

EMS Policies and Procedures Guidebook

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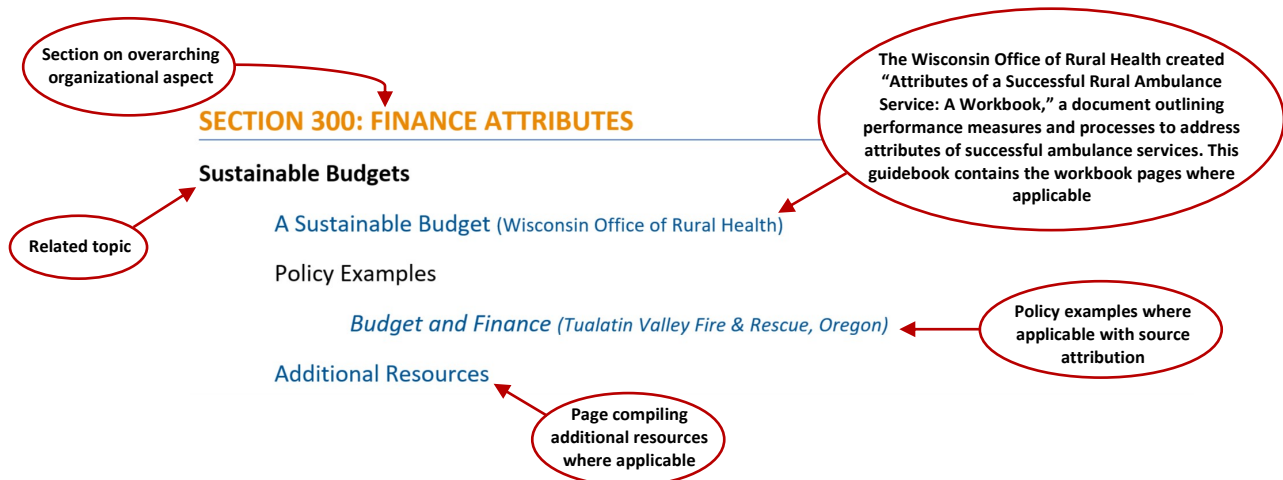
Purpose

Policies and procedures are essential to any well-functioning organization in defining how operations are conducted and ensuring processes are standardized and in compliance with laws and regulations. Having a wide range of detailed policies and procedures will not only improve various organizational aspects, but also contribute to the sustainability and stability of an organization. The purpose of this guidebook is to serve as a resource for EMS agencies in the development or revision of organizational policies, procedures, and processes.

Introduction

EMS agencies create guidance documents called “Standard Operating Procedures” (SOPs) or “Standard Operating Guidelines” (SOGs) that function to outline instructions and/or processes on a wide range of organizational aspects.

This guidebook has been organized into six sections, each focusing on an organizational aspect containing related topics and corresponding resources. **Clicking on the blue topics in the table of contents will help to navigate this document - for example:**



Disclaimer

This document was developed based on available resources and was current at the time of publication. This document is for informational purposes only and each agency should consider their own unique circumstances when developing or revising policies and procedures. The Oregon Health Authority EMS & Trauma Systems Program does not represent or warrant that the contents of this document are accurate or complete. The Oregon Health Authority EMS & Trauma Systems Program is not responsible for any outcomes from the use of this document.

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Works Cited



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

Section 100 - Management & Administration

General Rules & Administration - 100.00		
S.O.P. # 100.17	Accident / Injury Reporting & Procedures	PAGE: 1 OF 7
EFFECTIVE: 06-10-16	Approved: John Filer, Chief	
REVISED: 10-03-16	Approved: William Stephens, Director	

100.17.01 Purpose

The purpose of this SOP is to establish policies and procedures for minimum reporting standards with regards to accidents, collisions, incidents, injuries and near misses.

100.17.02 General

This SOP is an adjunct to numerous policies as outlined in the *Charles County Safety Manual*. Policies and procedures specific to occupational exposure of an employee are covered in the Department's *Infection Control Plan* (301.04).

100.17.03 Definitions

The following definitions shall be used for the purpose of this SOP.

1. **Accident** - OSHA defines an accident as an undesired event that results in personal injury or property damage.
2. **Collision (Traffic)** - A traffic collision, also known as a motor vehicle collision (MVC), occurs when a vehicle collides or impacts with another vehicle, pedestrian, animal, road debris or other stationary obstruction, such as a tree, sign or utility pole. Traffic collisions may result in injury, death and or property damage.
3. **Incident** - An incident is an occurrence of an unusual event, apparently of minor significance. An incident in the context of health, safety and environment is the occurrence of any unintended event that disturbs normal operations. OSHA defines an incident as an unplanned, undesired event that adversely affects the completion of a task.
4. **Injury** - Damage, loss or harm to or suffered by a person or animal.
5. **Loss** - Damage or destruction of property or an asset.
6. **Near Miss** - OSHA defines a near miss as an incident in which no property was damaged and no personal injury was sustained, but where, given a slight shift in time or position, damage or injury easily could have occurred.
7. **Occupational Exposure (OSHA 1910.1030)** - Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

8. **Sentinel Event** - A sentinel event as an unanticipated event in the work place resulting in death or serious physical or psychological injury to an employee or patient/s, not related to the natural course of duty or the patient's illness.

100.17.04 Policy

1. All accidents, incidents, injuries, near misses, occupational exposures and sentinel events require reporting.
2. Reporting and associated paperwork shall be completed prior to the end of the employee and or supervisor's shift.
3. Accidents, incidents and sentinel events that result in injury, death, and or property damage require immediate reporting.
4. Traffic collisions, regardless of injury require immediate reporting and notification via phone call to the County Safety Officer. Common road hazard incidents such as nails and chipped windshields require reporting however, are exempt from immediate notification.
5. Accidents or incidents that result in property or asset loss in excess of \$250 are included in the required reporting criteria.
6. Reporting should be submitted in an electronic format. If an electronic reporting format is not available, hand written documents need to be legible.
7. Texting is not an appropriate form of reporting and will not be accepted.
8. When completing an *Incident Report Form (IRF)*, each reporting employee is responsible for the completion and submission of their own form.
9. Reporting should never take precedence over the delivery of immediate medical care or life safety operations.

100.17.05 Procedures Matrix

1. Work Related Incident Reporting

Reporting Employee	Supervisor	Command & Admin Staff
Employee notifies supervisor of incident via email or phone call or employee is notified of reporting need by supervisor.	Supervisor is notified of incident by the employee or is made aware of an incident and has employee complete an IRF.	Command staff will review the items forwarded and formulate a plan of action with persons or parties as needed.
Each employee completes an Incident Report Form.	Once received, the Supervisor reviews the IRF and performs an assessment.	Customer service or patient care matters will be forwarded to Quality Assurance for review and action.
	After a review, the Supervisor will take corrective action/s and remediate if needed.	If no further action is required then all paperwork will be filed and feedback delivered if needed.
	If action requires additional levels of review, the Supervisor will forward the event up the chain with their recommended course of action.	
	Feedback delivered if needed.	



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

2. Incident or Accident with Damage or Loss Reporting

Reporting Employee	Supervisor	Command & Admin Staff
Employee notifies supervisor of incident via email or phone call or employee is notified of reporting need by supervisor.	Supervisor is notified of incident by the employee or is made aware of an incident and has employee complete an IRF.	Command staff will review the items forwarded and formulate a plan of action with persons or parties as needed.
Each employee completes an Incident Report Form.	Once received, the Supervisor reviews the IRF and performs an assessment.	All incidents resulting in damage and/or loss exceeding \$250 will receive a Standards and Safety review.
	After a review, the Supervisor will take corrective action/s and remediate if needed.	If no further action is required then all paperwork will be filed and feedback delivered if needed.
	The Supervisor will then take photos if necessary and document the incident using the <i>Property Damage-Loss Forms</i> .	
	Minor damage or loss reporting documents will be forwarded to Command & Admin Staff.	
	Major damage or loss reporting documents will be forwarded to Command & Admin Staff as well as the County Risk Manager and the County Safety Officer.	
	Feedback delivered if needed.	

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Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

3. Incident or Accident with Injury Reporting

Reporting Employee	Supervisor	Command & Admin Staff
Employee notifies supervisor of incident via email or phone call or employee is notified of reporting need by supervisor.	Supervisor is notified of incident by the employee or is made aware of an incident and has employee complete an IRF. This process may be completed during or after medical care has been delivered.	Command staff will review the items forwarded and formulate a plan of action with persons or parties as needed.
Each employee completes an Incident Report Form. This process may be completed during or after medical care has been delivered.	Once received, the Supervisor reviews the IRF and performs an assessment.	All incidents resulting in injury will receive a Standards and Safety review and investigation.
	After a review, the Supervisor will take corrective action/s and remediate if needed.	Results of the investigation will be discussed with involved parties and corrective action/s taken as needed.
	The Supervisor will then take photos if necessary and document the incident using the <i>Personal Injury Forms</i> .	If no further action is required then all paperwork will be filed and feedback delivered if needed.
	Injury reporting documents will be forwarded to Command & Admin Staff as well as the County Risk Manager and the County Safety Officer.	
	Feedback delivered if needed.	

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Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

4. Traffic Collision with Damage or Loss and No Injuries

Reporting Employee	Supervisor	Command & Admin Staff
Employee notifies supervisor of incident via email or phone call or employee is notified of reporting need by supervisor.	Supervisor is notified of incident by the employee or is made aware of an incident and has employee complete an IRF.	Command staff will review the items forwarded and formulate a plan of action with persons or parties as needed.
Each employee completes an Incident Report Form.	Once received, the Supervisor reviews the IRF, contacts Law Enforcement and performs an assessment.	All incidents resulting in damage and/or loss exceeding \$250 will receive a Standards and Safety review.
	After a review, the Supervisor will take corrective action/s and remediate if needed.	Results of the investigation will be discussed with involved parties and corrective action/s taken as needed.
	The Supervisor will then take photos if necessary and document the incident using the <i>Vehicle Accident with No Injury Forms</i> .	If no further action is required then all paperwork will be filed and feedback delivered if needed.
	Traffic incident reporting documents and police report will be forwarded to Command & Admin Staff as well as the County Risk Manager and the County Safety Officer.	
	Feedback delivered if needed.	

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Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

5. Traffic Collision with Damage or Loss and Injuries

Reporting Employee	Supervisor	Command & Admin Staff
Employee notifies supervisor of incident via email or phone call or employee is notified of reporting need by supervisor.	Supervisor is notified of incident by the employee or is made aware of an incident and has employee complete an IRF. This process may be completed during or after medical care has been delivered.	Command staff will review the items forwarded and formulate a plan of action with persons or parties as needed.
Each employee completes an Incident Report Form. This process may be completed during or after medical care has been delivered.	Once received, the Supervisor reviews the IRF, contacts Law Enforcement and performs an assessment.	All incidents resulting in injury will receive a Standards and Safety review and investigation.
	After a review, the Supervisor will take corrective action/s and remediate if needed.	Results of the investigation will be discussed with involved parties and corrective action/s taken as needed.
	The Supervisor will then take photos if necessary and document the incident using the <i>Vehicle Accident with Personal Injury Forms</i> .	If no further action is required then all paperwork will be filed and feedback delivered if needed.
	Traffic incident, injury reporting documents and police report will be forwarded to Command & Admin Staff as well as the County Risk Manager and the County Safety Officer.	
	Feedback delivered if needed.	

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Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

6. Near Miss Reporting

Reporting Employee	Supervisor	Command & Admin Staff
Employee notifies supervisor of incident via email or phone call or employee is notified of reporting need by supervisor.	Supervisor is notified of incident by the employee or is made aware of an incident and has employee complete an IRF.	Command staff will review the items forwarded and formulate a plan of action with persons or parties as needed.
Each employee completes an Incident Report Form.	Once received, the Supervisor reviews the IRF and performs an assessment.	Customer service or patient care matters will be forwarded to Quality Assurance for review and action. Safety and risk related incidents will be reviewed by Standards and Safety.
	After a review, the Supervisor will take corrective action/s and remediate if needed.	If no further action is required then all paperwork will be filed and feedback delivered if needed.
	If action requires additional levels of review, the Supervisor will forward the event up the chain with their recommended course of action.	
	Feedback delivered if needed.	

7. Occupational Exposure

Occupational exposure events should be reported and handled in accordance with section *301.00 Infection Control*, sub-sections *301.02 - Post Exposure Policy and Procedures* and *301.04 - Infection Control Plan* of the Standard Operating Procedures.

8. Sentinel Event

Sentinel events shall be immediately reported by phone to Command Staff via the appropriate chain of command. Depending on circumstances, it is the responsibility of the first line supervisor to mitigate the immediate risk and insure life safety and mission critical tasks and measures are stabilized. Also dependent upon the circumstances, it is the responsibility of Command Staff to respond appropriately, make additional notifications as needed and provide resources adequate to mitigate and remediate the event.

