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POLICY: RECRUITING & EMPLOYMENT

Hudson Area Ambulance
Policy #100

I. PURPOSE

To outline the procedures to be followed in recruiting and employment. This policy, although it is more restrictive, should be coordinated with the employment policies or the governing body.

II. PROCEDURE

A. This department is an equal opportunity employer all persons are eligible for employment without regard to race, color, creed, sex or national origin. Additionally, persons employed will not be subject to discrimination, harassment, or inappropriate treatment with respect to their race, color, creed, sex, national origin or disability as outlined in specific Federal and State, local laws and ordinances.

B. The following steps shall be taken in examining an applicant's qualifications for employment.

1. The applicant shall complete a written Service application.
2. The applicant must provide proof of high school graduation or GED.
3. All applicants shall complete a pre-employment process established by department.
4. The applicants will be screened in the following areas:
 - a) criminal background
 - b) drivers license - * **See Below**

- * Any Applicant that has accumulated more than two (2) Civil Infraction moving violations or has six (6) points on their Driving Record at the time of application will not be considered for employment. Once the accumulative points have fallen below six (6) the individual may reapply for employment.

Any applicant with one (1) drug or alcohol related driving conviction within the last two (2) years, or more than one (1) drug or alcohol related driving convictions within the last five (5) years, will not be considered for employment.

5. Applicants who successfully complete the initial pre-employment process will be offered a conditional offer of employment contingent upon the successful completion of the following.
 - a. Applicants will be referred for pre-employment physical examination and drug screen at a medical facility designated by the Ambulance Administrator.
 - b. Applicants who successfully pass the pre-employment physical examination and drug screen will be referred for a pre-employment physical agility test. The physical agility test will be of a type as approved by the NFPA 1582 or comparable.
 - c. Applicants will be subject to a background investigation, family interview (if applicable), and driving record review.

- d. All persons employed as EMS Personnel are required to successfully complete the State mandated training within mandated time period. Pursuant to (PA 291, of 1966) as amended to date.

III. CONDITIONS OF EMPLOYMENT

- A. All persons offered employment as EMS Personnel by the Department are expected to attend 90% of all regularly scheduled training and respond to 30% of all calls for service. Failure to attend regularly scheduled training and respond to calls for service without an acceptable reason may result in termination of employment. Personnel are expected to keep the Ambulance Administrator or Designee apprised of all the hours during which they can be expected to be available for service. Personnel must immediately notify the Ambulance Administrator of times when they will be unavailable for service due to personal circumstances such as vacation, business trips, unusual family circumstances, illness, injury, or for any other reason.
- B. All persons employed as EMS Personnel must maintain themselves in physical condition so as to be able to safely perform the duties of their position. All EMS personnel must participate in and successfully pass periodic a physical examination as determined by Hudson Area Ambulance.

CONDITIONAL OFFER OF EMPLOYMENT

I. PURPOSE

The purpose of this agreement is to extend to you, the applicant, a conditional offer of employment. You must meet the below listed terms and conditions before being hired by this Department. A final offer of employment will be extended to you only after you have satisfied all the requirements established by this Department. All entering applicants for the listed position of Medical First Responder or Higher are required to successfully comply with these same conditions.

II. PARTIES

This is an agreement between Hudson Area Ambulance
and _____ (Name)

III. TERMS AND CONDITIONS

A. An applicant must meet the following terms and conditions:

1. Comply with the minimum employment standards for EMS Licensure as established by Department Policy, referred to as, Recruiting and Employment.
2. Successfully complete the minimum required training as mandated by the Michigan Firefighter's Training Council. Pursuant to (PA 291, of 1966) as amended to date.
3. Pass a physical examination necessary to perform the essential functions of the above position pursuant to NFPA 1582 guidelines.
4. Any additional requirements specified by this Department.:

IV. LENGTH OF AGREEMENT

This conditional offer of employment shall remain valid and in effect for 30 days or as determined by department from the effective date of this agreement, provided however, this offer shall be immediately withdrawn upon the applicant's failure to meet any one of the above terms and conditions. The effective date of this agreement is _____.
(Date)

ACKNOWLEDGMENT

Successful completion of these job related and necessary conditions of employment is required to carry out the essential functions of the above position. I have read and agree to abide by the CONDITIONAL OFFER OF EMPLOYMENT and agree to abide by these terms.

(Agency Representative) (Date)

(Applicant)

Policy: Pre-employment and Hiring Process

- I. **Purpose:** To have a standardize process for pre-employment research and hiring
- II. **General:** It is a goal of Hudson Area Ambulance to hire well qualified, well-educated and energetic persons to provide the best service coverage to the communities and areas that we serve.
- III. **Procedure:**
 - A. Application
 1. All individuals wishing to work for Hudson Area Ambulance will obtain an application from either the Hudson City Office or www.hudsonareaambulance.com
 2. The individual will complete the application in its entirety and submit it to the Hudson City Office, who will then forward the application to the Director of Hudson Area Ambulance for review.
 - B. Review
 1. All applications will be reviewed for completeness and to ensure the applicant has the minimal service requirements.
 - C. Initial Interview
 1. Once application has been reviewed for above, the individual will be contacted to schedule an initial interview with a member of leadership.
 - D. Pre-employment Screening
 1. If the applicant shows qualities for employment through the Review and Initial Interview phases, the needed information will be forwarded to Hudson Police Department to check background and driving record information.
 2. Once the information from the background and driving records returns within service requirement, a physical agility test will be scheduled.
 - E. Physical Agility Test
 1. Once the applicant has successfully completed the above pre-employment steps a physical agility test will be conducted. The physical agility test consists of the following:
 1. CPR
 - a. Each applicant will perform CPR on a CPR manikin for 5 continuous minutes.
 2. Lifting/Cot Operations
 - a. In teams of two, the applicant(s) will place the rescue manikin weighing between 150-180 pounds onto an auxiliary stretcher, and secure it. The auxiliary stretcher will then be lifted onto the cot, and secure. The cot will then be lifted and taken to the ambulance, where it will be loaded into the unit. The

cot, with manikin, will be taken out from unit, and to the stairs, where the cot will be lowered. The manikin, secured on auxiliary stretcher, will then be taken from cot, and down to the bottom of stairs, and lowered to the ground. At this point in time, the applicants will switch positions. The manikin, on auxiliary stretcher will be picked up and carried back up the stairs and returned to cot, and secured. The cot will then be taken back out to unit, and placed inside. The cot, with manikin, will be taken out of unit, and lowered. Once cot is lowered, and auxiliary stretcher will be taken off, and place on the ground. Finally, the manikin will be taken off the auxiliary stretcher and place back onto ground.

F. Panel Interview

1. Once the applicant has successfully completed the above steps in the application process, a final, panel interview will be conducted between the applicant, the Director and a member(s) of leadership to determine if the applicant is eligible for employment.

G. Drug Screen

1. If deemed eligible for employment, the final step in the application process will be to complete and successfully pass a seven panel urine drug screen.

H. Third Ride/Orientation

1. Once applicant is hired, date and times will be scheduled for the employee to be orientated to the operations of Hudson Area Ambulance. During these periods of orientation, the employee will also ride along with the primary duty crew. The length of orientation will be set on an as needed basis.

POLICY: DRIVING RECORD REVIEW

Hudson Area Ambulance
Policy # 101

I. PURPOSE

To assure that members/employees of Hudson Area Ambulance, maintain a current unrestricted Michigan operator's license in accordance with the following policy.

II. GENERAL

- A. Each member of this department shall at all times maintain a current unrestricted Michigan operator's license. Any member failing to maintain a current unrestricted operator's license shall be placed on administrative leave until such time as he/she obtains a current unrestricted operator's license.
- B. Any member whose operator license is suspended, revoked or restricted is immediately prohibited from operating any municipal vehicle or a personal vehicle as an emergency vehicle. Each member shall immediately notify the Ambulance Director if his/her operator's license has been suspended, revoked or restricted in any way. Each member is responsible for knowing the status of his/her operator's license.

III. PROCEDURE

A. CLASS A VIOLATION

Any member of the Department convicted of a misdemeanor violation shall be automatically suspended from driving municipal vehicles for a period of 18 months from the date of conviction. In addition, any such member shall also be required to attend an approved driver improvement program or equivalent training and be certified to operate emergency vehicles.

B. VIOLATIONS

1. "Misdemeanor Violations" referred to in this policy include, but are not limited to the following:
 - a) Driving while intoxicated
 - b) Driving under the influence of controlled substance
 - c) Operating during a period of suspension or revocation
 - d) Permitting an unlicensed person to drive
 - e) Reckless driving
 - f) Leaving the scene of an accident

C. Civil Infractions

1. Any member who receives a civil infraction moving violation on his/her driving record will be prohibited from operating their personal vehicles as an emergency vehicle or from driving any municipally owned vehicles. The suspension may expire after review by the Ambulance Director.
2. The Department shall enroll in the Michigan Department of State Bureau of Driver Vehicle and Record program that will automatically notify the Ambulance Director of a violation. Annually, vehicle inspections will be conducted.
 - a) A change in point status license restriction could result in driving status change or possible suspension from the department.
 - b) The Ambulance Director may change the driving status of department personnel based on driving complaints, driving ability, or upon recommendation of a command officer.
 - c) A complaint received by the department shall be investigated and become a part of the members personnel file. The member shall also be notified of the complaint.
 - d) A second complaint filed found to be valid against a member of the department may invoke a restriction on driving municipal owned vehicles or personal vehicles as an emergency vehicle and/or may also result in suspension from the department for a period of time set by the Ambulance Director.

