to be precepted before performing duties in the field unsupervised. Under no circumstance will this service be used to remain on UPMC Medical Command without that provider participating in direct patient care on a regular basis. Allowance will be made for special considerations in conjunction with the Medical Director.

ALS Provider, Provisional Command – (level 2) Paramedics on provisional command are expected to be upgraded to full command within six (6) months. In order to provide the highest level of patient care, paramedics should be able to utilize the command system to its fullest potential. Paramedics not fulfilling this will be evaluated on a case-by-case basis and may be dropped from the command roster.

ALS Provider, Preceptee – (Level 1) Precepting paramedics are expected to run a minimum on one (1) shift each week. If you are unable to precept at this Base, due to a schedule conflict, then contact the Operations Director and he/she will arrange for you to precept at one of the other UPMC command services. Paramedics are expected to attempt completion of the process within six (6) months of application, however, we do realize that in some instances this will not be possible. Should you have problems while precepting you should contact the ALS Supervisor or the Operations Director. Should you have any questions on any of these points, please contact the Operations Director.

Seneca Area Emergency Services Standard Operating Procedures

ALS MUTUAL AID RESPONSE

Due to the potential of ALS assists into surrounding communities, we are instituting the following procedures:

- 1.) If the medic is part of a two (2) person crew, the medic will take his/her partner and the ambulance. If possible, get an EMT from the ambulance you are assisting to keep our unit in service. If this is not possible, ask NewCom to hit the tones for another crew member to stand-by.
- 2.) If doing so does not leave this service without a crew, the medic has the option of using the ALS squad (164). Please feel free to take the crew and ambulance (instead of the squad), especially when you have any doubts as to the response of the service.
- 3.) The service we are assisting *must provide a legal BLS crew.*

The procedure for handling such ALS assists will be as follows:

- A.) Upon arrival, obtain a report from on-scene personnel.
- B.) Perform necessary patient assessment.
- C.) If the call is not ALS, please follow the medical command procedures for releasing the call.
- D.) Write a trip sheet for all ALS assists, whether you transport or not. Obtain the name and certification of the primary attendant.

Seneca Area Emergency Services Standard Operating Procedures

USE OF ALS SQUAD 164

The ALS squad will be designated as Seneca 164. Seneca 164 contains BLS and ALS equipment.

Primary Uses:

1. ALS Response
2. ALS Home Response
3. Mutual Aid ALS assistance
4. Manpower assists for our units

Other Approved Uses:

1. Supervisor details.

Usages NOT Approved:

1. Neither member of a two (2) person crew is to take a vehicle. Instead, the ambulance is to go with the second crew person.
2. Do not take 164 to QRS if a legal crew exists on station. Take an ambulance and the crew in the event you need to transport.
3. DO NOT EVER RESPOND FROM THE BASE WITH TWO (2) VEHICLES AND ONLY TWO (2) CREW MEMBERS.
4. BLS home response will not be permitted to use 164 at this time.

Seneca Area Emergency Services Standard Operating Procedures

BLS SOP's

Seneca Area Emergency Services Standard Operating Procedures

Employee Manual

Seneca Area Emergency Services

Standard Operating Procedures

Infection Control Guidelines

UNIVERSAL PRECAUTIONS

Standard Operating Policies and Procedures

Effective Date: January 25, 1999

Summary: The purpose of this policy is to prevent the transmission of all blood born viruses that are spread by blood, sweat, saliva, sputum, gastric secretions, urine, feces, CSF, semen and breast milk. Since medical history and examination can not identify all patients infected with HIV or other blood-born pathogens, blood and body fluid precaution shall be consistently used for all patients. This approach, previously recommended by the CDC, shall be used in the care of ALL patients. This is necessary in the pre-hospital setting, as the risk of blood exposure is increased and the infection status of the patient is usually unknown. This policy will apply to all personnel that respond to emergencies while affiliated with this service.

1. Universal blood precautions will be done for every patient, if contact with blood or body fluid is possible, regardless if a diagnosis is known or not. This includes, but is not limited to: starting IV's intubation, suctioning, caring for trauma patients or assisting with OB/GYN emergencies.
2. Blood and body fluids include: Saliva, sputum, gastric secretions, urine, feces, CSF, breast milk, serosanguinous fluid, semen or any other drainage.

Procedures:

1. Non-sterile gloves shall be worn when treating all patients.
2. Gowns shall be worn if soiling of clothing with blood or body fluids may occur. The protection shall be impervious to blood or body fluids particularly in the chest and arm areas.
3. Masks shall be worn if aerosolization of blood or body fluids may occur (i.e., suctioning intubation, patients coughing excessively, etc.).
4. Goggles shall be worn when splattering of blood or body fluids may occur (i.e., suctioning intubation, patients coughing excessively, etc.).