REDMOND FIRE & RESCUE
ADMINISTRATIVE POLICY

APPROVED: 07-01-2011

VEHICLE ACCIDENT / INJURY REPORTING PROCEDURES

The Deputy Chief acts as the District Risk Manager.

PURPOSE:

To provide instruction and guidance to Redmond Fire & Rescue employees when an accident or injury occurs involving a Redmond Fire & Rescue vehicle.

1. Reporting Process:

- A. Redmond Fire & Rescue employees must report any incident that involves any type of damage to any District vehicle, or any District property, or damage to any public property when driving a District vehicle. Redmond Fire & Rescue employees must report any injury to a District employee or public citizen involving a District vehicle.
- B. An employee who is involved in an accident or injury involving a District vehicle must immediately report the incident to their supervisor, or available employer representative.
- C. The incident must be reported to the Deputy Chief within 24 hours.
- D. In the event of an accident utilize the Redmond Fire & Rescue Motor Vehicle Accident Packet for documenting the accident.
 - **OAR – 437-001-0760 (2)(b) “Rules for All Workplaces”**
Employee’s Responsibilities: 2(b) All injuries shall be reported immediately to the person in charge or other responsible representative of the employer.
 - **Fire (Article 36)**
“The District and the Association jointly recognize that the use of drugs and alcohol which adversely affects job performance may constitute serious threat to the health and safety of the public, to the safety of fellow employees and to efficient operation of the Department.” If deemed necessary, the process for testing will be followed according to Association contract.

2. Forms:

The following forms and instructions should be utilized in the reporting process for accidents involving a District vehicle which causes District or public vehicle, equipment, and/or property damage and/or injury. These forms must be filled out and turned into the Deputy Chief within 24 hours of the incident.

3. Vehicle Accident Report (see Motor Vehicle Accident Packet)

The form must be completed whenever an accident occurs which involves damage to District vehicle, property or equipment, personal injuries or public property, (phone lines, fences, mail boxes etc.). The Battalion/Division Chief should complete this form and return it to the Deputy Fire Chief within 24 hours. A copy of this form will be forwarded to the Fire Chief for comments and suggestions for preventing a re-occurrence. This incident may be reviewed by the safety committee.

4. DMV Traffic Accident and Insurance Report 735-32 (See Motor Vehicle Accident Packet):

This form must be completed when a District vehicle accident occurs involving any of the following: fatality; injury; or damage to any property. These definitions apply when the accident occurs on public roads. This form is not used for operational damage to equipment we own. The employee driving the vehicle involved in the accident completes this form. The Deputy Chief can process this form and submit it to DMV within the 72 hours requirement, if necessary.

5. Worker's Compensation 801 Report (See Motor Vehicle Accident Packet):

This form must be submitted to the Deputy Chief within 24 hours of an injury which requires professional medical treatment. The injured worker must complete the "worker" section of this report. If the employee is not able to complete the form, their Battalion/Division Chief must complete the form and write "not available" in the space provided for workers signature.

The Deputy Chief will complete the "employer" section and submit the full claim report to the District's worker's compensation carrier. The Redmond Fire & Rescue "Post On-the-Job Injury Responsibilities" which are attached to the 801 packet must be followed.

6. Incident Report / Analysis Form (See Motor Vehicle Accident Packet):

This form must be submitted to the Deputy Chief within 24 hours of an injury which DOES NOT require professional medical treatment. The injured worker must complete the 3-ply incident report and submit all 3 copies to the Deputy Chief within 24 hours.

If at a later date, the injury/incident requires medical treatment, the injured worker must complete an 801 report and submit to the Deputy Chief immediately following the medical visit.

Approved:



Tim Moor
Fire Chief

July 01, 2011

Date

REDMOND FIRE & RESCUE
REPORT OF DAMAGE/INJURY

EMPLOYEE: _____

JOB TITLE: _____

INCIDENT DATE: _____

SHIFT: FROM _____ AM/PM TO: _____ AM/PM

NORMAL WORK DAYS: S M T W T F S

PROPERTY INVOLVED:

IF VEHICLE - LICENSE AND ID NUMBER:

TIME OF INCIDENT: _____ AM/PM

LOCATION: _____

PERSON(S) INVOLVED:

WAS THE ACCIDENT CAUSED BY ANOTHER PERSON? YES _____ NO _____

COMMENTS: _____

DESCRIBE WEATHER CONDITIONS:

DESCRIBE PROPERTY DAMAGE:

DESCRIBE INJURY:

WAS FIRST AID APPLIED? YES _____ NO _____

BY WHOM: _____

DID THE INJURED SEE A DOCTOR? YES _____ NO _____

WAS INJURED HOSPITALIZED? YES _____ NO _____

DID INJURED MISS TIME FROM WORK DUE TO INJURY? YES _____ NO _____

IF YES, WHEN DID INJURED LEAVE WORK? _____ DATE/TIME

RETURNED TO WORK: _____ DATE/TIME

NAMES AND ADDRESSES OF WITNESS(ES):

EMPLOYEE'S COMMENTS: _____

SUPERVISOR'S COMMENTS: _____

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

RISK MANAGER'S SIGNATURE

DATE



OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

Tear this sheet off your report, read and carefully follow the directions.

ONLY drivers involved in an accident resulting in any of the following MUST file an Accident & Insurance Report:

- Damage to your vehicle is over \$2500
- Injury (No matter how minor)
- Death
- Damage to any one person's property over \$2500
- Any vehicle has damage over \$2500 and any vehicle is towed from the scene as a result of damages

Oregon law requires these reports be filed within 72 hours of the accident. If you are not able to file within the 72 hours, submit it as soon as possible. If you fail to report the accident to DMV, it may result in suspension of your driving privileges. If the police department files a police report, you are **still** required to file your own Accident and Insurance Report with DMV. If you are an out-of-state resident, you are **still** required to file your own Accident Report with DMV. DMV does not determine fault in an accident, but does post the accident to the driving record of those drivers required to report, unless the vehicle is parked.

If you have questions, please call the Crash Reporting Unit at (503) 945-5098.

INSTRUCTIONS

PRINT OR TYPE ALL INFORMATION. (Use black or dark blue ink and press firmly.)

- Complete both sides of the form.
- If additional vehicles were involved in the accident, complete the attached *Supplemental Report* (Form 735-32B), or on a blank piece of paper, write all the information as requested in Section 4, the "Other Driver" Section.
- DMV Headquarters will verify the insurance information submitted. Complete the insurance section or a suspension of your driving privileges may occur.

SECTION 1

DATE, LOCATION AND TIME — Clearly identify the date, location and time of the accident. The correct date, location and time is critical to processing your report. If you are unsure of the county, contact any local law enforcement agency for assistance.

SECTION 2

YOUR VEHICLE (# 1) — DMV will consider your accident uninsured if you do not complete **ALL** of this section. You must list the insurance company name (not agent) and policy number that provided **liability coverage** for your operation of the vehicle you were driving at the time of the accident. Note the coverage is for **liability insurance**, not collision or comprehensive coverage. DMV will verify this information with the insurance company. If the insurance company denies the coverage, DMV will suspend your Oregon driving privileges.

SECTION 3

Answer all of the questions in Section 3. DMV will use the information provided in these questions to code the accident. It is important for you to understand "principal purpose of driving" and "paid to drive." These include **ONLY** persons employed or being paid for the purpose of driving, **NOT** driving to reach a destination to perform a service. Property includes, but is not limited to, fixed or real property, landscaping, signs, parked vehicles, and animals.

COMMERCIAL MOTOR VEHICLE OPERATORS: In addition to this report, Oregon Administrative Rule requires that **Form 735-9229, Motor Carrier Crash Report, MUST** be filed within 30 days of a commercial motor vehicle accident when there is a **FATALITY, INJURY** (requiring treatment away from the scene), or when a vehicle is **TOWED** from the scene because of disabling damage. Form 735-9229 (attached on back) **MUST** be submitted with *Oregon Traffic Accident and Insurance Report* (Form 735-32) to DMV. Call (503) 986-3507 for questions regarding the *Motor Carrier Crash Report*.

SECTION 4

OTHER VEHICLE (# 2) — Completion of this information will help DMV match all driver's accident reports more efficiently. If additional vehicles were involved in the accident, complete attached *Supplemental Report* (Form 735-32B).

SECTION 5

DESCRIPTION AND SIGNATURE — Describe what happened. It is important for you to sign and date the form. Only a family member may sign and date this form on behalf of a driver when the driver is incapacitated or physically unable to sign. No other signatures will be accepted.

COMPLETING AND FILING REPORT

OTHER SIDE OF FORM — Complete the other side of the form. Information collected from both sides of this form is used by DMV and other officials in making valuable transportation decisions about the roadway systems and driver safety.

YOUR COPY — Under Oregon law ORS 802.220 (5), DMV can not provide you a copy of your *Oregon Traffic Accident and Insurance Report*. If you wish to have a complete copy of your report (front and back), **you** will need to make a copy for **your** records.

RECEIPT — Attached is a PINK courtesy copy of your report. After you have completed both sides of the form, tear the PINK copy off for your records. If you want a receipt, bring the form, with the PINK copy, to a DMV office and have your copy validated. **Without a receipt, you will have no proof of submitting a report.**

MAIL — Mail the form to Crash Reporting Unit, DMV, 1905 Lana Ave NE, Salem OR 97314 or FAX to (503) 945-5267, or deliver it to any DMV office.

PURSUANT TO OREGON INSURANCE LAW, AN INSURANCE COMPANY CAN NOT REQUIRE REPAIRS BE MADE TO A MOTOR VEHICLE BY A PARTICULAR PERSON OR REPAIR SHOP.

TOTALED VEHICLE NOTICE

DEFINITIONS AND INSTRUCTIONS FOR TOTALED VEHICLES

IF YOUR ACCIDENT HAS RESULTED IN A "TOTALED" VEHICLE, YOU ARE REQUIRED BY LAW TO FOLLOW APPROPRIATE INSTRUCTIONS IN THIS NOTICE.

DEFINITION OF "TOTALED" VEHICLE

"Totaled Vehicle" or "Totaled" as defined in Oregon law (ORS 801.527) means:

- A vehicle that is declared a total loss by an insurer who is obligated to cover the loss or a vehicle that the insurer takes possession of or title to.
- A vehicle that has sustained damage that is not covered by an insurer and the estimated cost to repair the vehicle is equal to at least 80% of the retail market value prior to the damage. "Retail market value" is defined as the amount shown in publications used by financial institutions (banks or lenders) in this state.
- A vehicle that is stolen, if it is not recovered within 30 days of theft and the loss is not covered by an insurer. In this situation, you must notify DMV within 60 days of the theft.

▼ FOLLOW THESE INSTRUCTIONS IF YOUR VEHICLE IS TOTALED ▼

If your vehicle is totaled, in addition to completing the accident report, follow the instruction that is applicable to your case. **Either:**

1. SURRENDER the title to the insurer if the damage is covered by an insurer who declares the vehicle to be a "total loss," and the insurer takes possession of the vehicle; **or**
2. SURRENDER the title to DMV and apply for salvage title if the damage is covered by an insurer who declares the vehicle to be a "total loss," but you keep possession of the vehicle; **or**
3. SURRENDER the title to DMV and apply for salvage title if the damage was not covered by an insurer and the estimated cost of repair is at least 80% of the retail market value of the vehicle before the damage; **or**
4. NOTIFY DMV that your vehicle has been totaled if, for some reason, you are unable to obtain the title for surrender. You must provide DMV with a signed statement which includes:
 - A description of the vehicle which includes the year model, make, plate number and vehicle identification number.
 - A statement indicating the vehicle has been totaled.
 - A statement that you are unable to obtain the title and why.

DO NOT SUBMIT THE TITLE WITH THE ACCIDENT REPORT. You can obtain the *Application for Salvage Title* (Form 735-229) from any DMV office, by calling (503) 945-5000, or on-line at www.oregondmv.com. Application instructions and fee information are on the back of the form 735-229. If you have questions about salvage titles, call (503) 945-5122.

NOTE: It is a Class A misdemeanor with a penalty of imprisonment and/or fine if you fail to comply with the above requirements. (ORS 819.012)



OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

COMPLETE BOTH SIDES

Complete this form ONLY if your accident happened on a highway or premises open to the public, and resulted in any of the following: 1) More than \$2500 in damage to your vehicle; 2) More than \$2500 in damage to any one person's property other than a vehicle; 3) Any vehicle has more than \$2500 and any vehicle is towed from the scene as a result of damages; 4) Injury to any person (no matter how minor the injury); or, 5) the death of any person.