PERSONAL EMERGENCY VEHICLE INSPECTION

DATE
INSPECTED: _____

NAME: _____
(Last, First, Middle)

ADDRESS: _____

DRIVERS LICENSE
NUMBER: _____

VEHICLE PLATE NUMBER: _____ VEHICLE MAKE: _____

VEHICLE MODEL: _____ VEHICLE COLOR & YEAR: _____

COPY OF REGISTRATION ATTACHED: YES / NO

COPY OF INSURANCE ATTACHED: YES / NO

COPY OF DRIVING RECORD ATTACHED: YES / NO

MAKE, TYPE, & LOCATION OF SIREN: _____

MAKE, TYPE, & LOCATION OF EMERGENCY LIGHT: _____

SAFETY CHECK HEADLIGHTS Y/N BRAKE LIGHTS Y/N TURN SIGNALS Y/N

TIRE TREAD Y/N WINDSHIELD & GLASS Y/N

ANY OTHER SAFETY DEFECTS OBSERVED ON VEHICLE: _____

APPROVAL FROM THE FIRE CHIEF MUST BE OBTAINED INDICATING THAT THE MINIMUM TRAINING REQUIREMENTS OF THE DEPARTMENT HAVE BEEN COMPLETED, AND ALL DEPARTMENT GENERAL ORDERS PERTAINING TO EMERGENCY VEHICLE RESPONSE HAVE BEEN REVIEWED AND ARE UNDERSTOOD.

AMBULANCE DIRECTOR _____ DATE _____

THE ABOVE VEHICLE, ITS BASIC EQUIPMENT, AND EMERGENCY EQUIPMENT MEET/DO NOT MEET THE MINIMUM REQUIREMENTS OF THE MICHIGAN MOTOR VEHICLE CODE, ACT 300, P.A. 1949.

INSPECTING OFFICER _____ DATE _____

New Employee Orientation

PURPOSE: To ensure all new employees are knowledgeable of all S.O.G's and are capable of fulfilling this service's standard of care. The new employee will also be introduced to the operation of all equipment used by this service.

All new employees will be selected based on their current license level along with their experience and their willingness to work and expand their knowledge within our system. All new employees will be required to fulfill the following requirements:

1. At the start of their employment with us, they will be given our S.O.G's and County Protocol's to study for 30 days. After this time the employee will be tested on both. If the employee fails either test, remediation will be provided to the employee. It will be the employee's responsibility to fulfill all Service and County requirements within 90 days of employment.
2. Each new employee will complete at least one 6 hour orientation shift with an experienced crew member. This shift will be used to orientate the employee to the equipment, and daily responsibilities.
3. Each new member will be on a 90 day probation period during which their skills and work habits will be evaluated.
4. The new employee will be contacted each week during their probation period by the Supervisor to answer any of their question and to address and correct any concerns which may arise.

Policy: County Certification and Job Description

Purpose: To assure all members working for the Hudson Area Ambulance meets and follow Lenawee County Medical Control requirements and procedures.

Upon receiving their EMS License, it is each member's responsibility to take all needed steps required by the PMD and Medical Control Authority of Lenawee County, to become and stay County Certified.

Each member's job description is to perform needed task within their license level which is outlined by all State, Local and Department protocols, SOGs, and Policy and Procedures.

Additional appropriate duties and task may be assigned by the Director or personnel in charge of the shift.

**SUBJECT: MEDICAL CONTROL BOARD POLICY AND PROCEDURE FOR PATIENTS WHO
REQUEST LIMITED SERVICE****I. POLICY:**

The Hudson Area Ambulance recognizes that some patients, particularly those with terminal illness, may not desire the full spectrum of pre-hospital and emergency medical services available. Given the constraints of emergency medical practice, and given that the pre-hospital provider is neither trained nor qualified to make these decisions, the Hudson Area Ambulance wishes to accommodate and support the needs of these patients and their physicians.

II. PURPOSE:

To provide for special and appropriate limitations in emergency medical care delivery for those patients who desire limited services. This policy is intended to facilitate kind, humane, and compassionate service for these patients, while relieving pre-hospital care providers of the burden and responsibility for making medical moral, legal and ethical decisions in the field, regarding patient competency, authenticity of documents, and legality of requests and relationships. As with any order, the patient can revoke this decision for limited services at any time.

III. PROCEDURE:

A. Follow your local medical control protocols.

POLICY: TRAINING RECORDS

Hudson Area Ambulance
Policy #103

I. PURPOSE

To establish training and attendance requirements for Hudson Area Ambulance personnel to ensure the highest quality service is provided.

To comply with the Department of Consumer Industry Services, Bureau of Safety and Regulation, MIOSHA, Bulletin 33, Part 74 for Firefighting, this written policy sets forth mandatory training in accordance with:

(1) Rule 7411. An Employer **shall** comply with all the following requirements:

- (a) Provide training to an employee commensurate with those duties and functions that the employee is expected to perform. Such training shall be provided before the employee is permitted to perform emergency operations.
- (b) An employer shall prepare and maintain a statement or written policy which establishes its basic organizational structure and which establishes the type, amount, and frequency of training to be provided to Hudson Area Ambulance personnel. The organizational statement shall be available for inspection by the director of the department of labor or his or her authorized representative and by an employee or his or her authorized representative.

(2) Rule 7451. Supervisor or employee in charge of emergency scene.

- (a) Hudson Area Ambulance shall establish written procedures for emergency scene operations for an incident command system which shall apply to ALL employees who are involved in emergency operations. ALL employees who are involved in emergency operations shall be trained in emergency scene operations and the incident command system including (NIMS) National Incident Management System.

II. SCOPE

For the purpose of this policy EMS Personnel are all Hudson Area Ambulance personnel who provide response to calls for service and have completed the minimum department training requirements, as specified in the appropriate EMS job description.

For the purpose of this policy training sessions are those regularly scheduled training sessions conducted by the instructors assigned by the Ambulance Director.

III. PROCEDURE

A total of 48 hours of training will be offered each year to all personnel, of which personnel must attend 80% percentage of training to remain an employee of this Ambulance Service.

Personnel shall attend all department training, however, it is realized that circumstances beyond the control of the individual will necessitate an occasional absence. Absence from a training session will be approved only when authorized by the Ambulance Director. Requests for a excused absence must be submitted to and approved by the Director in writing. It will be the individual EMS Personnel's responsibility to complete make-up training as prescribed by the Director or Training Officer within a time frame assigned by the Director.

EMS Personnel that fail to comply with this policy are subject to disciplinary action.

Policy: Maintaining Required Certifications, Licenses, and Trainings

I. Purpose

To establish this Service's requirements for Personnel maintaining mandatory Certifications, Licenses, and Trainings.

II. General

It is the primary goal of this Ambulance Service to provide safe, quality, and efficient pre hospital care and or transport to all of our customers, while following State and Local Med Control Authorities' regulations and requirements. To accomplish this goal, the Hudson Area Ambulance Service must mandate certain licenses, certifications and trainings. Enforcing these mandates, assist this Service in fulfilling its requirements to the State and Local Licensing Departments as well as, the requirements set forth by the payers who are billed for our services. In general, this Service believes that having well trained employees improves our ability to defend ourselves against any possible litigation or payer audits.

III. Procedures

A. Maintaining Required Certifications, Licenses and Trainings

1. Each member is responsible for keeping all of his/her requirements current.
2. The Service will provide in house training on as many of the required subjects as possible. The cost of the trainings will be determined by the Director.

B. Record Keeping

1. Copies of all licenses, certifications, and trainings must be on file with the Director. It is the responsibility of each member to assure that all documentation is on file. If documentation of the requirement is not on file with the Director, the requirement will be considered not fulfilled.
2. Each member will have the ability to track his/her requirements through the on line schedule program.

C. Failure to keep Required Certifications, Licenses and Trainings current

1. If a member fails to keep any of his/her requirements current, they will be considered in violation of this policy and will be removed from any role as a primary responder.
2. The member will have up to 60 days from the expiration of the requirement to become compliant with this policy. If the member becomes compliant within this time period, he/she will be placed back in a role as a primary responder and scheduled as the current schedule permits.
3. If a member fails to become compliant within the 60 day period, he/she will be placed on administrative leave and further action will be discussed between the Director and affected member.
4. In rare circumstances, such as; illness, injury, active duty, etc., the Director may grant extensions of the 60 day recertification period to certain affected members. These incidents are to be considered rare, and any member who may not be able to meet the requirements of this policy should contact the Director as early as possible.

D. Mandatory Requirements for Members in the Primary Response Role

1. All members will maintain and have on file, the following requirements
 - a. Valid Driver's License
 - b. CPR Card
 - c. Yearly Driving Training
 - d. Yearly HIPAA Training
 - e. Yearly Hazardous Material Training/Testing
 - f. Yearly Blood Borne Training/Testing
 - g. Yearly Department Specific Competency Testing
 - h. Yearly TB Testing and Fit testing
 - i. ICS 100
 - j. ICS 200
 - k. ICS 700
 - l. ICS 704
 - m. Medical Authority Zone (MAZ) testing as required
 - n. On line training as assigned by the Service
 - o. Mandatory meetings or trainings as required by the Service
 - p. PEPP (Pediatric Education for Prehospital Providers) is **NOT** mandated at this time, but is highly recommended
 - q. ITLS/BTLS (Trauma Life Support) is **NOT** mandated at this time, but is highly recommended
2. Members Licensed as an EMT or EMT-S will maintain and have on file the following requirements
 - a. All the requirements listed in section D-1
 - b. Valid State of Michigan EMT or EMT-S License

3. Members Licensed as a Paramedic will maintain and have on file the following requirements
 - a. All the requirements listed in section D-1
 - b. Valid State of Michigan Paramedic License
 - c. ACLS (Advanced Cardiac Life Support) or similar certification
 - d. PALS (Pediatric Advanced Life Support) or similar certification

4. Additional requirement information
 - a. Requirements may be added as mandated by our State and Local Medical Control Authorities as well as, our Third Party Payers.
 - b. If any new requirements are mandated, the Service will provide a minimum of a 90 day period for members to become compliant.

POLICY: EXPOSURE CONTROL BLOODBORNE & AIRBORNE PATHOGENS

Purpose:

The purpose of the Hudson Area Ambulance guidelines is for the prevention of transmission of bloodborne and airborne pathogens is twofold. It is designed to provide the individual with the information to recognize a potentially infected patient, and to provide guidelines to protect the individual from infection by bloodborne and airborne pathogens through precautionary practices and appropriate equipment use.

This exposure control plan was written to comply with the Michigan Department of Public Health Occupational Health Standards Commission bloodborne infectious diseases and occupational exposure to tuberculosis.