Seneca Area Emergency Services Standard Operating Procedures

5. Hand washing must be done after contact with patients, regardless of whether or not gloves are used. If exposure to contaminated blood or body fluid occurs while in the pre-hospital setting and soap and water is not readily available, personnel will wash immediately with the hand cleaner provided on each unit. Upon arriving at the hospital, or back at the base, hand washing must be done immediately. Following exposure in this manner, a Potential Exposure Form and an Incident Report will be completed and forwarded to the Supervisor
6. Mouth-to-mouth resuscitation: CDC recommends that EMS providers refrain from having direct contact with patients, whenever possible, and that adjunctive aids be used at all times. These include masks, face shields, bag valve masks and demand valves.
7. Contaminated articles: All non-disposable articles soiled in blood or body fluids shall be disposed of at the receiving facility in containers specifically marked Infectious Waste. Gloves must be worn when handling these articles.
 - a.) Non-disposable articles soiled with blood or body fluids shall be cleaned and disinfected with the cleaning materials provided at the receiving facilities or returned to the Base and cleaned in a bleach solution containing one part bleach and 10 parts water. Items such as: Laryngoscope Blades; EOA and Bag-Valve Units will be soaked in the disinfectant solution, provided at the service, for a period of 30 minutes. Following the soaking of this equipment, it will be set aside to air dry before it is placed back in service.
 - b.) Bloody or soiled disposable equipment should be carefully placed into the red trash bags marked BIOHAZARDOUS WASTES. All personnel are encouraged to empty these bags at the receiving facilities, wearing protective gloves during this disposal. Should this container need to be emptied at the base, all personnel will wear the proper protective equipment and place the entire red bag inside the container designated BIOMEDICAL WASTE.

Seneca Area Emergency Services Standard Operating Procedures

note: Should any persons clothing become contaminated, the clothing should be removed immediately (or as soon as possible) and washed immediately following exposure. Personnel should also shower following this type of exposure.

8. Non-disposable linens should be left at the receiving facility for laundry personnel in containers or bags clearly marked for soiled linens. Soiled linens **MUST** be left at the receiving facilities. Under no circumstances should they be transported back to the Base.
9. Needles and syringes shall be disposed of in a rigid, puncture-resistant container located in each ambulance and/or at all receiving facilities. *No personnel will be permitted to re-cap or break off contaminated needles under any circumstances!* Each container should be monitored by all personnel during routine vehicle checks to assure the containers are not overfilled. Any person replacing these containers will be required to handle the filled containers with proper protective gloves.
10. Blood spills should be cleaned up promptly with a solution of household bleach, consisting of one part bleach and 10 parts water.
11. When a needle stick or blood exposure occurs, employee's should immediately cleanse wound and wash off blood. Exposure should then be documented on an Exposure Report Form and Incident Report then forwarded to the shift Supervisor. Employees will then be directed for appropriate evaluation, testing and/or treatment.
12. Cleaning and disinfecting of ambulances and equipment will be done weekly, or whenever necessary.
13. Unused articles, equipment and medication that are not soiled need not be discarded. All paper that has not been soiled can be disposed of in the normal fashion. Remember to take extra precautions to avoid contamination of other equipment.
14. No personnel will be permitted to eat, drink, smoke, apply cosmetics, apply lip balm or handle contact lenses in the rear compartment of an ambulance. If personnel are picking up food and returning to the base, the above listed will remain in the front compartment of the ambulance. Under no circumstances will personnel be permitted to eat inside any part of the ambulance.

Other Isolation Precautions:

1. Universal blood and body fluid precautions are being used on all patients and therefore have eliminated the need for the previously titled precautions. Other isolation types and precautions should be instituted when symptoms or diagnosis of

Seneca Area Emergency Services Standard Operating Procedures

infectious disease are present. This includes enteric precautions, strict isolation and respiratory isolation.

2. In the event a patient is displaying signs and symptoms suggestive of an infection with an airborne, droplet or respiratory route of transmission, or you are notified that the patient has an infection with a respiratory component, masks shall be worn by all personnel.
3. Decontamination of equipment and vehicle will be done after exposure to a patient with known or suspected infectious disease. This will be done with a cleaning solution of one part bleach and 10 parts water.

Summary: The following are guidelines to follow when an exposure, or potential exposure, to infectious disease occurs. Please remember that these are only guidelines, should you be unsure of reporting an incident, notify the Supervisor IMMEDIATELY for instructions.

- 1.) When a volunteer or employee of this service becomes exposed, or potentially exposed to infectious diseases while they are on duty, it shall be the responsibility of that person to notify the Supervisor immediately following the call or exposure.
- 2.) When the Supervisor receives a report that a person has been injured, he/she will instruct that person to complete an Incident Report and an Exposure Worksheet form.
- 3.) The Supervisor will confirm the significant or intensity of the exposure by consulting with St. Margaret Memorial Hospital Emergency Department. If it is deemed necessary, the employee will be instructed to report to St. Margaret Memorial Hospital for evaluation and follow-up.
- 4.) Personnel that do not report injuries to the on-duty Supervisor immediately following the incident will be subject to disciplinary actions and may also jeopardize medical coverage.

Summary: Service or agency responsibility upon notification of a potential exposure to infectious disease.

1. Confirm significance or intensity with involved EMS personnel. Upon notification of the Supervisor regarding any of the previous policy of potential exposure, the Supervisor will request an Incident Report and begin to complete the Exposure Work form.
2. The Supervisor will contact the appropriate medical facility to determine the need for treatment or follow-up.
3. Notification of the involved personnel of the follow-up procedure, if recommended by the consulting agency, make appropriate references and complete all required paperwork.

note: Treatment for exposure to infectious disease may follow the CDC guidelines.

Summary: Notification of infectious disease from the receiving facilities.

1. Each facility has an infectious control liaison designated to interact with EMS agencies. This is for the purpose of communication necessary and permitted information regarding the need for CDC recommended isolation types or

procedures to be taken with known or suspected infectious patients, and to alert potential exposures that may have occurred.

2. Hospitals should notify transporting agencies, at the time a transfer is scheduled, of any infectious potential exists with the patient and if any necessary precautions are recommended. This does not require the release of specific diagnosis, but rather the mode of transmission and appropriate precautions to be taken. (i.e., respiratory mode, mask is required).
3. Any patient that is transported with known or suspected infectious patients, should alert the receiving facility of the potential need for isolation precautions.

Non – Emergency Transport Guidelines