SECTION 1	ACCIDENT DATE	DAY OF WEEK M T W TH F S SN	TIME OF DAY AM PM	COUNTY	DO NOT WRITE IN THIS SPACE	Accident Number	
	ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route)					MILE POST	TYPE OF ACCIDENT - The accident involved one or more of the following: (Mark all that apply)
	<input type="checkbox"/> WITHIN _____ FEET ONCS OEW NAME OF NEAREST INTERSECTING ROAD <input type="checkbox"/> NEAR _____ MILES ONCS OEW					<input type="checkbox"/> Two vehicles <input type="checkbox"/> More than two vehicles <input type="checkbox"/> Fatality <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian	

Complete ALL of this section. If you fail to do so, your driving privileges may be suspended. You **MUST** list the insurance company (not agent) and policy number that provided liability coverage for the vehicle you were driving.

SECTION 2 (YOUR VEHICLE #1)	DRIVER'S NAME (LAST, FIRST, MIDDLE)			DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX (CIRCLE) M F X
	DRIVER'S RESIDENCE ADDRESS			CITY	STATE	ZIP CODE	<input type="checkbox"/> CHECK BOX IF ADDRESS CHANGE
	MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)			CITY	STATE	ZIP CODE	
	VEHICLE OWNER'S NAME AND ADDRESS			CITY	STATE	ZIP CODE	
	<input type="checkbox"/> SAME						
	INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS			CITY	STATE	ZIP CODE	
POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER		VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL

Check all statements that apply:

- Damage to your vehicle was more than \$2500.
- Damage to any one person's property (other than vehicle) was more than \$2500.
- Your vehicle was towed from the scene as a result of damages.
- You or passengers in your vehicle were injured.
- The accident occurred while you were driving your employer's vehicle.
- You were driving on your job and being paid for the principal purpose of driving.
- You were being paid to drive and/or deliver persons or property.
- You were operating a government owned vehicle marked for transporting mail in accordance with government rules.
- You were operating an authorized emergency vehicle.
- You were operating a commercial motor vehicle requiring you to have a commercial driver license.
 - You were transporting hazardous material.
- The accident occurred in a work or maintenance zone. ORS 811.230
- A police officer came to the scene.

Name of police department: _____ City County State Police
- A citation was issued to you. The citation was: _____

SECTION 4 (OTHER VEHICLE #2)	DRIVER'S NAME (LAST, FIRST, MIDDLE)			DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX (CIRCLE) M F X
	DRIVER'S ADDRESS			CITY	STATE	ZIP CODE	
	VEHICLE OWNER'S NAME AND ADDRESS			CITY	STATE	ZIP CODE	
	<input type="checkbox"/> SAME						
	INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS						
	POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER		VEHICLE PLATE NUMBER	STATE	YEAR

IF ADDITIONAL VEHICLES WERE INVOLVED IN THE ACCIDENT, USE ATTACHED SUPPLEMENTAL REPORT (Form 735-32B).

DESCRIBE WHAT HAPPENED: (IF MORE SPACE IS NEEDED, SUBMIT ADDITIONAL PAGE)

I certify all information given on this report is true and accurate to the best of my knowledge.

SECTION 5	SIGNATURE OF PERSON MAKING REPORT X	PRINTED NAME OF PERSON MAKING REPORT	DAYTIME PHONE # ()	DATE SIGNED
	IF NOT DRIVER'S SIGNATURE, STATE RELATIONSHIP	REASON DRIVER IS UNABLE TO SIGN REPORT	PHONE NUMBER OF DRIVER ()	

YOU INTENDED TO... <input type="checkbox"/> Go straight ahead <input type="checkbox"/> Make right turn <input type="checkbox"/> Make left turn <input type="checkbox"/> Make "U" turn <input type="checkbox"/> Back-Up <input type="checkbox"/> Enter driveway (also mark left or right turn) <input type="checkbox"/> Remain stopped in traffic <input type="checkbox"/> Enter parked position <input type="checkbox"/> Slow or Stop <input type="checkbox"/> Leave driveway (also mark left or right turn) <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Leave parked position <input type="checkbox"/> Remain parked <input type="checkbox"/> Overtake and pass	YOUR VEHICLE <input type="checkbox"/> Passenger car, pickup, van <input type="checkbox"/> Military vehicle <input type="checkbox"/> Taxicab <input type="checkbox"/> Emergency vehicle <input type="checkbox"/> Any of the above and trailer <input type="checkbox"/> Private or public agency transit vehicle <input type="checkbox"/> Bus <input type="checkbox"/> School bus <input type="checkbox"/> Other publicly-owned veh. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motor-scooter/bike <input type="checkbox"/> Personal (assisted) mobility device <input type="checkbox"/> Truck tractor & semi trailer <input type="checkbox"/> Truck/truck tractor <input type="checkbox"/> Other truck combination <input type="checkbox"/> Farm tractor/farm equip.	WEATHER CONDITIONS <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Other <hr/> ROAD SURFACE <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy <input type="checkbox"/> Icy <input type="checkbox"/> Other <hr/> LIGHT CONDITIONS <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn or dusk <input type="checkbox"/> Darkness (lighted) <input type="checkbox"/> Darkness (unlighted) <input type="checkbox"/> Other	YOUR RESIDENCE <input type="checkbox"/> Local resident <small>(within 25 miles of accident site)</small> <input type="checkbox"/> Residing elsewhere in state <input type="checkbox"/> Non-resident of this state: <input type="checkbox"/> College student <input type="checkbox"/> Military <input type="checkbox"/> Temporary job <hr/> YOU WERE HEADED <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West On: _____ <small>(name of street, road or route)</small> <hr/> OTHER DRIVER WAS HEADED <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West On: _____ <small>(name of street, road or route)</small>
---	--	---	--

WITNESS INFORMATION:

If this accident involved a pedestrian or bicyclist, complete the following:

PEDESTRIAN NAME BICYCLIST NAME

Pedestrian or bicyclist was going:
 N S E W

ALONG OR ACROSS: (name of street, road or route)

From: _____

To: _____

EXAMPLE: (From: NE corner To: SE corner (or) From: East side To: West side, etc.)

DRIVER AND PASSENGER INJURY AND SAFETY EQUIPMENT INFORMATION

SAFETY EQUIPMENT CODES WRITE one of the codes (0-10) in column C 0 No seat belt available 1 Seat belt available but NOT used 2 Seat belt available and in use 3 Child restraint device available 4 Child restraint device in use 5 Child restraint device not available 6 Helmet NOT in use 7 Helmet in use 8 Air bag deployed 9 Air bag available - NOT deployed 10 Air bag NOT available	INJURY CODE FOR OCCUPANTS WRITE one of the codes (1-5) in column D 1 Fatal 2 Suspected Serious: severe laceration, broken or distorted limb, crush injury, significant burns, unconsciousness, paralysis 3 Suspected Minor: lump, abrasions, bruises, minor lacerations 4 Possible 5 No apparent
---	---

SEAT POSITION	PASSENGER'S NAMES (your vehicle)	A	B	C		D
		SEX	AGE	SFTY EQP	AIR BAG	INJURY
DRIVER						
FRONT CENTER						
FRONT RIGHT						
MIDDLE* LEFT						
MIDDLE* CENTER						
MIDDLE* RIGHT						
REAR LEFT						
REAR CENTER						
REAR RIGHT						

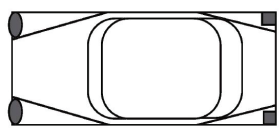
* Use only for vehicles with middle row of seats (i.e., vans, SUVs, etc.)

Sex and age of pedestrian / bicyclist:
 M F X Age: _____

Extent of pedestrian / bicyclist injury:
 Deceased Momentary unconscious-
 Incapacitated ness / complaint of pain
 Visible injury No apparent injury

Pedestrian / bicyclist action: (mark one)
 Crossing at intersection or crosswalk
 Crossing **not** at intersection or crosswalk
 Walking / riding in roadway with traffic
 Walking / riding in roadway **against** traffic
 Standing in roadway
 Pushing or working on vehicles in roadway
 Other working in road
 Playing in road
 Hitchhiking
 Not in roadway
 Other _____ (specify)

Vehicle Damage



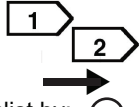
FRONT

USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)


Vehicle towed
 Rollover
 Under car
 Totaled
 Unknown


Your Vehicle (No. 1) damage: \$ _____

Diagram

Number each vehicle: 

Show path by: _____

Show pedestrian/bicyclist by: 

Show railroad tracks by: 

--- (name of street, road or route) ↑ --- (name of street, road or route) ↑

← (name of street, road or route)



SUPPLEMENTAL REPORT OREGON TRAFFIC ACCIDENT

**Supplemental for more than two drivers involved in the crash.
Attach this form to your OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT.**

ACCIDENT DATE	DAY OF WEEK M T W TH F S SN	TIME OF DAY AM PM	COUNTY	DO NOT WRITE IN THIS SPACE
ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route)			MILE POST	

VEHICLE #3	INSURANCE COMPANY NAME (NOT AGENCY)	POLICY NUMBER
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE YEAR MAKE & MODEL
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE DATE OF BIRTH SEX (CIRCLE) M F X
DRIVER'S ADDRESS	CITY	STATE ZIP CODE
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE ZIP CODE
<input type="checkbox"/> SAME		

VEHICLE #4	INSURANCE COMPANY NAME (NOT AGENCY)	POLICY NUMBER
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE YEAR MAKE & MODEL
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE DATE OF BIRTH SEX (CIRCLE) M F X
DRIVER'S ADDRESS	CITY	STATE ZIP CODE
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE ZIP CODE
<input type="checkbox"/> SAME		

VEHICLE #5	INSURANCE COMPANY NAME (NOT AGENCY)	POLICY NUMBER
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE YEAR MAKE & MODEL
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE DATE OF BIRTH SEX (CIRCLE) M F X
DRIVER'S ADDRESS	CITY	STATE ZIP CODE
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE ZIP CODE
<input type="checkbox"/> SAME		

VEHICLE #6	INSURANCE COMPANY NAME (NOT AGENCY)	POLICY NUMBER
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE YEAR MAKE & MODEL
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE DATE OF BIRTH SEX (CIRCLE) M F X
DRIVER'S ADDRESS	CITY	STATE ZIP CODE
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE ZIP CODE
<input type="checkbox"/> SAME		

VEHICLE #7	INSURANCE COMPANY NAME (NOT AGENCY)	POLICY NUMBER
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE YEAR MAKE & MODEL
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE DATE OF BIRTH SEX (CIRCLE) M F X
DRIVER'S ADDRESS	CITY	STATE ZIP CODE
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE ZIP CODE
<input type="checkbox"/> SAME		

MOTOR CARRIER CRASH REPORT

INSTRUCTIONS: IF YOU CHECKED A BOX UNDER THE QUALIFYING VEHICLE COLUMN **AND** A BOX UNDER THE CRITERIA COLUMN, COMPLETE THE MOTOR CARRIER CRASH REPORT AND SUBMIT TO THE ADDRESS SHOWN ABOVE. **IF YOU HAVE ANY QUESTIONS REGARDING FILLING OUT THE MOTOR CARRIER CRASH REPORT, PLEASE CALL (503) 986-3507.**

QUALIFYING VEHICLE		CRITERIA	
<input type="checkbox"/> COMMERCIAL TRUCK (GVWR OVER 10,000 LBS OR ACTUAL WT AT TIME OF CRASH EVEN IF GVWR IS SET UNDER 10,000 LBS) <input type="checkbox"/> HAZARDOUS MATERIAL PLACARD <input type="checkbox"/> COMMERCIAL BUS (DESIGNED FOR 8 OR MORE PASSENGERS) <input type="checkbox"/> FARM TRUCK INTERSTATE (OVER 10,000 LBS.) <input type="checkbox"/> FARM TRUCK FOR-HIRE (4 OR MORE AXLES) <input type="checkbox"/> FARM TRUCK TOWING TRIPLE TRAILERS <input type="checkbox"/> FARM TRUCK (OVER 80,000 LBS.)		<input type="checkbox"/> ANY PERSON SUSTAINING A FATALITY (WITHIN 30 DAYS OF THE ACCIDENT) <input type="checkbox"/> ANY PERSON SUSTAINING INJURIES REQUIRING TREATMENT AWAY FROM THE SCENE <input type="checkbox"/> ANY VEHICLE INCURRING DISABLING DAMAGE REQUIRING REMOVAL FROM THE SCENE BY A TOW TRUCK OR ANOTHER MOTOR VEHICLE	
MOTOR CARRIER NAME		US DOT NUMBER	AUTHORITY/FILE NUMBER
ADDRESS		CITY	STATE ZIP CODE

DRIVER INFORMATION

DRIVER NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	LENGTH OF EMPLOYMENT YEARS MONTHS	
CDL / DL NUMBER	STATE	LICENSE CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M	EXPIRATION DATE OF MEDICAL CERTIFICATE	

COMPLETE THE FOLLOWING TWO QUESTIONS AS IF DOING A RECAP OF HOURS IN TIME DOCUMENTS AT TIME OF THE ACCIDENT.