This document shall be revised and updated annually.

Schedule and Implementation:

The Hudson Area Ambulance Exposure Control Plan became effective January 1, 1996 with information and training segments along with record keeping. Workplace, engineering, personnel protection equipment, housekeeping, Hepatitis B vaccination and follow-up procedures took effect on July 1, 1996.

The Occupational Exposure control to Tuberculosis was included in this plan and updated to include change in procedures to protect both personnel and patients from exposure to latex products.

The plan took effect on January 1, 1996 with yearly review.

Exposure Determination:

Evaluating routine and anticipated tasks performed by employees of the Hudson Area Ambulance to determine whether there is an actual or anticipated employee exposure to blood or other infectious materials. Based on this evaluation, employees of the Hudson Area Ambulance will be categorized as follows:

1. Category A Employees:

Members in the position of Emergency Medical Personnel, Director and Training Officer will be designated as a Category A employee.

It has been determined that employees in the position of, Emergency Medical Personnel, and Director, when responding to incidents where people have been injured or killed (which could include medical emergencies, rescues, hazardous materials

incidents or any other type of incident where there is a possibility of the presence of bloodborne or other infectious materials) shall fall into this category.

The Training Officer is at risk of contamination when instructing and demonstrating emergency medical and rescue equipment or when assisting in a medical emergency.

2. Category B Employees:

Employees who are in Clerical positions.

Bloodborne Pathogens

Methods of Compliance:

General universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. All body fluids shall be considered potentially infectious.

In an attempt to reduce the possibility of exposure to infectious materials in the workplace, Engineering and Work Practice controls will be implemented. Where exposure remains after use of these controls, personal protective equipment will be used.

“Engineering Controls” means controls that isolate or remove bloodborne pathogens from the workplace.

“Work Practice Controls” means controls that reduce the likelihood of exposure to bloodborne pathogens by altering the manner in which a task is performed.

Engineering Controls:

1. When sharps are encountered in the workplace, they shall be placed in an OSHA approved puncture resistant, leak proof container. Needles shall not be bent or recapped.
2. All contaminated disposable medical equipment shall be placed in an OSHA approved leak-proof bag with a BIOHAZARD label affixed.
3. All reusable medical equipment shall be treated as BIOHAZARD and disinfected as soon as possible.
4. All disposable medical waste shall be disposed of at an approved location as outlined in the waste section of the exposure control plan.
5. All disinfecting of equipment will be done in an approved location at each station or at a hospital emergency room.

Work Practice Controls:

1. All responding personnel will wear the appropriate protection to include full turn-out gear and self-contained breathing apparatus at all fire scenes, full turn-out gear with eye protection at scenes of accidents where rescue equipment (i.e. extrication tool, K-12 saw, air chisel) is being used, or there is a possibility of a fire occurring during rescue

operations. If patient contact is required at scenes, personnel involved with patient contact will wear disposable medical gloves under their fire gloves to protect from soak-through of body fluids. If the fire gloves become contaminated, they will be treated as a BIOHAZARD and either discarded or decontaminated.

2. The number of personnel having direct patient contact shall be kept to a minimum in an attempt to reduce the possibility of exposure.
3. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lens is prohibited in work areas or on scenes where there is a reasonable likelihood of occupational exposure.
4. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
5. All personnel shall wash their hands, after all patient contact, with antiseptic hand cleaner. Additionally, personnel shall follow by washing with soap and running water as soon as feasible.
6. Contaminated personal protective clothing and other items shall be removed at the scene and treated as BIOHAZARD until decontaminated. Personnel who are unable to decontaminate themselves prior to entering vehicles shall refrain from touching anything other than equipment or the uniform they are wearing until they can go through the decontamination process.

Personal Protective Equipment:

Personal protective equipment will only be considered appropriate if it does not permit blood or other potentially infectious materials to pass through. General work clothes to include uniforms are not intended to function as protection against a hazard and not considered to be personal protective equipment.

Personal protective equipment shall be readily available at the scene of all incidents. It will include the following, latex and latex free, personal protective equipment:

- * Disposable gloves.
 - * Fluid-proof gowns.
 - * Head and foot coverings.
 - * Face shields and masks.
 - * Pocket masks with one-way valves.
 - * Resuscitation bags (BVM).
1. Disposable single use gloves shall be worn for all procedures when there is a possibility of coming into contact with blood or other potentially infectious materials. All gloves will be removed as soon as practical, or when their ability to function as a barrier has been compromised. Disposable gloves shall be discarded appropriately.
 2. A mechanical device (BVM or pocket mask with one-way valve) shall be used for all respiratory assistance or resuscitation.

3. When dealing with a patient that is coughing or if there is the possibility of splattering blood or other body fluids, goggles or face shields shall be worn. This includes, but is not limited to, CPR, suctioning, intubation and assisting with ALS procedures such as IV's.
4. All body fluids shall be considered potentially infectious. Personnel shall anticipate the type of personal protective equipment that is needed to protect them from contamination.
5. Contaminated personal protective equipment shall be removed as soon as possible and treated as BIOHAZARD.
6. Apparatus shall be inspected after each use to ensure that appropriate Personal Protective Equipment is in place.

Housekeeping:

Housekeeping is the responsibility of the personnel who use the equipment. Housekeeping procedures are as follows:

1. Inspection of equipment for signs of contamination. When performing inspections and cleaning, the employee shall wear all personal protective equipment including eye protection, medical gloves and fluid resistant clothing as needed.
2. Cleaning and disinfection of all contaminated equipment.
3. Decontamination of any areas used for cleaning of equipment after use.
4. Container for biohazard waste shall also be inspected at this time and, if necessary, be disposed of and a new container put in its place.
5. Documentation of housekeeping shall be maintained.

Laundry:

Contaminated laundry means laundry which has been soiled with blood or other potentially infectious materials or which may contain foreign objects. Contaminated laundry shall be handled as little as possible. It shall also be:

1. Bagged and treated as biohazard.
2. Employees handling contaminated laundry shall wear appropriate personal protective equipment and inspect and properly dispose of foreign objects.
3. When contaminated laundry is shipped off-site to be laundered, it shall be identified with a biohazard label.
4. All contaminated laundry shall be decontaminated before being laundered. It shall be washed in hot water with an approved disinfectant according to manufacturers instructions.
5. At no time should contaminated laundry be taken home and washed.

6. If laundry cannot be disinfected, it shall be disposed of as contaminated waste in an approved location.

Regulated Waste Disposal:

All regulated waste, other than sharps, shall be placed in a leak-proof container or bag that is color coded or labeled as biohazard. If outside contamination occurs re-bag and re-label as biohazard.

All regulated waste shall be disposed of in an approved location. Approved locations for disposal are:

1. With the transporting unit.
2. At the hospital emergency room if you transport. It shall be placed in the approved location at their facility.
3. In the biohazard container located in the Bio Room at the Ambulance station.
4. Sharps will be handled as outlined in the engineering controls section of this document.

At no time shall regulated waste be disposed of in station trash. When the approved containers at the stations are full, the contents shall be disposed of at an approved location.

Decontamination:

All contaminated reusable equipment, work surfaces, and tools shall be decontaminated using a 1:10 bleach/water solution or an OSHA approved disinfectant pursuant to the manufacturer's recommendations.

All disinfecting shall be done in an approved area and shall never to be done in the stations bathroom or kitchen area. When disinfecting equipment, personnel shall wear protective equipment including eye protection. Water runoff shall be directed into sanitary sewer system. All materials used in the decontamination process shall be disposed of as contaminated waste.

Training:

Training will be provided to all employees before they are assigned to category of work and will be provided annually thereafter. Additional training will be provided prior to the implementation of new procedures, equipment, or exposures.

Training shall include:

1. General explanation of the epidemiology and symptoms of bloodborne diseases.
2. An explanation of the modes of transmission of bloodborne pathogens.
3. An explanation of the employer's exposure control plan and where it can be found.
4. An explanation of tasks that may involve exposure to blood or other potentially infectious materials.
5. An explanation of how engineering control and work practices will reduce exposure.

6. Information on the types, proper use, location, removal, handling, decontamination, and proper disposal of personal protective equipment.
7. Information on the Hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits and risks of being vaccinated, and that the vaccination shall be offered free of charge.
8. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that shall be available.
9. An explanation of the signs and labels required by law on contaminated items.
10. An opportunity for interactive questions and answers with the person giving the information.
11. The person giving the instruction shall be knowledgeable in the subject matter or in the training program as it relates to the work place.

Hepatitis B Vaccination:

All members of the Hudson Area Ambulance are eligible for a Hepatitis B vaccination at no cost to them. All Hepatitis B vaccinations, booster shots, evaluations and laboratory results will be done at Thorn Health Center

HEPATITIS B VACCINE DECLINATION

I UNDERSTAND THAT DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS I MAY BE AT RISK OF ACQUIRING HEPATITIS B VIRUS (HBV) INFECTION. I HAVE BEEN GIVEN THE OPPORTUNITY TO BE VACCINATED WITH HEPATITIS B VACCINATION, AT NO CHARGE TO MYSELF. HOWEVER, I DECLINE HEPATITIS B VACCINATION AT THIS TIME. I UNDERSTAND THAT BY DECLINING THIS VACCINE, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE. IF IN THE FUTURE I CONTINUE TO HAVE OCCUPATIONAL EXPOSURE OF BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS AND I WANT TO BE VACCINATED WITH HEPATITIS B VACCINE, I CAN RECEIVE THE VACCINATION SERIES AT NO CHARGE TO ME.

WITNESS SIGNATURE

EMPLOYEE SIGNATURE

WITNESS NAME, PRINTED

EMPLOYEE NAME, PRINTED

DATE

DATE

CONSENT / REFUSAL FORM FOR ENGERIX - B VACCINATION

(Hepatitis B Vaccine [Recombinant] MSD)

I, the undersigned, understand the risks, benefits, adverse reactions and contraindications associated with the **ENGERIX-B** Vaccine. I understand the consequences of contracting Hepatitis if I refuse this vaccination. I also understand that there is no absolute guarantee of being protected from Hepatitis after properly receiving the three doses of ENGERIX-B and that immunity will last for about 5 years, after which time a single booster dose of vaccine might be necessary to maintain immunity.