AT TIME OF THE ACCIDENT, TOTAL HOURS DRIVING SINCE LAST OFF-DUTY PERIOD. _____	TOTAL HOURS ON DUTY DURING THE PREVIOUS (FILL OUT ONE ONLY, BASED ON TIME DOCUMENTS)	7 CONSECUTIVE DAYS _____ 8 CONSECUTIVE DAYS _____
DOES YOUR DRIVER HAVE A MEDICAL WAIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF WAIVER (SIGHT, DIABETES, AMPUTEE, ETC.)	

DRIVER INJURY INFORMATION

YOUR DRIVER KILLED <input type="checkbox"/> YES <input type="checkbox"/> NO	YOUR DRIVER INJURED <input type="checkbox"/> YES <input type="checkbox"/> NO	RELIEF DRIVER KILLED <input type="checkbox"/> YES <input type="checkbox"/> NO	RELIEF DRIVER INJURED <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL NUMBER OF PASSENGERS ____ KILLED ____ INJURED
--	---	--	---	--




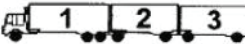
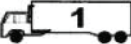




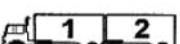

OTHER DRIVER INJURY INFORMATION

TOTAL NUMBER OF OTHER DRIVERS ____ KILLED ____ INJURED	TOTAL NUMBER OF OTHER PASSENGERS ____ KILLED ____ INJURED	TOTAL NUMBER OF PEDESTRIANS ____ KILLED ____ INJURED	TOTAL NUMBER OF BICYCLISTS ____ KILLED ____ INJURED
---	--	---	--

OTHER MOTOR CARRIER INFORMATION (IF 2 OR MORE MOTOR CARRIERS WERE INVOLVED)

MOTOR CARRIER NAME	VEHICLE LICENSE # AND STATE	DRIVER'S NAME	DRIVER'S LICENSE # AND STATE

MOTOR CARRIER VEHICLE INFORMATION

YEAR	MAKE	UNIT NUMBER	TRUCK/TRACTOR/BUS LICENSE PLATE NO. & STATE	TOTAL NO. OF AXLES INCLUDING TRAILERS		
VEHICLE TYPE (SELECT APPROPRIATE TYPE)						
<input type="checkbox"/> 1		Triples (tractor with 3 trailers)	<input type="checkbox"/> 5	 Standard Tractor/Semi Trailer	<input type="checkbox"/> 9	 Heavy Haul
<input type="checkbox"/> 2		Triples (truck with 2 trailers)	<input type="checkbox"/> 6	 Straight Truck	<input type="checkbox"/> 10	 Bus/Van (8 or more passenger capacity)
<input type="checkbox"/> 3		Straight truck-full trailer	<input type="checkbox"/> 7	 Auto/Pickup	<input type="checkbox"/> 11	 Auto/Pickup
<input type="checkbox"/> 4		Doubles (any)	<input type="checkbox"/> 8	 Saddlemount		

CARGO BODY TYPE (CIRCLE ONE) VAN FLATBED TANKER CONTAINER POLE DUMP BELLY-DUMP CAR CARRIER LIVESTOCK MOBILE HOME Toter PASSENGER DROP-BOX GARBAGE BULK-HOPPER MIXER SADDLEMOUNT WRECKER FIXED LOAD HEAVY HAUL UTILITY			
TOTAL LENGTH OF VEHICLE/COMB	TOTAL WIDTH OF VEHICLE OR CARGO	CARGO WEIGHT	GROSS VEHICLE WEIGHT

COMMODITY INFORMATION

COMMODITY BEING TRANSPORTED AT TIME OF CRASH

WAS A HAZARDOUS COMMODITY BEING HAULED <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE CARGO(NOT A FUEL RELEASE) <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZARD CLASS
--	--	--------------

CRASH INFORMATION

LOCATION OF CRASH (NEAREST CITY OR TOWN)	HIGHWAY AND MILEPOINT/STREET/COUNTY ROAD	DIRECTION OF YOUR VEHICLE (CIRCLE) N S E W
DATE OF CRASH	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	DAY OF THE WEEK (CIRCLE ONE) MON TUES WED THU FRI SAT SUN

CONDITIONS AT TIME OF ACCIDENT

WEATHER (CIRCLE ONE)	1. CLEAR	2. RAIN	3. SNOW	4. CLOUDY	5. SLEET	6. FOG	7. OTHER _____
ROAD SURFACE (CIRCLE ONE)	1. DRY	2. WET	3. SNOWY	4. ICY	5. OTHER _____		
LIGHT CONDITION (CIRCLE ONE)	1. DAY	2. DAWN	3. DUSK	4. ARTIFICIAL LIGHTS	5. DARK	6. OTHER _____	

DESCRIBE WHAT HAPPENED BY CHECKING ALL BOXES THAT APPLY. YOUR VEHICLE IS ALWAYS NO.1. IF OTHER VEHICLES WERE INVOLVED, COMPLETE COLUMNS 2 & 3 TO CORRESPOND TO THE ACTIONS OF THE SAME NUMBERED VEHICLES LISTED ABOVE UNDER "OTHER DRIVER INFORMATION".

VEHICLES 1 2 3	ACTION	VEHICLES 1 2 3	ACTION	VEHICLES 1 2 3	ACTION
	SLOWING - STOPPING		PASSING		JACKKNIFE
	STOPPED		CHANGING LANES		OVERTURN
	REAR-END		SIDESWIPE		SEPARATION OF UNITS
	BACKING		HEAD-ON		FIRE
	MAKING RIGHT TURN		SKIDDING		EXPLOSION
	MAKING LEFT TURN		VEHICLE OUT OF CONTROL		CARGO SHIFT
	MAKING U TURN		ROLL-AWAY		CARGO SPILL (HAZARDOUS)
	PROCEEDING STRAIGHT		CONTROLLED RR CROSSING		CARGO SPILL (NON-HAZARDOUS)
	INTERSECTION		UNCONTROLLED RR CROSSING		OTHER (DEER, GUARDRAIL, ETC)
	ENTERING TRAFFIC (FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE)		RAN OFF ROAD		_____

DID YOUR VEHICLE STRIKE A PARKED VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

DESCRIPTION OF ACCIDENT BY CARRIER OFFICIAL

NAME AND TITLE OF PERSON SIGNING REPORT	TELEPHONE NUMBER(S)
SIGNATURE I CERTIFY THE INFORMATION PROVIDED IS TRUE AND ACCURATE X	DATE



400 High St. SE
Salem, OR 97312

For SAIF Customer Use

Area _____
Dept. _____
Shift **CC** _____

CLAIM NO. _____
SUBJECT DATE _____
CLASS _____
DEFAULT DATE _____
EMPLOYER'S ACCOUNT NO. _____

Email: saif801@saif.com
Toll-free phone: 1.800.285.8525
Toll-free FAX: 1.800.475.7785

**Report of Job Injury
or Illness***
Workers' compensation claim

To make a claim for a work-related injury or illness, fill out this form and give to your employer.

If you do not intend to file a workers' compensation claim with SAIF, do not sign the signature line. Your employer will give you a copy.

1. Date of injury or illness: / /	2. Date you left work: / /	3. Time you began work on day of injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. Regularly scheduled days off: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W T F S S	DEPT USE: Emp Ins Occ Nat Part Ev Src 2src
5. Time of injury or illness: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	6. Time you left work: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7. Shift on day of injury: (from) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. (to) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) <input type="checkbox"/> Left <input type="checkbox"/> Right			9. Check here if you have more than one job: <input type="checkbox"/>	
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials)				
Information ABOVE this line: date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.				
11. Your legal name:		12. Language preference:	13. Birthdate: / /	
15. Your mailing address: City: State: ZIP:			16. Mobile/home phone:	
17. Occupation:			18. Work phone:	
19. Names of witnesses:		20. Your email address (Optional):		
21. Name and phone number of health insurance company:		22. Name and address of health care provider who treated you for the injury or illness you are now reporting:		
23. Have you previously injured this body part? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. Were you hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No				
25. Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>26. By my signature, I am making a claim for worker's compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(I)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization. I understand I have a right to see a health care provider of my choice subject to certain restrictions under ORS 656.260 and ORS 656.325.</p>				
27. Worker signature:		28. Completed by (please print):		29. Date: / /

Employer at time of injury

Complete the rest of this form and give a copy of the form to the worker. If the worker is unavailable, complete with available information. Notify SAIF within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

30. Employer legal business name:		31. Phone:		32. FEIN:
33. If worker leasing company, list client business name:			34. Client FEIN:	
35. Address of principal place of business (not P.O. Box):			36. Insurance policy no.:	
37. Street address from which worker is/was supervised: ZIP:			38. Nature of business in which worker is/was supervised:	
39. Address where event occurred:				
40. Was injury caused by failure of a machine or product, or by a person other than the injured worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			41. Class code:	
42. Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. Did injury occur during course and scope of job? <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		44. OSHA 300 log case no:
45. Date employer knew of claim:	46. Worker's weekly wage: \$	47. Date worker hired:		48. If fatal, date of death
49. Return-to-work status: Not returned <input type="checkbox"/> Regular Date: / / <input type="checkbox"/> Modified Date: / / <input type="checkbox"/> If modified work, is it regular hours and wages? <input type="checkbox"/> Yes <input type="checkbox"/> No				
By my signature, I acknowledge I am responsible for notifying my workers' compensation insurance company within five days of knowledge of the claim. I understand I may not restrict the worker's choice of or access to a health care provider. If I do, it could result in civil penalties under ORS 656.260.				
50. Employer signature:		51. Name and title (please print):		52. Date: / /

801

Form 801 12.20

OSHA requirements: Employers must report work-related fatalities and catastrophes to Oregon OSHA either in person or by telephone within eight hours. In addition, employers must report any in-patient hospitalization, loss of an eye, and any amputation or avulsion that results in bone or cartilage loss to Oregon OSHA within 24 hours. See OAR 437-001-0704. Call 800.922.2689 (toll-free), 503.378.3272, or Oregon Emergency Response, 800.452.0311 (toll-free), on nights and weekends.

*This form was modified by SAIF Corporation, and has been approved for use by the Oregon Workers' Compensation Division.

A guide for workers recently hurt on the job

The following information is provided by SAIF at the request of the Workers' Compensation Division

saif

400 HIGH ST. SE, SALEM, OR 97312

How do I file a claim?

- Notify your employer and a health care provider **of your choice** about your job-related injury or illness as soon as possible. Your employer cannot choose your health care provider for you
- Ask your employer the name of its workers' compensation insurer.
- Complete **Form 801, "Report of Job Injury or Illness,"** available from your employer and **Form 827, "Workers' and Health Care Provider's Report for Workers' Compensation Claim,"** available from your health care provider.

How do I get medical treatment?

- You may receive medical treatment from the health care provider **of your choice**, including:
 - Authorized nurse practitioners
 - Chiropractic physicians
 - Medical doctors
 - Naturopathic physicians
 - Oral surgeons
 - Osteopathic physicians
 - Physician assistants
 - Podiatric physicians
 - Other health care providers
- The insurance company may enroll you in a managed care organization at any time. If it does, you will receive more information about your medical treatment options.

Are there limitations to my medical treatment?

- **Health care providers may be *limited* in how long they may treat you and whether they may authorize payments for time off work.** Check with your health care provider about any limitations that may apply.
- **If your claim is denied, you may have to pay for your medical treatment.**

If I can't work, will I receive payments for lost wages?

- You may be unable to work due to your job-related injury or illness. In order for you to receive payments for time off work, your health care provider must send written authorization to the insurer.
- Generally, you will not be paid for the first three calendar days for time off work.
- You may be paid for lost wages for the first three calendar days if you are off work for 14 consecutive days or hospitalized overnight.
- If your claim is denied within the first 14 days, you will not be paid for any lost wages.
- Keep your employer informed about what is going on and cooperate with efforts to return you to a modified- or light-duty job.

What if I have questions about my claim?

- SAIF or your employer should be able to answer your questions. Call SAIF at 800.285.8525.
- If you have questions, concerns, or complaints, you may also call any of the numbers below:

Ombudsman for Injured Workers: (an advocate for injured workers)

Toll-free: 800.927.1271

Email: oiw.questions@oregon.gov

Workers' Compensation Resolution Section

Toll-free: 800.452.0288

Email: workcomp.questions@oregon.gov

Do I have to provide my Social Security number on Forms 801 and 827? What will it be used for?

You do not need to have an SSN to get workers' compensation benefits. If you have an SSN, the Workers' Compensation Division (WCD) of the Department of Consumer and Business Services will get it from your employer, the workers' compensation insurer, or other sources. WCD may use your SSN for the following: quality assessment, correct identification and processing of claims, compliance, research, injured worker program administration, matching data with other state agencies to measure WCD program effectiveness, injury prevention activities, and to provide to federal agencies in the Medicare program for their use as required by federal law. The following laws authorize WCD to get your SSN: the Privacy Act of 1974, 5 USC § 552a, Section (7)(a)(2)(B); Oregon Revised Statutes chapter 656; and Oregon Administrative Rules chapter 436 (Workers' Compensation Board Administrative Order No. 4-1967).