I request that the vaccine:

_____ BE GIVEN TO ME
_____ NOT BE GIVEN TO ME

WITNESS SIGNATURE

EMPLOYEE SIGNATURE

WITNESS NAME, PRINTED

EMPLOYEE NAME, PRINTED

DATE

DATE

INJECTION #1: VITAL SIGNS: P=____ R=____ T=____ BP=____

DATE AND TIME OF INJECTION:

NURSES NAME & LIC. NUMBER

DOSAGE, METHOD, SITE

LOT NUMBER OF VACCINE

INJECTION #2: VITAL SIGNS: P=____ R=____ T=____ BP=____

DATE AND TIME OF INJECTION:

NURSES NAME & LIC. NUMBER

DOSAGE, METHOD, SITE

LOT NUMBER OF VACCINE

INJECTION #3: VITAL SIGNS: P=____ R=____ T=____ BP=____

DATE AND TIME OF INJECTION:

NURSES NAME & LIC. NUMBER

DOSAGE, METHOD, SITE

LOT NUMBER OF VACCINE

Post Exposure Evaluation and Follow-up:

If a member of the Department is involved in an exposure incident in the performance of his or her duties, they shall have a post-exposure evaluation and follow-up. This post-exposure evaluation and any other follow-up shall be done at the receiving hospital of the patient. This evaluation and follow-up shall be done on the day of the exposure if possible. If not, it should be done within 48 hours.

The exposed employee shall contact the department designee to notify of exposure and submit all completed reports providing documentation of:

1. Investigating/receiving hospital.
2. Personnel Medical File.
3. Employee.

Any member of the department involved in an exposure incident shall have a post exposure evaluation and follow-up, including:

1. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
2. Identification and documentation of the source individual unless the department can establish that identification is not feasible or prohibited by state or local law.
3. The source individual's blood shall be tested as soon as possible after consent is obtained in order to determine HBV or HIV status. If consent is not obtained, the department shall establish that legal consent cannot be obtained. When the source individual's consent is not required by law the source individual's blood, if available, shall be tested and the results documented.
4. When the source individual is already known to be infected with HBV and HIV, the testing of the source individual need not be repeated.
5. Results of source individual's testing shall be made available to the exposed employee and the exposed employee shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
6. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
7. If the employee consents to blood collection but not to blood testing, the sample shall be kept for at least 90 days. If the employee consents, the blood shall be tested.
8. Post-exposure prophylaxis, when medically indicated as recommended by the U.S. Health Service.
9. Counseling and evaluation of reported illnesses.
10. The department shall ensure that the health care professional evaluating an employee incident is provided with the following information:
 - a. A copy of regulation 29 CFR 1910.20 of the Federal Register.

- b. A description of the exposed employees duties as they relate to the exposure incident.
- c. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- d. Results of the source individual's blood testing, if available.
- e. All medical records relevant to the appropriate treatment of the employee, including vaccination status.
- f. The department shall obtain and provide the employee with a copy of the health care professional's written opinion within 15 days of the completion of evaluation.

Communication of Hazards to Employee:

Biohazard labels shall be affixed to contaminated waste and equipment in a prominent location and in a manner that prevents their loss or accidental removal.

Record keeping:

The Hudson Area Ambulance shall maintain records on all employees relative to specific incidents of occupational exposure in medical records. Documentation of training shall be kept in training records.

Employee medical record format and content shall be as follows:

- 1. Name of employee.
- 2. Social Security Number.
- 3. Copy of Hepatitis B vaccination status, including dates of all vaccinations, and medical records relative to the employee's ability to receive vaccinations.
- 4. Copy of results of examination, medical testing, and follow-up procedures from exposure incidents to include:
 - a. Route(s) of exposure and circumstances under which the exposure incident occurred.
 - b. Identification and documentation of the source individual, unless the department can establish that identification is not possible or prohibited by state or local law.
 - c. Results of blood tests of source individual if consent is obtained. If consent is not obtained, department shall establish that legally required consent cannot be obtained.
 - d. Documentation, if available, that source individual is already known to be infected with HIV or HBV pathogens.

- e. Documentation of post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, to include counseling and evaluation of reported illnesses.
- 5. Copy of health care professional's written opinion to include:
- 6. Medical records shall be kept for duration of employment plus 30 years.

Employee training records shall include:

- 1. The dates of training.
- 2. The contents or a summary of the training sessions.
- 3. The names and qualifications of persons conducting training.
- 4. The names, signatures, and job titles of all persons attending the training sessions.

Training records shall be kept for 3 years from the date of training and be available to the employee, employee representative or person having written permission of the employee, Director of National Institute of Occupational Safety and Health or designated representatives of that organization. The department must also comply with the requirements involving transfer of records set forth in 29 CFT 1920.20 (h) of the Federal Register.

If the department ceases to do business and there is no successor employer to receive or retain records, the employer shall notify the Director of the National Institute of Occupational Safety at least three weeks prior to their disposal and transmit them to the Director, if required to do so, within a three-month period.

Procedure for Evaluation of Circumstances of Exposure:

Incidents:

Documentation of the route(s) of exposure and the circumstances under which the exposure occurred shall be provided to the employer after exposure.

The department shall document any instances in which the employee failed to use their personal protection equipment and reasons why they failed to do so. The department shall investigate and document the incident to determine what changes should be instituted and appropriate disciplinary actions taken to prevent such occurrences in the future.

Airborne Pathogens

Since medical history and examination cannot reliably identify all infected person(s) with TB/airborne pathogens, airborne droplet precautions should be consistently used where there is a possibility of exposure to TB/airborne pathogens. Indicators of possible TB infection include, but are not limited to: productive cough, high fever, night sweats, weight loss (anorexia), coughing up blood and lethargy.

If a person presents with any respiratory problems, is confirmed or suspected of infection with TB/airborne pathogens by work, physical condition, action (symptoms) or appearance (anorexia), the following questions will be asked of that patient:

1. Do you have:

Chronic cough (10 days)?
Unexplained weight loss?
Blood in sputum?
Night sweats?
High fever?
2. Have you ever had tuberculosis?
3. Have you had close contact with someone with tuberculosis?
4. Have you ever had a positive TB skin test?

If the person answers yes to one or more of these questions, you shall immediately institute precautions.

To help prevent emergency personnel from being contaminated by airborne droplets the use of proper vehicle ventilation, respiratory protection and patient management is required.

Examples of barrier protection are listed below:

Transporting Vehicle Ventilation:

1. The heater/air conditioner in the emergency vehicle shall be run in the non-recirculating mode when transporting a suspected or confirmed TB/airborne pathogen patient.
2. If the unit is equipped with an exhaust fan in the person compartment, it will be run on high when transporting a suspected or confirmed TB/airborne pathogen patient.

Respiratory Protection:

NIOSH approved High Efficiency Particulate Air (HEPA) respirator (per MIOSHA Rule 3802 respiratory protection).

1. The HEPA respirator mask will be available to all personnel.
2. The HEPA respirator mask will be worn when handling, treating, transporting, or working in the vicinity of any person who is confirmed or suspected of being infected with TB/airborne pathogens.

Patient Management:

1. A surgical mask may be placed on the patient to further reduce the spread of droplets if it does not restrict respiration or in any way compromise the patient.
2. A non-re-breather oxygen mask may be placed on the patient in conjunction with appropriate oxygen therapy.

Resuscitation Equipment:

Pocket masks, bag valve masks, or other ventilation devices available on vehicles shall be disposable. All said equipment shall be disposed of in an appropriate manner for medical waste.

Personnel Disinfection Recommendations:

1. The initial disinfection shall occur as soon as possible after patient handling, using the antibacterial hand cleaner located on each medical unit.
2. Washing hands with soap and water shall be done at the first opportunity.

Cleaning and Decontamination of Equipment:

1. Use of personal protective equipment for hands, eyes and face shall be used.
2. Decontamination solution of 1:10 bleach/water or other approved disinfectant.
3. Place towels and personal protective equipment in an approved container for medical waste.
4. Wash hands thoroughly with soap and water.

Note: Exposed linen and clothes should be treated as soiled and cleaned with detergent and an approved disinfectant solution.

Exposure:

An exposure is UNPROTECTED contact with person(s) with ACTIVE or SUSPECTED TB/airborne pathogen.

Employees who suspect they have been exposed will:

1. Report the incident to the receiving hospital.
2. Note the incident on the exposure form and leave a copy with the person's records at the hospital for notification if the patient is confirmed to be infected.
3. Report exposure to supervisor and follow post-exposure reporting procedures as outlined in bloodborne pathogens.

Note: As with HIV/HBV, TB/airborne pathogen testing is done only with the consent of the source patient. Source patient testing is covered under Public Act 179, when test results are not available, the patient shall be considered infected.

4. It is recommended that the Mantoux skin test be administered as soon as possible and should be used as a diagnostic aid to detect tuberculosis infection. If positive test results, further testing will be conducted, following CDC guidelines for definitive diagnosis.

Mantoux Test:

Will be required annually to all rescue personnel as a precaution and to establish a baseline. All medical records shall be maintained and kept confidential in a locked and secure file.

Training:

HEPA mask training shall be conducted in compliance with MIOSHA regulations.

Refusal of Mantoux Skin Test:

All individuals who have declined the Mantoux Skin Test for medical reasons must submit to a chest x-ray according to the current suggested medical guidelines.

EVALUATION AND MANAGEMENT OF EMERGENCY PERSONNEL WITH POSITIVE SKIN TEST AFTER AN UNPROTECTED EXPOSURE OR PRESENTING ANY SYMPTOMS SUGGESTIVE OF TUBERCULOSIS.

1. The individual will be required to seek immediate treatment by department-approved physician.
- I. WORK RESTRICTIONS WILL BE IN ACCORDANCE WITH THE CDC GUIDELINES FOR PREVENTING THE TRANSMISSION OF TUBERCULOSIS IN HEALTH-CARE SETTING, WITH SPECIAL FOCUS ON HIV-RELATED ISSUES.

Public safety personnel with current pulmonary or laryngeal tuberculosis pose a risk to patients and other personnel while they are infectious; therefore, stringent work restrictions for these persons are necessary. They will be excluded from work until adequate treatment is instituted, cough is resolved and sputum is free of bacilli on three consecutive smears. Public safety personnel with current tuberculosis at sites other than lung or larynx usually do not need to be excluded from work if concurrent pulmonary tuberculosis has been ruled out. Personnel who discontinue treatment before the recommended course of therapy has been completed will remain on appropriate leave.

Public safety personnel who contract tuberculosis will be placed on appropriate leave. Public safety personnel who are otherwise healthy and receiving preventive treatment for tuberculosis infection may be allowed to continue usual work activities.

Public safety personnel who cannot or will not accept or complete a full course of therapy will remain on leave until released by an employer approved physician.

TUBERCULOSIS MASKS FIT-TESTING GUIDELINES

I. PURPOSE:

The purpose of this protocol is to insure that proper fit testing is performed prior to employees entering the work environment. The training officer will perform the fit testing on all employees including existing and new personnel.

II. EQUIPMENT:

- * Tuberculosis Masks, 1 of each size: Small, Medium, Large
- * Irritant Smoke

- * Fit Check Cup
- * Fit Check Kit
- * Tuberculosis Training Video
- * Guidelines for the Prevention of Transmission of Tuberculosis
- * Respirator Training Record

III. PROCEDURE:

1. The employee will participate in tuberculosis Training and receive the Guidelines for the Prevention of Transmission of Tuberculosis.
2. The employee will put the mask on and secure straps.
3. [Where as] The employee will place the fit cup over exterior of mask and attempt to inhale. If there are no leaks around mask, proceed to item # 4.
4. The employee will wear the mask minimum of ten minutes. This is to assure that the individual will be able to tolerate the mask and function with the mask in place.
5. The tester will administer the irritant smoke test around the employee within a closed environment for one minute.
6. If the employee smells or tastes the irritant smoke, he/she have failed the test and will need to return to Procedure No. 2. If the employee is not able to smell or taste the irritant smoke he/she will have passed the test.
7. The employee will remove the mask. The tester must assure that the employee smells or tastes the irritant smoke. If they are unable to, a different irritant medium may have to be selected.
8. Complete the Department's Respirator Training Record and return to the employee's appropriate file.

EXPOSURE REPORT

Employee Name:	ID Number:
Address:	Phone Number:
Social Security Number:	

Incident Number:	Date:	Time:
------------------	-------	-------

Route of exposure: _____ Contaminated sharps/needle stick _____ non-intact skin
_____ Mucous membrane _____ Other _____

Circumstances under which exposure occurred:

Was personal protective equipment used at time of exposure? ___Yes ___No

Source individual:

Name: _____ D.O.B. _____

Address: _____ City _____ State _____ Zip _____

Is source individual known to have a communicable disease? ___Yes ___No

If answer is yes, what is it? _____

Hospital source individual transported to _____

Was a request for testing sent to this facility? ___Yes ___No

Who sent the request? _____ Time _____

Did the hospital verify the receipt of request? ___Yes ___No

Witness to the exposure: _____

Hospital transported to for testing:

Name: _____ Address: _____

City _____ State _____ Zip _____

Attending Physician _____

Signature of Exposed Employee _____

Policy: Daily Equipment/Mechanical Checks and Preventive Maintenance

Purpose: The following guideline will assure vehicles and equipment is operational and provides documentation on a daily basis of an inspection program for all vehicles, communications equipment and mechanical and electronic medical equipment.

Daily Operation: At the beginning of each shift the on duty personnel will complete the following:

1. *Equipment Checklist.* Each Unit will have an *Equipment Checklist* completed.
Any items missing will be replaced and noted on checklist. If items are not found in re-supply or are running low in re-supply, a note will be made out to the Director to include needed items.
2. All radio equipment will be checked and tested. Any problems will be brought to the Director's attention immediately, and a *Maintenance Request Form* will be completed. Repairs will be scheduled by the Director at the earliest possible time.
3. All mechanical medical equipment will be checked and tested. Any problems will be brought to the Director's attention immediately, and a *Maintenance Request Form* will be completed. Repairs will be scheduled by the Director at the earliest possible time. Arrangements for back-up equipment will be made immediately.
4. A *Vehicle Mechanical Check List* will be performed. Any problems will be brought to the Director's attention immediately, and a *Maintenance Request Form* will be completed. The vehicle will be placed out of service if deemed unsafe by the on duty Medic and Director. The Director will arrange repairs at the earliest possible time.

Preventive Maintenance Checks: Preventive maintenance checks will be performed on the ambulances bi-annually. The inspection/preventive maintenance work will be performed by LaFollette Truck Service. All records will be maintained by them, with copies available upon our request.

RUN FORM AND BILLING INFORMATION

PURPOSE: To create documentation of all findings and treatment given, if any, whenever contact is made with a patient or one presumed to be a patient regardless if the patient is ultimately treated or transported. Also to document all information needed for this service to efficiently bill for, and collect for, services provided.

When a request for service is received for this agency and the patient is transported the following forms will be completely filled out and becomes part of the official record of the incident:

1. City of Hudson Radio Log.
2. Lenawee County Medical Control EMS Form.
3. Hudson Area Ambulance Authorization and Billing Form. (Green Form)
4. Hudson Area Ambulance Patient Cardiac Strip Record, if patient's ECG is monitored. (Orange Form)

When a request for service is received for this agency and the patient is treated or should receive treatment, in any way, however refuses treatment/transport, than the following forms will be completely filled out and becomes part of the official record of the incident:

1. City of Hudson Radio Log.
2. Hudson Area Ambulance Refusal of Treatment and/or Transport; Against Medical Advice Form. (Yellow Form)
3. Hudson Area Ambulance Authorization and Billing Form if treatment of any kind is given. (Green Form)
4. Hudson Area Ambulance Patient Cardiac Strip Record, if the patient's ECG was monitored. (Orange Form)

When a request for service is received by this agency and we are required to pronounce the patient DOA per protocol the following forms will be completely filled out and becomes part of the official record of the incident:

1. City of Hudson Radio Log.
2. Lenawee County Medical Control EMS Form.
3. Hudson Area Ambulance Authorization and Billing Form. (Green Form)
4. Hudson Area Ambulance Patient Cardiac Strip Record, if patient's ECG was monitored. (Orange Form)

When a request for service is received for this agency and the person making the request is asking only for assistance and no injury or illness is obvious, than the following forms will be completely filled out and becomes part of the official record of the incident:

1. City of Hudson Radio Log.

PRE-SCHEDULED/NON SCHEDULED TRANSFERS

PURPOSE: To assure efficient and timely response to Pre-Scheduled/Non Scheduled Transfers.

The Hudson Area Ambulance Service along with the Morenci, Addison, and Madison Ambulance Services, have joined together to handle all transfers of the residents living in the above mentioned Service Areas. We will be handling all the transfers for one week every four weeks. We start and end at 07:00 each Sunday. The following guidelines will be used upon a request for transfer service.

1. **Activation by TX:** If we are activated by TX for a Transfer, the person receiving the call will gather the following information from the party requesting the Transfer:
 - A. Name of Patient
 - B. Address of Patient
 - C. Patients C/C
 - D. Discuss with requesting party the type of treatments needed during transfer and determine if the transfer is BLS or ALS
 - E. Destination of Transfer

The call taker will than activate home monitors with the Zetron, and advise all members and Central Dispatch that the Service is responding to the transfer. The call taker will than notify any member on the Transfer Schedule by TX to assure that they are aware and responding.

Transfers will be manned in the following order:

1. Anyone signed up on the Transfer Schedule
2. Anyone available and willing that is not signed up for any schedule position
3. Duty Personnel
 - A. BLS Duty EMT and one of the above
 - B. ALS Duty MEDIC and one of the above
- 4.

If there is no one signed up for the time slot or no available member makes contact after being dispatched, the on duty members, on call member, or the duty crew for the week will be responsible for the transfer.

2. **Activation by Central Dispatch:** If activated by Central Dispatch, the on duty member will contact the requesting party and gather all needed information as in section 2. they will than answer Central dispatch as normal. At this time they will advise Central and all monitors of any changes if any, in the status of the transfer.

Policy: Daily Duties

I. Purpose

To assure that the on duty personnel complete the required daily station and equipment task

II. On Duty Medic

- A. Equipment and Mechanical Checklist on the Alpha Unit
(At the Beginning of your shift)
- B. Assure that the inside front and back of the Alpha Unit is clean and disinfected
- C. Assure that the outside and all glass of the Alpha Unit is clean
- D. Keep all equipment clean and disinfected
- E. Laundry from the Medic's Quarters is to be washed, dried, folded and placed back on the shelf in the Medic's bathroom
- F. The Medic's Quarter's will be left clean with all trash taken out at the end of your shift.
- G. The Medic's bathroom will be left clean and disinfected at the end of your shift
- H. Complete all paperwork, including run reports and related paperwork, timecards, and checklist before the end of your shift. All EPCR's are to be faxed to the receiving hospital no later than 30 minutes after returning to the station.
- I. Complete any light maintenance that needs to be done to the Units and Building

III. On Duty EMT

- A. Equipment and Mechanical Checklist on the Bravo Unit
(At the Beginning of your shift)
- B. Assure that the inside front and back of the Bravo Unit is clean and disinfected
- C. Assure that the outside and all glass of the Bravo Unit is clean
- D. Keep all equipment clean and disinfected

- E. Laundry from the Decon Room is to be washed, dried, folded and placed back on the shelf in the appropriate cupboards
- F. Keep all common areas of the building clean including the Training Room, Kitchen, Hallways, and Dispatch Office
- G. The Public Bathrooms are to be cleaned and disinfected daily and all trash from the common areas will be taken out at the end of each shift
- H. Complete all paperwork, including run reports and related paperwork, timecards, and checklist before the end of your shift. All EPCR's are to be faxed to the receiving hospital no later than 30 minutes after returning to the station.
- I. Complete any light maintenance that needs to be done to the Units and Building

Following a call, the crew will work together to assure all items used are restocked, and all equipment along with the patient compartment is clean and disinfected. All appropriate cabinets and bags should be resealed.