Incident/Accident Analysis



Company name: _____

Employee: _____ Department: _____ Supervisor: _____

Date and time of incident: _____ Date and time reported: _____ Incident location: _____
mm/dd/yy hh:mm mm/dd/yy hh:mm

Witnesses: _____

Describe incident completely.

Identify system problems that contributed to the incident/accident:

System factors

System factors

Management <i>Consider:</i> Policy enforcement Hazard recognition Accountability Supervisor training Corrective action Production priority Proper resources Job safety training Hiring practices Maintenance Adequate staffing Safety observations	<u>M</u> anagement systems	<u>E</u> mployee systems	Employee <i>Consider:</i> Procedures followed Shortcuts taken Appropriately trained Experience with the task Physically able to do the work PPE used Stressful conditions Safety attitude
Equipment <i>Consider:</i> Proper tool selection Tool availability Maintenance Visual warnings Guarding	<u>E</u> quipment systems	<u>E</u> nvironment systems	Environment <i>Consider:</i> Plant layout Chemicals used Temperature Noise Radiation Weather Terrain Vibration Ergonomics Lighting Ventilation Housekeeping Biological

<i>Consider:</i> Elimination/substitution Engineering controls Administrative controls Personal protective equipment (PPE)	Corrective actions/best practices:	Who will implement?	By when?	Date done?
--	------------------------------------	---------------------	----------	------------

Person(s) conducting analysis: _____ Date: _____ **Copy to:** Safety committee, management, owner or president

Conducting an incident/accident analysis

All workplace accidents, incidents, close calls, and near-misses should be promptly analyzed and corrected, regardless of severity.

This incident/accident analysis form should be completed by the immediate supervisor, with assistance from managers, safety committee members, safety coordinator, or analysis team as needed.

The form explores four organizational systems: management, employee, equipment, and environment (MEEE). Prompts alongside each box are designed to encourage open dialogue and communication about any factors, however minor, that may have contributed to the incident. The intent is to discover system failures so they can be corrected, and future incidents and accidents can be prevented.

There are four steps to this analysis. (You may need additional pages to record your findings.)

Step 1: Fact gathering

For each of the four systems (MEEE), record any facts that contributed to the incident. (Some items may fall into more than one category.) Ask open-ended questions such as: How did this happen? Tell me what you and others were doing? What tools were you using? What were the conditions around you?

Step 2: System analysis

For each of the facts you record, try to determine what caused or allowed this condition or practice to occur. Asking “why” will help you get to the core of the problem. Record your findings.

Step 3: Corrective action

For each cause you’ve identified, develop solutions or corrective actions. (The solution could be the same for more than one fact.) Determine who is responsible for fixing the problem or implementing the solution, and when it should be done. This information can be updated or revised as needed. The following are descriptions of ways to control hazards:

Elimination/substitution—Remove or replace the hazard. While this is the most effective at reducing hazards, it also tends to be the most difficult to implement in an existing process.

Engineering controls—Isolate people from the hazard. Engineering controls (such as equipment guards or shields) are highly effective because they are designed to remove the hazard at the source, before coming in contact with the worker.

Administrative controls/PPE—Change the way people work, including adding personal protective equipment. Administrative controls and PPE are frequently used with existing processes where hazards are not particularly well controlled. They are helpful but have been proven to be less effective than thoughtful design or engineering measures.

Step 4: Monitoring

Management and the safety committee should follow up to make sure corrective actions were taken and countermeasures were used effectively.

If an injury requires medical treatment beyond first aid, you must complete the workers’ compensation claim form (801). Legal requirements for recording and reporting work-related fatalities, injuries, and illnesses also may apply. Please visit [osha.oregon.gov/Pages/topics/recordkeeping-and-reporting.aspx](https://www.osha-oregon.gov/Pages/topics/recordkeeping-and-reporting.aspx) for additional information.

ACTION Form

Event analysis: a step-by-step approach that simplifies the analysis process

Company: _____ Department/Area: _____ Date/time of event: _____

Employee: _____ Job title: _____ Witnesses: _____

Complete an 801 form (saif.com/801form) if the event was an injury that required medical treatment beyond first aid. All work-related fatalities and events that result in the hospitalization of three or more workers must be reported to Oregon OSHA (bit.ly/3eA8L0J) within eight hours. Report inpatient hospitalization, loss of an eye, or an amputation/avulsion to Oregon OSHA within 24 hours by phone, 800.922.2689. When sharing this form with others, please remove all employee names to protect confidentiality.

What happened/could something more serious have occurred?

A-C-T-I-O-N

Here's a simple six-step process to analyze events in your workplace so you can find and fix issues to prevent similar events in the future. Every step requires an action; use the spaces below to take notes.

Accident/incident scene preservation

Secure the scene as soon as possible, provide appropriate medical attention, and limit area access.

--

Keep tools and equipment at the scene when possible.

Collect the facts

Focus on the event facts; avoid making assumptions. At this step, we are simply collecting information.

--

Write down what you see at the scene. Take photos and check video surveillance if available.

Ask employees and witnesses to tell you what happened in their own words.

Review records related to the event like maintenance, training, or policies.

Track sequence of events

Write down what happened before, during, and after the event.

--

Creating a timeline can help identify additional issues.

Identify contributing factors

Every event has a set of contributing factors. These may be physical environment, working conditions, or human factors, such as fatigue or stress.

Look at the diagram on the bottom of this page for an example.

Organize possible solutions

Once the contributing factors have been identified, recommend changes to prevent them from happening again. There will often be more than one recommendation, and you can rank them using this model, which is in order of effectiveness.

Think about how you might get rid of the hazard

Look for safer equipment, process, or materials

Do it in a different way, install a barrier, look at scheduling, create a healthier environment.

Train employees on safety and health

Support employees to wear required PPE and make healthier choices

Note solutions

The last ACTION step is to use your notes to come up with specific steps to improve.

Your recommendations should make a difference and be easy to understand.

Make it clear who will be responsible for each action.

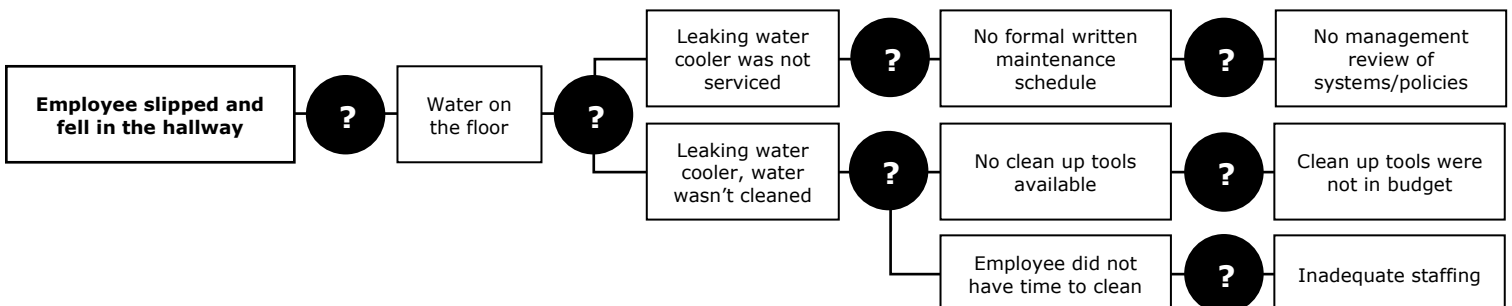
Report your findings to management to get needed resources.

Keep this event analysis in your files.

What are you going to do?	Person assigned:	Completion date:

Make sure to share these recommendations with the safety committee, the management team, and departments affected by the recommendations.

Contributing factors example



CONTINUING EDUCATION

Objective: *The service (a) will offer (internally or externally) continuing education, (b) which is based on QI/QA findings, (c) with Medical Director and/or hospital input, and (d) which is taught by a certified educator.*



The agency is at Step 1 when no continuing education is offered.



To move to Step 2:

- ✓ *Commit to providing the CE crew members need to maintain licensure*
- ✓ *Create list of required CE and corresponding training calendar*
- ✓ *If providing CE from external source, identify providers*
- ✓ *If providing CE from internal source, identify instructors and class materials*
- ✓ *Document all CE provided*

Agency members have shown they can and do remain licensed even if the agency provides no continuing education (CE). The agency loses a tremendous opportunity to improve and solidify the care they provide to their patients if and when the agency is completely removed from the CE its members receive. A strong medical-legal argument can be made that the agency must be involved in their members' CE. Failure to be involved divorces the agency from the concepts and practices being taught through CE and will lead to a general erosion of coordinated care by the agency. Successful ambulance services invest heavily in the CE of their members.

At a minimum, the agency should set as an immediate goal that the agency will provide, either internally or externally, the CE their members need to maintain licensure. By doing this, the agency will demonstrate that it is well-informed regarding requirements of its members. It will also show that it has intentionally and thoughtfully connected those requirements with sources for CE that meets licensure requirements and the agency's expectations.

The agency can offer CE either internally or through external educational sources. If the agency is only beginning its efforts in education, it may be prudent to have external sources provide the CE. The agency can learn valuable lessons in providing CE by observing and understanding what an experienced external source does in providing CE.

In either case, the agency will establish itself as the driver of CE for its members and must also assure that it understands the requirements needed to maintain licensure. A list should be created of the required CE and a corresponding calendar should be created identifying when the training will be done and who will do the training. If an external source is used, the agency will select the CE sessions it recognizes as needed and will schedule the sessions for its members. If the agency is doing its own CE, lesson objectives, class materials (equipment and supplies), and instructors will need to be created, identified and engaged. Feedback should be obtained from the class members after each class is done to gather information, which can be used for improving the next class.



The agency is at Step 2 when continuing education that meets minimum requirements needed to maintain licensure is offered (internally or externally).

Indicator

A calendar listing when CE will occur, who is instructing the course and where it will be held.



To move to Step 3:

- ✓ *Identify topics that address unique needs*
- ✓ *Identify CE sources for those topics*
- ✓ *Document all CE provided*

Once the agency has established itself as the source for CE for its members, the agency can add CE as deemed appropriate. There may be times when specific education is needed due to the agency's unique need – for example, perhaps the agency is located in a mining area which presents a variety of rescue and operational needs, perhaps there are international borders to contend with, perhaps a sizable population of a different culture lives in the service area. Members of the agency will benefit from CE focused specifically on situations the agency faces.

Agency members are often the best source of input when topics for CE are being developed. When the CE will be above that needed for licensure, the members are well qualified to identify topics that are troublesome or worrisome to them. The agency can use that input to find external sources that can provide the CE or it can use the feedback to construct classes to be taught internally. Again, each time a class is taught a class summary should be constructed which includes things such as, objectives, resources expected to be used in the class, who will teach the class, the teacher's qualifications, and the length and location of the class. The summary and the class roster can be used for documentation of the class.



The agency is at Step 3 when continuing education above minimum requirements needed to maintain licensure is offered (internally or externally).

Indicator

A compilation of class summaries and rosters documenting the CE provided above the minimums needed to maintain licensure.



To move to Step 4:

- ✓ *Identify topics that address findings from the QA/QI process*
- ✓ *Identify CE sources for those topics*
- ✓ *Document all CE provided*

As the QA/QI process (Section 5) develops and matures, that process should provide outputs directing the inclusion of specific topics to be addressed through CE. The outputs from quality will be included in the CE developed for the members of the EMS. For purposes of an example only, perhaps the QA process has been following a specific performance measure, such as the interval of time between arrival on the scene and the first recorded vital signs and has determined an improvement of 10 percent is desired. Summarized in a simple manner, the agency needs to assure an internal or external source is identified to provide training directed at reducing the interval of time measured by 10 percent.

In this step, as in the previous step, each time a class is taught a class summary should be constructed which will include things such as, objectives, resources expected to be used in the class, who will teach the class, the teacher's qualifications, length and location of the class. The class summary and the class roster can be used for documentation of the class.



The agency is at Step 4 when continuing education based on quality improvement and/or quality assurance findings is offered (internally or externally).

Indicator

A compilation of class summaries and rosters documenting the CE provided based on QA/QI input.



To move to Step 5:

- ✓ *Identify topics that address findings from the medical director's case reviews*
- ✓ *Identify topics that address findings from the hospitals' reviews*
- ✓ *Identify CE sources for those topics*
- ✓ *Require CE be conducted by certified instructors*
- ✓ *Document all CE provided*

In this step, the agency will include input from the medical director and/or hospital in CE development and will assure a certified instructor is used for the CE provided.

The medical director (see Section 3) must have effective input into CE. It is anticipated that case reviews conducted by the medical director will identify specific patient care and EMS operation issues to be addressed. Perhaps the medical director, by virtue of the case reviews done, notes that administration of oxygen is either delayed or missed in a specific group of patients he/she recognizes as a group known to benefit from early administration of supplemental oxygen. In this example, the agency is responsible to seek out or create and provide CE to address the issue so patients served receive the care the medical director wants delivered. Similarly, the hospital or hospitals the agency works with need to have input into CE training based on reviews the hospital(s) conducts. In both cases, the responsibility is held by the agency to assure the CE is provided to its members to address issues identified.