The Units will be kept clean at all times. If the Unit needs cleaning after a call it will be cleaned. The only exception will be if the call is received after 22:00 hours, at which point only the inside needs to be cleaned and disinfected.

ANSWERING CENTRAL DISPATCH WHEN DISPATCHED ON CALL

PURPOSE: To insure a uniform and accurate gathering of all needed dispatch information from Central Dispatch, as well as, assuring that the home monitors have been activated.

It will be the on duty personnel's responsibility to answer Central Dispatch once we are dispatched to a call. The following procedures will be followed:

1. The Zetron will be activated prior to answering
2. The dispatch information will be repeated over the air once given by Central
3. All needed information will be written down in the Radio Log
4. Needed incident location information will be looked up and written down
5. All needed bay doors will be opened
6. Incident location will be written on paper which can be taken in lead apparatus
7. If no response from necessary personnel after five minutes of dispatch, activate Zetron again requesting personnel. Set off Station Siren again.
8. If no immediate response either by TX or portable dispatch most appropriate mutual aid.
9. If we are dispatched to a medical call during duty hours (09:00-18:00) cancel siren prior to answering Central. Use your judgment, if it sounds like you may need additional manpower then let the siren cycle out.

If the on duty personnel are out of the building it will then be the responsibility of the first person arriving at the station to carry out the above procedures.

This procedure applies to all dispatches both fire and ambulance. The on duty personnel may continue to operate the radio for fire calls as a courtesy, however it is neither their responsibility nor obligation once the units are in enroute.

Radio Procedures When Operating in Hillsdale County

Purpose: To assure that first responders have been dispatched and to provide proper Communications with them and Hillsdale Central while operating in Hillsdale County.

When dispatched to all calls for service in Hillsdale County the following radio procedures will be followed:

1. Answer Lenawee Central from the base radio as normal
2. Once in the vehicle, switch to Hillsdale Dispatch Frequency and advise them you are enroute and confirm that Station 10 has been dispatched.
Example: Hillsdale Central from Hudson EMS, we are responding to 8256 Hudson Road for chest pain, confirming, has Station 10 been dispatched?
3. All communications will now be directly between you and Unit 10-51, Pittsford's Rescue.
4. If you arrive on scene before 10-51, and their assistance is not needed, go direct with them on Hillsdale Dispatch and cancel them. This is especially critical if you start to transport before they arrive.
5. If you transport to Hillsdale Hospital, stay on the Hillsdale Dispatch Frequency until you clear the Hospital. The Radio will be on scan at all times so you can hear updates if any from both Lenawee and Hillsdale Dispatch.
6. If you transport to a Hospital other than Hillsdale Community Hospital, resume radio traffic on Tach 1, assuring that the radio is on scan so you can hear Hillsdale Dispatch if they attempt to contact you.
7. Once you clear any Hospital you will double check and assure that the radio has been reset to Tach 1, and resume normal radio procedures.

OVERHEAD DOOR OPERATION

PURPOSE: To ensure the safe and efficient operation of the over head door on the ambulance bay.

1. The crew of the in service ambulance will be the only ones responsible for the opening and closing of the bay door. The door may be opened at any of the operating stations (radio room, pole, or the remote control). The driver will make sure the door is in the fully open position and stopped before pulling the ambulance onto the apron.
2. Once the ambulance is on the apron and clear of the door, the driver will than close the door using only the remote control. The attendant, or third party person, will remain just outside the door to assure the area stays clear of people or objects. Once the door is fully closed and stopped, the ambulance can than proceed to the scene.
3. It is the responsibility of the crew responding to assure that the door is fully closed before leaving the station on every call. If the call requires that both ambulances respond, and personnel have arrived to man the second ambulance before the primary unit responds, than it is the responsibility of the second ambulance to assure that the door is fully closed before proceeding to the scene. It is the responsibility of the driver of the primary unit to assure that the second unit is not leaving before closing the door. If the second ambulance is not manned prior to the primary unit leaving, than it is the primary driver's responsibility to assure the door is closed per section two (2) of this policy.
4. When returning to the station, the door may be opened at any of the control stations (radio room, pole, or remote). It is the responsibility of the driver to assure that the door is fully open and stopped before backing into the station. The only person who can close the door is the driver of the vehicle. He/she will close the door using either the remote, or the control located on the pole, and will remain at the control station to assure the area remains clear, until the door is fully closed and stopped.

POLICY: EMS FIRST RESPONSE GUIDELINES

I. PURPOSE

To provide procedures for emergency medical personnel responding to emergencies with appropriate equipment and documentation procedures.

II. RESPONSE

- A. Emergency medical personnel will be dispatched along with the appropriate apparatus, to requests for emergency medical services.
- B. The appropriate fire department will be dispatched with the extrication equipment, to all reported injury accidents, along with the necessary support apparatus.
- C. Upon the arrival, the highest trained licensed medical personnel will be in charge of patient care.

III. SCENE

- A. The IC shall restrict all non-essential personnel from scene access until such time is determined that it is safe to approach. *Refer to Scene Safety Policy.*
- B. Once scene safety has been determined then an initial patient survey should be conducted, vitals, history and treatment.
- C. Definition of Priority:
 - 1. Priority 1: Highest Priority
 - a) Immediate life/limb threatening condition
 - b) Cardiac arrest
 - c) Respiratory arrest,
 - d) Airway obstruction,
 - e) Partial traumatic amputation.
 - 2. Priority 2: Urgent - Any patient :
 - a) Whose condition could deteriorate rapidly to a priority 1 condition
 - b) Who require IV fluids
 - c) Who require medications
 - d) Who require airway control
 - e) Who require monitoring,
 - f) Who require spinal stabilization.

3. Priority 3: Stable - any patient whose condition is not expected to deteriorate. Examples of priority 3 would include:

- a) Simple first aid
- b) Closed fractures of an extremity
- c) Minor lacerations, contusions, abrasions
- d) Minor medical complaints

4. Examples of PRIORITY 1 and/or 2:

- a) Asthmatic attack
- b) De compensated COPD
- c) Acute pulmonary edema
- d) Chest pain
- e) Cardiac arrhythmia
- f) Drug ingestion
- g) Shock
- h) Allergic reactions
- i) Possible spinal injuries
- j) Moderate to severe burns
- k) Emergency childbirth
- l) Gastrointestinal bleeding
- m) Seizure
- n) Coma
- o) Syncope episode
- p) Hypothermia
- q) Head injuries
- r) Stroke

A. Treatment will be provided in accordance with the local medical control protocols.

IV. EMS WRITTEN REPORTING PROCEDURES

A. Records and reports, as required by medical control, provide for a mechanism for efficient continuation of patient care, quality assurance, information, administrative information and an official documentation of the patient care given by EMS personnel.

B. EPCR's

- 1. Medical EPCR's shall be completed for all patients consistent with medical control guidelines.
- 2. Mistakes on a report can be fixed or amendments can be added at a later date with the reason noted on the EPCR.
- 3. The medical personnel may be required to file additional/other reports in special cases. (i.e. suspected child abuse forms).
- 4. Patient reporting should never delay transport of a patient.
- 5. Please refer to your HIPAA policy for reporting procedures.
- 6. Patient reports should be forwarded to the receiving facility within 20 minutes of completing the call.

Policy: Scene Safety

I. Purpose

The procedure identifies parking practice for Ambulance Service vehicles that will provide maximum protection and safety for personnel, scene preservation, and to assure effective communication while operating in or near moving vehicle traffic.

II. Definitions

The following terms shall be used during incident operations, post-incident analysis, and training activities related to working in or near moving traffic.

1. **Advance Warning** – notification procedures that advises approaching motorists to transition from normal driving status to that required by the temporary emergency traffic control measures ahead of them.
2. **Block** – positioning a vehicle on an angle to the lanes of traffic creating a physical barrier between upstream traffic and the work area. Includes 'block to the right' or 'block to the left'.
3. **Buffer Zone** – the distance or space between personnel and vehicles in the protected work zone and nearby moving traffic.
4. **Downstream** – the direction that traffic is moving as it travels away from the incident scene.
5. **Flagger** – Personnel assigned to monitor approaching traffic and activate an emergency signal if the actions of a motorist do not conform to established traffic control measures in place at the highway scene.
6. **Shadow** – the protected work area at a vehicle-related roadway incident that is shielded by the block from apparatus and other emergency vehicles.
7. **Taper** – the action of merging several lanes of moving traffic into fewer moving lanes.
8. **Temporary Work Zone** – the physical area of roadway within which emergency personnel perform their EMS and rescue tasks at a vehicle-related incident.
9. **Transition Zone** – the lanes of a roadway within which approaching motorists change their speed and position to comply with the traffic control measures established at an incident scene.

10. **Upstream** – the direction that traffic is traveling from as the vehicles approach the incident scene.

III. Incident Command Placement

The **Incident Commander** must complete critical placements to assure that a safe and protected work environment for emergency scene personnel is established and maintained including:

1. Assure that the first-arriving apparatus establishes an initial block to create an initial safe work area, consideration of scene preservation.
2. Assign a parking location for all ambulances as well as later-arriving apparatus.
 - Lanes of traffic shall be identified numerically as “Lane 1”, “Lane2”, etc., beginning from the right to the left when right or left are considered from the approaching motorist’s point of view. Typically, vehicles travel a lower speed in the lower number of lanes.
 - Instruct the driver of the ambulance to “block to the right” or “block to the left” as it is parked at the scene to position the rear patient loading area away from the closest lane of moving traffic.
 - Assure that all ambulances on-scene are placed within the protected work area (shadow) of the larger apparatus.
 - Assure that all patient loading into ambulances is done from within a protected work zone.

IV. Apparatus and Emergency Vehicle Placement

Listed below are placements for Safe Parking of **apparatus and emergency vehicles** when operating in or near moving traffic.

1. Always position first-arriving apparatus to protect the scene, patients, and emergency personnel.
 - a. Initial apparatus placement should provide a work area protected from traffic approaching in at least one direction.
 - b. Angle apparatus on the roadway with a “block to the left” or “block to the right” to create a physical barrier between the crash scene and approaching traffic.
 - c. Allow apparatus placement to slow approaching motorists and redirect them around the scene.
 - d. Use apparatus to block at least one additional traffic lane more than that already obstructed by the crashed vehicle(s).
 - e. When practical, position apparatus in such a manner to protect the personnel from being exposed to approaching traffic.
2. Positioning of large apparatus must create a safe parking area for EMS units and other fire vehicles. Operating personnel, equipment and patients should be kept within the “Shadow” created by the blocking apparatus at all times

3. When blocking with apparatus to protect the emergency scene, establish a sufficient size work zone that includes all damaged vehicles, roadway debris, the patient triage and treatment area, the extrication work area, personnel and tool staging area and the ambulance loading zone.
4. Ambulance should be positioned within the protected work area with their rear patient loading door area angled away from the nearest lanes of moving traffic.
5. Command shall stage unneeded emergency vehicles off the roadway or return these units to service whenever possible.
6. At all intersections, or where the incident may be near the middle lane of the roadway, two or more sides of the incident will need to be protected.
 - a. Emergency vehicles must be strategically positioned to expand the initial safe work zone for traffic approaching from opposing directions. The goal is to effectively block all exposed sides of the work zone. The blocking of the work zone must be prioritized, from the most critical or highest traffic volume flow to the least critical traffic direction.
 - b. For first arriving apparatus where a charged hoseline may be needed, block so that the pump panel is “down stream”, on the opposite side of on-coming traffic. This will protect the pump operator.
7. Traffic cones shall be deployed from the rear of the blocking apparatus toward approaching traffic to increase the advance warning provided for approaching motorists. Cones identify and only suggest the transition and tapering actions that are required of the approaching motorist.
8. Personnel shall place cones and flares and retrieve cones while facing oncoming traffic.
9. Traffic cones shall be deployed upstream at intervals of the blocking apparatus with the furthest traffic cone approximately 75 feet upstream to allow adequate advance warning to drivers.
10. Additional traffic cones shall be retrieved from arriving units to extend the advance warning area for approaching motorists.

V. Emergency Crew Personnel Placement

Listed below are placements for safe actions of **individual personnel** when operating in or near moving vehicle traffic

1. Always maintain an acute awareness of the high risk of working in or near moving traffic.
2. Never trust moving traffic.
3. Always look before you move!
4. Always keep an eye on the moving traffic.

5. Avoid turning your back to moving traffic.
6. Personnel arriving should exit and enter the apparatus from the protected "shadow" side, away from moving traffic.
7. Ambulance personnel must exit and enter their units with extreme caution remaining alert to moving traffic at all times.
8. PPE or reflective safety vest, must be donned prior to exiting the emergency vehicle.
9. Placing flares, where safe to do so, adjacent to and in combination with traffic cones for nighttime operations greatly enhances scene safety. Where safe and appropriate to do so, place warning flares to slow and direct approaching traffic.

VI. High-Volume, Limited Access Highway Operations

High-volume limited access highways include the expressways and multi-lane roadways within the FD response area. The Michigan State Police and Department of Transportation (DOT) have a desire to keep the traffic moving on these high-volume thoroughfares. When, in the judgment of the Incident Commander, it becomes essential for the safety of operating personnel and the patients involved, any or all lanes, shoulders, and entry/exit ramps of these limited access highways can be completely shut down.

Safe Parking procedures at expressway and limited-access, high-volume multi-lane roadway incidents:

1. First-arriving apparatus shall establish an initial block of the lane(s) occupied by the damaged vehicle plus one additional traffic lane.
2. Additional apparatus shall be dispatched to all vehicle-related incidents on all limited-access, high-volume expressways and highways.
3. The primary assignment of this apparatus and crew shall be to;
 - a. Establish an upstream block occupying a minimum of two lanes plus the paved shoulder of the highway or blockage of three driving lanes of traffic upstream of the initial block provided by the first-arriving apparatus.
 - b. The position of this apparatus shall take into consideration all factors that limit sight distance of the approaching traffic including ambient lighting conditions, weather-related conditions, road conditions, design curves, bridges, hills and over-or underpasses.
 - c. Traffic cones and/or cones illuminated by flares should be placed upstream of the fire apparatus by the crew at the direction of the Incident Commander.
 - d. Traffic cones on limited-access, high-volume roadways shall be placed farther apart, with the last cone approximately 150 feet "upstream", to allow adequate warning to drivers. Personnel shall place cones and flares and retrieve cones while facing the traffic.
 - e. If a "Flagger" is assigned to monitor the response of approaching motorists, they shall activate a pre-determined audible warning to operating personnel of a non-compliant motorist approaching.

- f. Notify Command on the incident operating channel of any approaching traffic that is not responding to the speed changes, transition, tapering and merging directions.
- 4. Police Department vehicles, if available, may provide additional blocking of traffic lanes. Ambulances shall always be positioned within the safe work zone.
- 5. Staging of additional personnel and equipment off the highway may be required. Ambulances may be brought onto the highway scene one or two at a time.
- 6. Command should establish a liaison with the Fire/Police Department as soon as possible to jointly coordinate a safe work zone and to determine how to most efficiently resolve the incidents and establish normal traffic flows.
- 7. Terminate incident systematically and safely. Crews, apparatus, and equipment must be removed from the highway promptly, to reduce exposure to moving traffic and minimize traffic congestion.

POLICY: DRIVING AUTHORIZED EMERGENCY VEHICLES

Hudson Area Ambulance
Policy # 300

I. PURPOSE

To establish the Department's procedure regarding driving emergency vehicles.

II. GENERAL

This Department's primary mission is the protection of life and property. In performing this mission, personnel will regularly be called upon to drive emergency vehicles. The law accords a "preferred status" to authorized emergency vehicles in these situations; however, P.A. 300, 1949 as amended, never relieves our personnel from the duty of driving these vehicles with due regard for the safety of the public.

III. PROCEDURES:

A. Non Emergency Driving:

1. When responding to non emergency calls, all traffic regulations must be followed.

B. Emergency Driving:

1. When responding to all emergency calls, all of the following factors must be considered:
 - a) That the call has been dispatched as an emergency call.
 - b) Personal vehicles are in compliance with all departmental rules and regulations.
 - c) Weather conditions.
 - d) Geographical location (e.g., hills, flat, curves).
 - e) Roadway (type/condition).
 - f) Traffic conditions.
 - g) Lighting.
 - h) Congested areas (e.g. existence of schools, shopping areas, residential units, businesses).
 - i) Familiarity with area. This factor becomes more important if responding to a mutual-aid call.
 - j) Type of vehicle being driven.

- k) Driver ability. (Personnel must remember to never drive beyond their abilities).
 - l) Potential danger to the public and property.
2. While operating with due regard for the safety of others, personnel responding to an emergency call may exceed the prima facia speed limit.
 3. While responding under emergency conditions, personnel must continually evaluate their emergency driving and be prepared to terminate that response at any time the safety of the public is at risk or when ordered by the person in charge.
 4. At no time shall personnel operate a motor vehicle at such a rate of speed or manner so as to cause the person to lose control over the operation and/or direction of the vehicle or endanger the public.

C. Seat Belts:

All Department members are required to use all safety devices and restraint systems provided by the vehicle manufacturer at all times.

D. Emergency Warning and Signaling Equipment for Personal Vehicles:

1. All personal emergency vehicles shall be equipped with the following equipment:
 - a) At least one roof mounted light displaying a flashing, rotating or oscillating red light that is visible from a distance of at least 500 feet and 360 degrees of the vehicle.
 - b) At least one mechanical or electronic siren capable of producing an audible sound for a distance of 500 feet to warn other drivers of said vehicles approach.
2. All personal vehicles, emergency warning and signaling equipment shall be inspected and approved.
3. If responding as an emergency vehicle, both lights and sirens must be activated.

E. Qualifications and Requirements for Driving Emergency Vehicles and/or Department Vehicles

1. Personnel who drive personally owned vehicles for emergency response shall have emergency driving training such as the FFTC Emergency Driving Certification and a valid Michigan drivers license;
2. Whenever an employee of the department is involved in an accident with a department vehicle or personal vehicle while acting on behalf of the department the employee will be required to consent to a drug/alcohol test;
3. The Department will perform a driving record review of all personnel through the Department of State program, and
4. Personnel who drive personally owned vehicles for emergency response shall provide a copy of their no-fault insurance certificate annually or as requested.

Remember, in order to later justify your decision with respect to any type of driving conduct you must be able to articulate facts supporting your decision.

Guidelines for Citizen Complaint Process

Purpose: The purpose of this guideline is to improve the quality of services provided, promote a high level of public confidence, and to enhance and maintain the professional integrity of this Service and its members. Also, this guideline will provide a formal process to receive, document, and investigate all citizen complaints. This will allow the Service to monitor and enforce standards, and is the administrative statement that behavior deviating from these adopted standards will not be tolerated.

- The Service and its members will perform their duties within the boundaries of established contemporary legal and ethical standards.
- The Service will establish and promote these standards through clear, written statements and rules and regulations, and through the thorough and impartial investigation of all allegations of misconduct or complaints regarding the directives of the Service.
- With a meaningful and effective process for handling citizen complaints, we believe citizen confidence in the integrity of the Service and its employees will be achieved and maintained.

It is the responsibility of this Service to accept, document, review and investigate all instances of alleged misconduct, to include complaints regarding the directives or guidelines of the Service, and to equitably determine whether the allegations are valid or invalid and to take appropriate action.

- All allegations of misconduct will be investigated, regardless of whether initiated by citizen complaint, or other external agencies, internally generated, or discovered through the internal review and administrative process of the Service.
- It should be understood that the Service expects and receives the highest degree of integrity from its members, and accordingly presumes, unless evidence is discovered to the contrary, that all employee actions are performed in good faith.