Certified educators add another dimension of credibility to CE provided to members of the agency. If CE is arranged for and provided by an external source, the agency can require that the CE be presented by a certified instructor. If the CE is provided through an internal program, the agency must determine the path each instructor must pursue to gain certification and then provide the necessary financial and other support to the instructor(s) to assure each educator obtains the certification. Upon completion of the certification process, the agency should establish a means of retaining credentialing records for all instructors it uses.

Finally, as in the other steps, for each CE class conducted the EMS agency must assure that proper and complete course documentation is created and retained.



The agency is at a Step 5 when continuing education based on quality improvement and/or quality assurance findings, with medical director and/or hospital input, and taught by a certified educator is offered (internally or externally).


Indicators

(1) Documentation of CE course content developed based on input from the medical director or hospital, and

(2) Official documentation attesting to the certification of the educators who present the training.

Parkdale Rural Fire Protection District

Standard Operating Guideline/Policy

Title:	Bloodborne Pathogens	
Section:	EMS Operations	
SOG #:	7.03	
Authorized By:	Michael L. McCafferty, Fire Chief	

PURPOSE:

To establish a guideline to eliminate and minimize exposure of employees to blood or certain other body fluids.

POLICY:

It shall be the policy of the Parkdale Rural Fire Protection District (PRFPD) to ensure that all employees have been trained and understand the risks of being exposed to bloodborne pathogens. All bloodborne pathogens training and guidelines will be in accordance with the OSHA Bloodborne Pathogens Standard, 29, CFT 1910.1030.

AUTHORITY & RESPONSIBILITY:

It shall be the responsibility of each member to follow this policy. The Chief Officers of the Department shall ensure compliance of this policy.

PROCEDURE:

Information and Training

- All responders are to be trained at the time of initial entrance into the Department and every year thereafter.
- The training will be interactive and cover the following:
 - The standard and its contents.
 - The epidemiology and symptoms of bloodborne diseases.
 - The modes of transmission of bloodborne pathogens.
 - The recognition of tasks that may involve exposure.
 - The use and limitations of methods to reduce exposure, for example engineering controls, work practices, and personal protective equipment (PPE).
 - The types, use, location, removal, handling, decontamination, and disposal of PPE.
 - The basis of selection of PPE's.
 - The Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
 - The appropriate actions to take and persons to contact in an emergency involving bloodborne pathogens.
 - The procedure to follow if an exposure incident occurs, including the method of reporting and medical follow-up.

- The evaluation and follow-up required after an employee exposure incident.
- All trained responders must sign a training roster that is dated and indicates the training received and the name of the instructor.
- Additional training is provided to responders when there are any changes of tasks or procedures affecting the employee's occupational exposure.

Record Keeping

Training records shall be maintained. The following information shall be documented:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training;
- The names and job titles of all persons attending the training sessions;
- Training records shall be kept in the responders file.

Medical records should be maintained and shall be kept confidential for at least the duration of the responder's membership, plus 30 years. The records shall include the following:

- The name and social security number of the employee.
- A copy of the employee's HBV vaccination status, including the dates of vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures.
- A copy of the information provided to the health care professional, including a description of the responders' duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
- Medical records on vaccinations and post exposure follow-ups.

Refer to the Exposure Control Plan for specifics and further information on bloodborne pathogens.

Adopted: 06-06-2006 Ty Erikson, Fire Chief

Amended: 6 - 14 - 2018


Michael L. McCafferty, Fire Chief

Hazardous Materials

DECONTAMINATION ZONE

Note: All victims suspected of ingestion or significant exposure to **hydrogen cyanide** solution **require decontamination**. Others may be transferred immediately to the Support Zone.

A. Decontamination

1. Victims who are able and cooperative may assist with their own decontamination.
 - a. **Rapidly remove contaminated clothing** while flushing exposed skin and hair with plain water for 2 to 3 minutes.
 - b. Then wash twice with mild soap.
 - c. Rinse thoroughly with water.
 - d. Double bag contaminated clothing and personal belongings.
2. Irrigate exposed or irritated eyes with plain water or saline for 5 minutes.
 - a. Continue eye irrigation during other basic care or transport.
 - b. Remove contact lenses if present and easily removable without additional trauma to the eye.

B. Transfer to Support Zone as soon as decontamination is complete.

IDENTIFICATION

CAS 74-90-8

UN 1051

Synonyms include formic anammonide and formonitrile. Aqueous solutions are referred to as hydrocyanic acid and prussic acid.

Hydrogen cyanide is very volatile, producing potentially lethal concentrations at room temperature. At temperature below 78°F, hydrogen cyanide is colorless or pale blue liquid (hydrocyanic acid); at higher temperatures, it is a colorless gas. It has a faint bitter almond odor and a bitter burning taste. It is soluble in water. **Hydrogen cyanide is lighter than air.**

PRECAUTIONS

- A. Persons whose clothing or skin is contaminated with cyanide containing solutions can secondarily contaminate personnel by direct contact or through off-gassing vapor.
 - 1. Avoid dermal contact with cyanide-contaminated victims and their bodily fluids.
 - 2. **Take special care with victims who may have ingested cyanide, as cyanide salts dissolve in the stomach and react with hydrochloric acid to produce hydrogen cyanide gas. Transport patients in vehicles with windows opened and/or good ventilation. These patients who meet *Death in the Field* criteria should be considered a Hot Zone.**
 - 3. Victims exposed only to hydrogen cyanide gas do not pose contamination risks to rescuers.
- B. Hydrogen cyanide is a volatile flammable liquid at room temperature; as a gas, it is flammable and potentially explosive.
- C. Hydrogen cyanide is absorbed well by inhalation and can produce death within minutes.
 - 1. Substantial absorption can occur through intact skin if vapor concentration is high.
 - 2. Exposure by any route may cause systemic effects.

HEALTH EFFECTS

HCN is classified a systemic (chemical) asphyxiant. Cyanides interfere with the intracellular utilization of oxygen resulting in cellular dysfunction and cell death. Effects are most profound and first evidenced in the CNS and cardiovascular system. Initial symptoms may include CNS excitation and cardiovascular compensation followed by depression/collapse of both systems.

ROUTES OF EXPOSURE

- A. Inhalation
 - 1. Hydrogen cyanide is readily absorbed from the lungs; symptoms of poisoning begin within seconds to minutes.
 - 2. *The odor of cyanide does not provide adequate warning of hazardous concentrations. Perception of the odor is a genetic trait (20% to 40% of the general population cannot detect hydrogen cyanide); also, rapid olfactory fatigue can occur.*
- B. Skin/Eye Contact: Exposure to hydrogen cyanide can cause skin and eye irritation and can contribute to systemic poisoning with delayed symptoms.
- C. Ingestion of hydrogen cyanide solutions or cyanide salts can be rapidly fatal

SIGNS AND SYMPTOMS

- A. Signs and symptoms usually develop rapidly. Initial symptoms are nonspecific and include excitement, dizziness, n/v, HA and weakness.
- B. Progressive signs and symptoms may include: Drowsiness, tetanic spasm, convulsions, hallucinations and loss of consciousness.
- C. Cardiovascular – Can cause various life-threatening dysrhythmias.
- D. Respiratory
 - 1. Victims may complain of shortness of breath and chest tightness.
 - 2. Pulmonary findings may include rapid breathing and increased depth of respiration.
 - 3. As poisoning progresses, respirations become slow and gasping; cyanosis may be present, and pulmonary edema may develop.

RESCUER PROTECTION

- A. Respiratory protection: Pressure demand self-contained breathing apparatus (SCBA) is recommended in response situations that involve exposure to potentially unsafe levels of hydrogen cyanide.
- B. Skin protection: Chemical protective clothing is recommended because both hydrogen cyanide vapor and liquid can be absorbed through the skin to produce systemic toxicity.

DECONTAMINATION ZONE

- A. Refer to Decontamination page.
- B. Transfer to Support Zone as soon as decontamination is complete.

SUPPORT ZONE

- A. Be certain that victims have been decontaminated properly. Additional decontamination may be required for exposed skin and eyes.
- B. Decontaminated victims or those exposed only to vapor, pose no serious risks of secondary contamination to rescuers. In these cases, Support Zone personnel require no specialized protective gear.

TREATMENT

Patients who rapidly regain consciousness and who have no other signs or symptoms may not require antidote treatment. Patients who remain comatose or develop shock should be treated promptly with the antidotes per OLMC direction. In cases of ingestion—**emesis and activated charcoal are *contraindicated***.

- A. High flow oxygen, establish IV access, apply cardiac monitor and secure protected airway following Airway Management protocol.
- B. If Cyanide Toxicity is suspected based on findings (soot in mouth, nose or oropharynx, known exposure) and patient is comatose, in cardiac or respiratory arrest, or has persistent hypotension despite fluid resuscitation:
 - 1. Administer Hydroxocobalamin (CYANOKIT®) 5 g IV or IO over 15 minutes. Repeat once if needed. For cardiac arrest, hydroxocobalamin should be administered as a rapid fluid bolus.
 - 2. If Hydroxocobalamin (CYANOKIT®) is not available, then administer Sodium Thiosulfate 50 ml of 25% solution over 10-20 minutes. Pediatric dose is 1.65 ml/kg.

3. Do NOT administer Hydroxocobalamin (CYANOKIT®) and Sodium Thiosulfate to the same patient.
 4. Treat other presenting symptoms per appropriate protocol.
 5. Initiate emergent transport to appropriate facility.
 6. Patients in shock or having seizures should be treated according to existing protocols. These patients may be seriously acidotic; consider giving sodium bicarbonate 50 mEq, with OLMC direction.
- C. **MULTI-CASUALTY TRIAGE** - Patients who have only brief inhalation exposure and mild or transient symptoms may be discharged.

IDENTIFICATION

CAS 7664-39-3

UN 1052 (Anhydrous)

UN 1790 (Solution)

Synonyms include fluoric acid, hydro fluoride, hydrofluoric acid, and fluorine monohydride.

Hydrogen fluoride is a colorless, corrosive fuming liquid or gas (boiling temperature 67°F) with a strong irritating odor. It is usually shipped in cylinders as a compressed gas. Hydrogen fluoride readily dissolves in water to form colorless hydrofluoric acid solutions. Dilute solutions are indistinguishable from water. It is present in a variety of over-the-counter products at concentrations of 6% to 12%.

PRECAUTIONS

- A. Victims whose clothing or skin is contaminated with HF liquid, solution or condensed vapor, can secondarily contaminate response personnel by direct contact or through off-gassing vapor.
- B. Inhalation hazards result not only from HF gas but also from fumes arising from concentrated hydrogen fluoride liquid **or from the patient's bodily fluids.**
- C. Rapid flushing of exposed areas with water is critical. HF is water-soluble.

HEALTH EFFECTS

The toxic effects of hydrogen fluoride are due primarily to the fluoride ion. The fluoride ion combines with endogenous calcium and magnesium to form insoluble calcium fluoride and magnesium fluoride.

- A. This results in cell destruction and local bone demineralization.
- B. Life threatening hypocalcemia, hypomagnesemia, and hyperkalemia can occur.
- C. The adverse action of the fluoride ion may progress for several days.

ACUTE EXPOSURE

- A. **Respiratory**—Due to HF's water solubility, effects of exposure generally occur in the upper airway including the glottis. However, people incapacitated in large clouds of HF can have severe deep lung injury.
 1. **Mild effects**— mucous membrane irritation, cough and narrowing of the bronchi.
 2. **Severe effects:**
 - a. Almost immediate narrowing and swelling of the throat, causing upper airway obstruction.
 - b. Lung injury may evolve rapidly or may be delayed in onset for 12 to 36 hours.
 - c. Pulmonary edema and constriction of the bronchi. Partial or complete lung collapse can occur.
 - d. Pulmonary effects can result even from splashes on the skin.
- B. **Dermal**—Depending on the concentration and duration of exposure, skin contact may produce pain, redness of the skin, and deep, slow healing burns with symptoms delayed up to 24 hours. HF can penetrate tissues deeply, causing both local cellular destruction and systemic toxicity.

C. Ocular

1. **Mild effects**— Rapid onset of eye irritation.
2. **More severe effects**— May result from even minor hydrofluoric acid splash include, sloughing of the surface of the eye, swelling of the structures of the eye, and cell death due to lack of blood supply. Potentially permanent clouding of the eye surface may develop immediately or after several days.

D. Gastrointestinal

1. A small amount of ingested HF is likely to produce systemic effects including acid-base imbalance and may be fatal.
2. Ingestion of hydrofluoric acid may cause corrosive injury to the mouth, throat and esophagus as well as inflammation and bleeding of the stomach.
3. Nausea, vomiting, diarrhea, and abdominal pain may occur.

E. **Electrolyte disturbances**—Exposure by any route may result in systemic effects: Hypocalcemia and/or hypomagnesemia and/or hyperkalemia.

PREHOSPITAL MANAGEMENT

HOT ZONE

Rescuer Protection

- A. SCBA is recommended in response situations that involve exposure to potentially unsafe levels of hydrogen fluoride.
- B. Skin protection: Chemical protective clothing, i.e. level A or level B, is recommended because skin exposure to either vapor or liquid may cause severe consequences.

DECONTAMINATION ZONE

- A. Victims exposed only to hydrogen fluoride gas or vapor who have no skin or eye irritation do not need decontamination, they may be transferred immediately to the Treatment Area.
- B. Rescuer Protection: If exposure levels are determined to be safe, personnel wearing a lower level of protection than that worn in the Hot Zone may conduct decontamination.
- C. ABC Reminders:
 1. Quickly ensure a patent airway— anticipate airway edema.
 2. Stabilize the cervical spine with a c-collar and a backboard if trauma is suspected.
 3. Administer supplemental O₂.
 4. Assist ventilation with a bag-valve-mask device if necessary.
- D. Basic decontamination:
 1. Victims who are able and cooperative may assist with their own decontamination
 - a. **RAPIDLY REMOVE CONTAMINATED CLOTHING** while flushing exposed skin and hair with plain water for 15 minutes.
 - b. If treatment recommended below is available, water flushing may be reduced to 5 minutes and the treatment should be started immediately.
 - Calcium gluconate 3 g mixed with 5 oz water soluble lubricant and applied to burn.
 - c. Double bag contaminated clothing and personal belongings.
 2. Irrigate exposed or irritated eyes with plain water or saline or 5 minutes.
 - a. Continue eye irrigation during other basic care or transport.

- b. Remove contact lenses if present and easily removable without additional trauma to the eye.
3. In case of ingestion, **do not induce emesis or administer activated charcoal.**
 - a. Victims who are conscious and able to swallow should be given 4 to 8 ounces of water or milk.
 - b. If available, also give 2 to 4 ounces of an antacid containing magnesium (e.g., Maalox, Milk of Magnesia) or calcium (e.g., TUMS).
4. As soon as basic decontamination is complete, move the victim to the Treatment Area.

TREATMENT

Be certain that victims have been decontaminated properly. Treatment Area personnel require no specialized protective gear if victims have undergone decontamination.

- A. ABCs, C-spine (prn), Pulse Oximetry, and ECG to obtain baseline QT interval (may be of benefit for this).
- B. Treat patients who are symptomatic per existing protocols.
- C. Observe for signs of hypocalcemia and contact OLMC regarding treatment with Calcium Gluconate.
 1. ECG—prolonged Q-T interval or QRS or ventricular dysrhythmias.
 2. Other—Muscular tetany. This is probable after ingestion of even small amounts of HF.
- D. **For inhalation victims.**
 1. Administer 2.5% calcium gluconate by nebulizer. Mix 1cc of 10% Calcium Gluconate with 3ccs of Normal Saline into the nebulizer.
 2. If wheezes are present, consider use of Albuterol per Respiratory Distress protocol.
- E. **Minor Burns.**
 1. Initially, the health care provider should wear rubber or latex gloves to prevent secondary contamination.
 2. Calcium gluconate 3 g mixed with 5 oz water soluble lubricant and applied to burn.
 3. Continue this procedure until pain is relieved or more definitive care is rendered.
- F. **Hand Exposure**
 1. Subungual (under the nail) burns often do not respond to immersion treatment. The treatment for hand burns requires expert assistance; consult with OLMC.
 2. Treatment of hand exposures can be accomplished by placing calcium gluconate gel into an exam glove and placing the glove on the affected hand.
- G. **Optical Exposure**—Irrigate exposed eyes with a 1% aqueous solution of calcium gluconate (10 ml of 10% solution in 90 ml of sterile saline in Buretrol) using a nasal cannula.
 1. Up to 500 ml over 1 to 2 hours may be used.
 2. If calcium gluconate is not available, use normal saline for irrigation.

Hydrogen Fluoride – 70.030

MULTI-CASUALTY TRIAGE

Consult with the OLMC for advice regarding triage of multiple victims. Persons who have had only minor or brief exposure to hydrogen fluoride gas or vapor and are initially asymptomatic are not likely to develop complications. See Multiple Toxic Exposure Protocol.

IDENTIFICATION

CAS 56-38-2

UN 2783

Synonyms include Alkron, Alleron, Danthion, DNTP, DPP, Ethyl Parathion, Etilon, E-605, Stathion, Sulphos, and Thiophos.

The term organophosphate (OP) is generally understood to mean an organic derivative of phosphoric or similar acids. There are many different OPs and they differ to some extent in their properties. Many OPs inhibit an enzyme known as acetylcholinesterase. This is a class effect of OPs, but not all OPs (e.g. glyphosate) demonstrate this effect. Inhibitors of acetylcholinesterase affect certain nerve junctions in animals, as well as parasympathetic effector sites (the heart, lungs, stomach, intestines, urinary bladder, prostate, eyes and salivary glands). By inhibiting the enzyme acetylcholinesterase, OPs prevent the nerve junction from functioning properly.

PRECAUTIONS

- A. Organophosphates are highly contaminating.
- B. Victims whose skin or clothing is contaminated with liquid or powdered organophosphate can secondarily contaminate response personnel by direct contact or off gassing of solvent vapor.
- C. Clothing and leather goods (e.g., belts or shoes) cannot be reliably decontaminated; they should be incinerated.
- A. Special care should be taken to avoid contact with the vomitus of a patient who has ingested organophosphate.

PHYSICAL PROPERTIES

- A. At room temperature, organophosphate are powders or combustible liquids.
- B. Organophosphates are almost insoluble in water, slightly soluble in petroleum oils, and miscible with many organic solvents. Accordingly, most commercial products contain hydrocarbon solvents.
- C. Organophosphates have low vapor pressures; thus significant inhalation is unlikely at normal temperatures (Exception: Dichlorvos (a.k.a. DDVP and Vapona) when in a poorly ventilated confined space). However, the hydrocarbon solvents remain volatile and flammable, as well as possessing toxic properties.

ROUTES OF EXPOSURE

- A. Inhalation:
 - 1. Toxic inhalation of organophosphate vapor is unlikely at ordinary temperatures because of its low volatility, but toxic effects can occur after inhalation of organophosphate sprays or dusts.
 - 2. The hydrocarbon solvents (most commonly toluene and xylene) used to dissolve organophosphate are more volatile than organophosphate itself, and toxicity can result from inhalation of solvent vapor as well.
- B. Skin/Eye Contact—Organophosphates are rapidly absorbed through intact skin or eyes, contributing to systemic toxicity.
- C. Ingestion—Acute toxic effects. May be rapidly fatal.

HEALTH EFFECTS

A. Introduction:

1. Organophosphates are known as cholinesterase inhibitors. Normally, the neurotransmitter acetylcholine (ACh) is broken down by acetylcholinesterase (AChE). Organophosphates inhibit the activity of AChE and thus ACh is not broken down. The resulting accumulation of ACh overstimulates ACh receptors (aka cholinergic receptors) within the central and peripheral nervous systems. The toxic effects of organophosphates result from this overstimulation of ACh receptors. There are two types of ACh receptors, muscarinic and nicotinic.
2. Signs and symptoms of poisoning vary according to age, dose, and concentration:
 - a. **CNS effects**—Irritability, nervousness, giddiness, fatigue, lethargy, impairment of memory, confusion, slurred speech, visual disturbance, depression, impaired gait, convulsions, loss of consciousness, coma, and respiratory depression. CNS effects can be some of the earliest symptoms.
 - b. **PNS Effects**—Nicotinic and muscarinic stimulation can provide opposing effects. In general, nicotinic signs and symptoms predominate early in organophosphate poisoning, while muscarinic signs and symptoms predominate later.
 - i. **Muscarinic effects**— **SLUDGE** (Salivation, Lacrimation, Urination, Defecation, Gastroenteritis, Emesis), or **DUMBELS** (Diarrhea, Urination, Miosis, Bradycardia, Bronchorrhea, Bronchospasm, Emesis, Lacrimation, Salivation, Secretion, Sweating).
 - ii. **Nicotinic effects**— **MTWHF** (Mydriasis, Tachycardia, Weakness, Hypertension, Hyperglycemia, Fasciculations, Flaccidity).

PREHOSPITAL MANAGEMENT

• **HOT ZONE**

- A. Respiratory Protection: SCBA is recommended in response situations that involve exposure to potentially unsafe levels of organophosphates.
- B. Skin Protection: Chemical-protective clothing is recommended because organophosphates are rapidly absorbed through the skin and may cause systemic poisoning.

• **DECONTAMINATION ZONE**

All victims suspected of organophosphate ingestion, or substantial exposure to aerosolized organophosphates, or who have skin or eye exposure to liquid or powdered organophosphates require thorough decontamination.

BASIC DECONTAMINATION

Follow Decontamination General Guidelines. Then, move the victim to the Treatment Area upon completion.

SIGNS AND SYMPTOMS

- A. Mild poisoning HA, n/v, abdominal cramps, and diarrhea.
- B. Moderate poisoning: Generalized muscle weakness and twitching, slurred speech, pinpoint pupils, excessive secretions, and shortness of breath.

- C. Severe poisoning: Seizures, skeletal-muscle paralysis, respiratory failure, and coma.

TREATMENT

- A. Secure protected airway in cases of respiratory compromise per Airway Management protocol.
- B. There is no contra-indication to the use of paralytic agents in this setting, however both ***succinylcholine and vecuronium will have a significantly sustained duration of paralysis in the presence of organophosphates.***
- C. The initial intravenous dose of atropine in adults should be determined by the severity of symptoms. In seriously poisoned patients, very large doses may be required. Alterations of pulse rate and pupillary size are unreliable indicators of treatment adequacy. **Atropine works *only* to correct muscarinic effects.**
1. In mild to moderate poisonings (e.g. headache, mild bronchorrhea, nausea, vomiting, diarrhea but normal mentation), administer atropine 1-2 mg IV/IO/IM every 3-5 minutes until symptoms improve.
 2. For severe poisoning (e.g. altered mental status, unconsciousness, seizures), administer atropine 3-5 mg IV/IO/IM every 3-5 minutes until symptoms begin to improve.
 3. Treat seizures per seizure protocol.
- D. Administer pralidoxime (2-PAM), if profound weakness or paralysis present.
1. Moderate symptoms—1,200 mg (two Mark 1 injectors or one Duodote).
 2. Severe symptoms—1,800 mg (three Mark 1 injectors or three Duodote injectors).

CAUTION: When administering 2-PAM intravenously, administer at rate of less than 200 mg/minute, (4 mg/minute for children).

Note: The Mark 1 auto-Injector atropine is 2 mg. The 2-Pam auto-injector is 600 mg pralidoxime. The Duodote Auto-Injector is atropine 2.1 mg/0.7 mL and pralidoxime chloride 600 mg/2 mL.

- E. Patients who are comatose, hypotensive, have seizures or cardiac dysrhythmias should be treated according to ALS protocols.

TRANSPORT TO MEDICAL FACILITY

- A. Report to OLMC, and the receiving medical facility, the condition of the patient, treatment given, and estimated time of arrival at the medical facility.
- B. If organophosphate has been ingested:
1. Prepare the ambulance in case the victim vomits toxic material.
 2. Prepare several towels (or other absorbent material) and open plastic bags to quickly clean up and isolate vomitus.

MULTI-CASUALTY TRIAGE

Patients who have histories or evidence suggesting substantial exposure and all persons who have ingested organophosphate should be transported to a medical facility for evaluation.

Organophosphates – 70.040

- A. Others may be discharged from the scene after their names, addresses, and telephone numbers are recorded.
- B. They should be advised to seek medical care promptly if symptoms develop or recur.

PEDIATRIC PATIENTS:

Atropine: In children, dose is 0.05 mg/kg IV/IO.

Pralidoxime: Pediatric dose: 25 to 50 mg/kg and must be given slowly via IV (4 mg/min.)

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 700 Hazardous Materials Incident Response Plan

Purpose: To provide a plan to respond to, operate and recover from hazardous materials events in a safe and efficient manner.

700.01 RESPONSE:

The closest EMS unit will be dispatched to the scene. When the dispatch center is notified that the emergency involves a Haz-Mat, the following actions will be taken:

- A. The dispatch center will obtain the information on the product, the amount, the nature of the incident, the weather conditions and all other information normally obtained in the triaging of a run.
- B. Dispatch will notify the on-duty supervisor, Deputy Chief, and Chief.
- C. The on-duty supervisor will make sure the Deputy Chief and Chief are notified, and decide whether to send additional SCEMS personal to the scene and/or off duty personal to the station or scene. SRT response will be at the discretion of the on duty supervisor, Deputy Chief or Chief.
- D. The on-scene SCEMS commander will remain in the command post as liaison with the on-scene fire commander.
- E. Coordinate with Shelby Task Force responders.