The primary responsibility for maintaining and reinforcing conformance with the standards of conduct of this Service shall be with the Director, who shall be familiar with the crews and closely observe their general conduct and appearance on a daily basis. He/she should remain alert for indications of behavioral problems, or changes that may affect a crew member's job performance.

- It is the Director's responsibility to document such information.

When the Director perceives that a crew member may be having or causing problems, he/she should assess the situation and determine the most appropriate action. The Director may:

- Impose disciplinary action or additional training to refresh and reinforce a crew member's skills.
- Use counseling to determine the extent of any personal or job problems that may be affecting performance and to offer assistance and guidance.
- Discuss with the employee minor and infrequent rule violations and to discuss the substance and importance of the rule.
- The actions the Director may use are not limited to the ones listed.

The Director shall document all instances of counseling or additional training used to modify a crew member's behavior. This documentation will be placed in the employee's file. Disciplinary actions, if any, will be forwarded to the City Manager.

All citizen complaints pertaining to the Service's guidelines or that allege crew misconduct, shall be documented and investigated by the Service.

- A citizen who has a complaint expects action. All complaints shall be accepted in a courteous, understanding, and professional manner.
- Complaints may be given in person, over the phone, or in writing.
- Anonymous complaints, or complaints from citizens who wish their names to be held in confidence, shall be accepted for investigation.
- Citizens offering anonymous complaints should be advised that our ability to investigate the complaint might be limited by their anonymity.

Citizen complaints shall be directed to the Director.

- The Director shall document the complaints in writing using the citizen complaint form.
- The Director will provide the citizen with the citizen complaint form. He/she will explain the method for completing the form and respond to any questions the citizen may have in completing the form.
- Following completion of the form, The Director will review the contents for completeness and will ask the citizen about any part of the complaint that is unclear or is incomplete. The Director will then explain the steps of the internal investigation process.
- In every case, where a citizen indicates physical inability or lack of minimum writing skills to complete the citizen complaint form, it shall be prepared for the citizen by the Director.
- Should the citizen refuse to submit the complaint on the citizen complaint form and/or sign it, or if the citizen wishes to remain anonymous, the Director shall note such refusal or anonymity on the form and submit it for review.
- Citizens, who are unable to speak and or write in the English language, will be provided by this Service an interpreter. This will be provided at the Service's convenience.
- All completed citizen complaint forms will be given a sequential internal investigation control number, preceded by the year, i.e., 02-001. The Director will record the complaint and make a duplicate of the complaint. If, after investigation, the complaint is found to be valid a copy will be sent to the City Manager.

- All complaints received and assigned a control number will be investigated.
- The Director may attempt to resolve a complaint with an explanation of departmental guidelines. Where applicable attempts to resolve complaints should be noted on the complaint form. When the Director successfully resolves such a complaint he/she shall document the complaint for the files.
- In instances when the Director is not readily available, the on duty medic receiving notice of a desire to make a complaint, will document all contact information from the individual wishing to file the complaint. The on duty medic should allow the individual access to the Director's voicemail so they can leave the necessary information.
- After receiving the desire to make a complaint the on duty medic will forward the desire and all contact information to the Director.
- Complaints forwarded to this Service from the prosecuting Attorney, Federal Bureau of Investigation, State or Federal Attorney General's office, ect., will be summarized on the complaint form. The Director will prepare a cover memo including the outside agency contact person.
- All complaints filed should be investigated, and actions taken within 30 days of receiving the complaint, if possible.
- In the event that this Service receives a citizen complaint considered by the Director, to be of a very serious nature or an emergency circumstance, the City Manager shall be notified immediately.
- In any extremely serious case or emergency circumstance, the Director has the authority to immediately relieve an employee from active duty pending further investigation of the incident. This initial suspension from duty will be without pay.
- No employee of this Service will harass, verbally abuse, or otherwise threaten any citizen or fellow employee who files a complaint against an employee of this Service.

Hudson Area Ambulance Complaint Investigation Form

This Service adheres to the policy of investigating all allegations of misconduct or complaints regarding the policies or procedures of the Service. The goal of the Service is to ensure that objectivity, fairness, and justice is assured by intensive impartial investigation and review.

All complaints will be resolved as soon as possible. During the course of the investigation, the Director shall notify you concerning the status of the complaint and of the findings of the investigation conducted by this Service.

Your Name: _____

Your Address: _____

Daytime Phone:(_____)_____EveningPhone:(_____)_____

Date of Incident: ____/____/____ Time of Incident:_____AM or PM

Location of Incident: _____

Describe Reason for Complaint:

Your Signature: _____Date:____/____/____

For Internal Use Only: To be completed by the employee receiving the complaint

Name: _____**Employee #:** _____

Date Received: ____/____/____ **Time Received:** _____AM or PM

Employee Signature:

For Internal Use Only: To be completed by the Director only

Date Received: ____/____/____ **Time Received:** _____AM or PM

Related Incident Number: _____**Related Department Function:** _____

Administrative Control #: _____

Director's Signature: _____**Date:** _____

Hudson Area Ambulance Complaint Investigation Report

Complaint Against:

Investigating Person:

Control #

Date Received:

Date Completed:

Investigator's Determination

- ☐ *Sustained:* Evidence existed to support the allegation and further action was needed.
- ☐ *Not Sustained:* Insufficient evidence existed to either support or disprove the allegation. May be returned for further investigation.
- ☐ *Exonerated:* No violation occurred or actions were justified.
- ☐ *Unfounded:* The allegation did not happen.

Summary of Supporting Facts/ Evidence Identified:

Conclusions:

Final Disposition

☐ No Action Taken

☐ Reassignment

☐ Verbal Reprimand

☐ Probationary Period
Starting_____Ending_____

☐ Written Reprimand

☐ Suspension Without Pay
Starting_____Ending_____

☐ Counseling

☐ Restitution of Fees

☐ Remedial Training

☐ Termination
Date:_____

☐ Other (Explain)

Implemented by: _____ Date: _____

Comments:

Director's Signature: _____ Date: _____

City Manager Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Employee comments or response, if desired:

Complainant Notified of disposition By: ☐ Mail ☐ Telephone ☐ In-Person

Notified By: _____ Date: _____

Policy: Record Retention & Disposal

Hudson Area Ambulance
Policy #206

I. Purpose

As a public entity, the Hudson Area Ambulance and its Council, boards, commissioners and employees generate a myriad of records of events and occurrences. As a division of the State of Michigan, department records must be retained under laws established by the state legislature and administration.

II. Procedure

Pursuant to MCLA 399.5 (2) and (3), all Hudson Area Ambulance records that are required to be kept by the Service in the performance of duties are required to be kept in the Director's or Billing offices, and shall not be disposed of except as provided by law.

All official records of the Hudson Area Ambulance shall be retained and/or disposed of in accordance with the attached General Schedule #10 of MCL 399.5.

Policy: Incident Command & Management System

I. Scope

Will apply to any and all personnel who may respond to an incident.

II. Purpose

1. To provide safety and accountability of all personnel operating at an incident scene through a command structure.
2. To provide an effective means of managing resources at an incident.
3. To meet OSHA, MIOSHA regulations requiring the use of an Incident Management System as well as NFPA Standard 1500 Fire Department Occupational Health and Safety, and NFPA Standard 1561 Fire Department Incident Management System.

III. Responsibility

1. All Members are responsible to comply with and ensure that personnel under their command are trained, understand, and comply with this guideline.

IV. Definitions

IC – Incident Commander.

Base/Staging – Area for personnel to stage awaiting assignments directly on scene.

Safety Officer – Individual (s) monitoring the operations at an incident to ensure scene safety.

MAYDAY – Distress signal utilized by personnel that need emergency assistance.

Operations – In charge of the tactical operations of an incident and reports directly to the IC.

RIT – Rapid Intervention Team

PAR – Personal Accountability Report

Accountability – A tracking system of personnel operating at an incident.

Forward Staging – Staging of resources for incidents.

Level II Staging – Location where resources report until given an assignment.

Groups – Are established to divide the incident into functional areas of operation.

Division – Having responsibility for operations within a defined geographic area.

Unified Command– A team effort that allows all agencies with jurisdictional responsibility for the incident, either geographical or functional, to manage an incident by establishing a common set of objectives and strategies.

Command Post– The location where all incident operations are directed.

V. Procedures

It is the intent of this guideline to provide a command structure to be utilized by all personnel who operate at any incident

The first arriving personnel on an incident shall assume the role of the incident commander. The person in command shall remain in command of the incident until command is transferred or the incident is terminated.

VI. IC Responsibilities

Assessment of incident priorities

- Perform size up
- Life Safety
- Incident Stabilization
- Property Conservation

Determine strategic goals (RECEO V)

- Rescue
- Exposure
- Confinement
- Extinguishment
- Overhaul
- (Floating V – Ventilation)

Develop an incident action plan utilizing NIMS forms

VII. Transfer of Command

If the first arriving Incident Commander is to relieve of his/her command, the transfer should be accomplished in such a way as to maintain the continuity of command.

Later arriving higher-ranking personnel may choose to assume command or serve as advisors

VIII. Single Resource Crews

A Crew is a specified number of personnel (without apparatus) who are assembled for a task with a designated leader/officer with a portable radio on an assigned tactical channel who remain together throughout the duration of the task.

IX. Command Staff Positions

At large-scale or complex incidents, consideration may have to be given to the functions of Safety, and Public Information Officer. If the IC cannot effectively handle any of these functions, they should be delegated.

X. Safety

The Safety Officer position is implemented to manage the safety of all personnel at the incident and to relieve the IC of direct involvement in this responsibility. The Safety Officer also keeps the IC informed of present problems and potential hazards.

The Safety Officer has the authority to bypass the chain of command when it is necessary to immediately correct unsafe acts, such as removing all personnel from areas of imminent danger. The IC, however must always be informed of these corrective actions.

XI. Information

The (Public) Information Officer (PIO) is responsible for interface with the news media and other appropriate agencies.

XII. Operations

Operations officer is responsible for management of all tactical operations at an incident. It is implemented when the IC is faced with a complex incident having major demands in one or more of the remaining major functional areas.