700.02 **INITIAL ACTIONS**

The first unit in will set a boundary to serve as the outer boundary of the warm zone. At no time will the crew enter this boundary and they will prohibit anyone else from entering.

Upon arrival of the fire department, SCEMS personnel will relay any information and confer with the on-scene fire commander. A request for SRT response will be considered and the SRT paged as necessary. The crew should then locate an area that can be used for decontamination of any exposed victims. This area should be up wind, uphill and upstream and have good drainage. The crew should contact the on-scene fire commander for a water source to decon the victims.

700.03 **PERSONNEL ACTIONS**

Personnel will prepare the on scene Med unit to transport patients after donning appropriate personal protective equipment. This will include:

- A. Remove all of patient's clothing. Decontaminate the patient appropriately and wrap the patient in plastic or body bag zipped to the neck.

All SCEMS ambulances shall have the following as equipment minimums:

- 2- Full Face APR's
- 2 - Level B/C suits
- 4 - Multipurpose cartridges for respirators
- 2 - Pair Booties
- 4 - Pair Gloves
- 1 - Plastic or body bag for wrapping the patient
- 1 – Chemically resistant tape
- 1 - DOT Emergency Response Guidebook
- 1- Pair binoculars

- B. Don Level C PPE, gloves and respirators.
- C. When there is more than one victim, each unit transporting will transport at least two victims (if patient condition allows). In the case of multiple non-stretcher patients, more than two should be transported, if possible.

700.04 **DECONTAMINATION CORRIDOR**

Use boundary tape or rope to mark off area.

Locate a water source and hose to bring water to the decontamination corridor. This may be a hose from a fire department pumper. Set up a containment area, when necessary, using pools or making a basin.

Have available water, soap, sponges, and brushes to clean victims. Also have plastic bags available to bag up victims possessions.

Stack sheets and blankets at exit area of decontamination corridor for wrapping victims.

The Haz-Mat tent can be set up if weather conditions permit and indicate.

Once decontamination starts no one should enter the corridor without proper clothing and decontamination upon leaving.

700.05 **VICTIM DECONTAMINATION**

Decontamination of victims with simple exposure or minor injuries and patient is ambulatory:

- A. Have victim come to entry point of the corridor and drop any items that they may be carrying.
 - 1. Outerwear
 - 2. Shirt or blouse
 - 3. Shoes
 - 4. Pants

- B. Have victim move into corridor and step into the containment basin. Have victim remove undergarments.
- C. Wash victim with water alone from the head down (in powder contaminates brush off all powder before washing down.)
- D. Have victims step out of pool and walk to the exit point of the corridor. Wrap victim in sheet or blanket.
- E. Send victim to transport officer as in the disaster SOP.
- F. SCEMS personnel should indicate actions verbally and minimize exposure to the patient.

700.06

NON AMBULATORY PATIENT DECON

- A. The patient should be brought to the edge of the decontamination corridor in a stokes basket or on a long spine board. The triage officer will cut away all clothing and leave the clothing in the hot zone.
- B. The patient will be carried into the decontamination corridor and placed in the retention basin. One person may have to hold the stretcher head up if the pool has already been used. The patient will then be washed with soap and water. Upon a thorough washing with soap and water the patient will then be rinsed.
- C. The patient will be carried to the exit point of the corridor. Here he/she will be covered with sheets and blankets and the transport officer will take charge of the victim.

700.07

SCEMS SUPPORT ROLES

- A. Decontamination of fire personnel. While it is the fire department's responsibility SCEMS may assist if requested and approved.
- B. Medical advice as it relates to the tactical operation.
- C. Tactical advice, where applicable.
- D. Coordination with receiving hospitals.

701.01

TRAINING

All new members of the SCEMS will receive a minimum of 8 hours of Hazardous Materials Response training, prior to responding to a Hazardous Materials incident as stated in CFR 1910.120. Members will be certified up to but not limited to the operations level training.

701.02

Any member that will be entering the hot zone area of a hazardous materials incident will be trained to the minimum of the technician level, as stated by CFR 1910.120

701.03

All members of the SCEMS will receive annual refresher training, as stated in CFR 1910.120.

702.01 **COORDINATION**

The SCEMS commander of a hazardous materials incident, shall upon confirmation of an ongoing incident, shall contact Shelby County Emergency Management if not already notified.

702.02 The Shelby County EMA shall be the agency that will furnish equipment and resources that are essential to the hazardous materials response.

ADDITIONAL RESOURCES

- [Oregon Occupational Safety and Health Oregon Administrative Rules](#)

INCIDENT RESPONSE AND MENTAL WELLNESS

Objective: *The agency (a) will have informal and positive debriefing and support from more experienced members, (b) will be provided with notification by dispatch at the time of a possible incident, (c) will have leadership trained in Incident Response, (d) has a policy of debriefing impacted members, (e) will have professional counseling offered at reduced or no charge to members, and (f) will have follow up check-in with impacted members as standard procedure.*



The agency is at Step 1 when there is no incident response and mental wellness debriefings.



To move to Step 2:

- ✓ *Identify experienced agency members who can be relied on to provide informal support to less experienced agency members.*
- ✓ *Make basic level training on incident response and mental health to experienced agency members.*
- ✓ *Nurture the concept that all members of an agency involved in an incident need care.*

EMS providers are recognized for the care and compassion they extend to others in need. Putting patients' needs ahead of their own is demonstrated in multiple portions of their lives. They quickly set aside their personal and family agenda to respond when an alert goes out. They frequently put themselves at risk on calls. They outwardly and inwardly grieve for those who have suffered injury or loss. And they rarely pay attention to their own needs on or off the job. Published reports say that a high percentage of EMS providers experience significant stress and nearly the same percentage have not sought out or received help in dealing with the stress.

An agency can have a significant impact in members' well-being by becoming aware of the impact of incident responses and committing to mitigate and address some of that impact in a deliberate and effective manner.

It is the agency's responsibility to put plans in place to care for members who so freely and with purpose expose themselves to the threats of physical and emotional damage. Successful ambulance services demonstrate the ability to reduce the impact of incidents on members through specific actions, plans and programs which they implement.

There are many resources available on establishing a means to address incident response and mental wellness associated with ambulance calls members of the agency go on. One of the most effective is the presence of experienced members who are involved in an incident; those who have experienced responses to high-stress calls and now are serving alongside other agency members.

To assure the more experienced members are prepared to provide co-workers with informal and positive debriefing and support, it is prudent for the agency to assure some common understanding of incident response debriefing is held by all members of the agency. Providing basic training on incident response and mental health will help the more experienced members understand the role they can fill. It is a role they are probably already aware of, but perhaps need permission to exercise. Remember, in any incident response stress is reduced when roles are clarified. That is true also for the more experienced members being relied on to provide informal and positive debriefing and support to co-workers.

A tremendously significant caution needs to be made at this point: do not let the experience of the members of the agency obscure the fact that all members of the agency involved in an incident need care.



The agency is at Step 2 when there is informal and positive debriefing and support from more experienced members.

Indicator

Evidence that informal and positive debriefing and support is being provided to members from more experienced members.



To move to Step 3:

- ✓ *Develop a list of types of potentially high-stress calls*
- ✓ *Develop a system for agency pre-notification by dispatch on potential high-stress calls*
- ✓ *Agency leadership will begin on how to address follow-up on high-stress calls*

When members of the agency have been involved in a high-stress call, it is appropriate to initiate a pre-planned effort to address members' needs as early as possible. The care can begin during the ambulance call and should continue until the entire plan for care has been completed.

A fundamental step that will enable the agency to activate a care plan for its members, is early notification by dispatch of a potentially high-stress call. Such a call will serve as an alert that is needed for the agency to activate resources. (Additional discussion on a larger plan will be taken up in Step 3.) The agency will need to work out a system with dispatch identifying a list of potentially high-stress calls. Examples of call categories that are often considered high stress include those that involve a critical pediatric patient, a fatality, major trauma, suicide or other horrific circumstance. When calls in the identified categories are received by dispatch, a specific notification to specific members of the agency will be made. Dispatch must have a procedure in place to alert the supervisor of the agency or some other designated officer of the potentially high-stress call.

Although the goal is to achieve a pre-alert to all potential high stress calls, it is likely the pre-alert will need to be monitored and improved. It is unrealistic to think the initial list and the procedure established will accomplish everything each party expects. It is wise to measure the number of times dispatch notifies the designated agency leader in comparison to the number of calls received which fit into the recognized group of high-stress calls. By measuring this, the agency and dispatch will be able to accurately review the effort's proficiency, build improvement plans and retain an objective perspective when a high-stress call is missed.

In addition to establishing the link between dispatch and agency leadership, agency leadership must address issues related to incident responses and mental health. There are ample resources available to the agency to guide development of practices and policies to address this issue. The guidance available includes things to be considered while responding, and on the scene, as well as after the incident.

Some of the information that will guide development of an incident response plan may seem like common sense or general information. Discussions need to occur within the agency's leadership and with the entire membership of the agency to identify and validate necessary steps to be taken. As an example, resources such as one the Occupational Safety and Health Administration (OSHA) provides can be a discussion starter for conversations.

[OSHA Example](#)

Some of the common sense things noted in resources can easily become a starting point for action plans related to, "We could do this," or "Doing two or three of these things right now could make a difference."

When there is no formal plan, intentional discussion and informal responses to identified deficiencies can make an immediate difference in members' well-being.



The agency is at Step 3 when there is informal and positive debriefing and support from more experienced crew members (completed in the previous step). Dispatch occasionally notifies the EMS agency on a predetermined set of calls (pediatric, suicides, fatalities, trauma, etc.) that are addressed by agency leadership.

Indicators

*(1) dispatch will occasionally notify the agency on a predetermined set of calls, and
(2) agency leadership will begin to address possible issues informally.*



To move to Step 4:

- ✓ *Leadership will participate in incident response training*
- ✓ *Develop a briefing policy*
- ✓ *Identify resources available to support the policy*
- ✓ *Assure connections are in place with appropriate agencies to support the policy*

In this step, leadership of the agency will receive training in incident response. This is the first step in a larger effort, creating a plan to address high-stress calls that members encounter. Creating the plan will require considerable effort. Agency leaders must complete training so a common basis of knowledge regarding incident response and mental wellness is established. Some resources may already exist in the community, perhaps within a hospital or a social service agency or a government-funded resource group in a local or nearby university or rural health group. There is little or no merit in reinventing resources already available on this topic.

Anytime the agency provides or receives training intended to impact its practices, a policy or other similarly-accepted guide (a standard operating practice or SOP) should accompany the training. This policy will serve as a resource and guide to agency members.

Establishing and implementing a debriefing policy is a sizable effort. The agency will need to collaborate with other organizations and agencies to successfully accomplish this effort. It is the agency's responsibility to know what resources are available to its members. It is the agency's responsibility to establish the connections necessary so those resources are available to the agency and its members when needed. The International Critical Incident Stress Foundation (www.ICISF.org) and other similar organizations have information which will be helpful to build a new team and to locate existing teams to model the developing team after.

Regardless of where the agency obtains assistance, a policy must be developed and put in place outlining steps the agency will take to support members involved in high- stress calls.



The agency is at Step 4 when agency leadership has received training in incident response, is consistently notified by dispatch at the time of a possible incident, and has a policy of debriefing impacted crew member(s).

Indicators

(1) leadership trained in Incident Response, (2) consistent notification of the agency by dispatch at the time of a possible incident, and (3) a policy of debriefing impacted members.



To move to Step 5:

- ✓ *Identify sources of professional counseling for affected members of the agency*
- ✓ *Establish a budget for professional counseling services*
- ✓ *Secure funding to support the budget*
- ✓ *Inform and promote the follow-up resources established for the affected agency members*
- ✓ *Establish a “follow-up, check-in” plan to be followed post-incident*

A well-written policy, the primary point of discussion in Step 3, must include options for professional counseling and follow up check-ins with impacted members. The agency should be ready to offer to bear the cost of professional counseling a member may wish to obtain. The agency will need to have established an agreement with more than one source of professional counseling which can be made available to members. The member(s) should have some input into which professional counselor he/she may desire to work with in the follow-up phase. This needs to be in place before an incident occurs, before counseling is needed. Often, professional counseling may be available through an employee assistance program as mentioned in Section 17, “A Wellness Program for Agency Staff.” Based on best practices, the policy adopted should outline what the agency is willing to offer the member in regard to coverage of costs and number of professional counseling sessions available at no cost or at a reduced cost to the member.

Finally, as part of a comprehensive policy (plan), the agency must assure there is an effective follow-up check-in practice in place. The plan needs to include consideration of the period of time between the incident and the formal debriefing when professional follow-up can be initiated. Members may be especially vulnerable after the incident and before formal debriefing. What the follow-up check-in practices should entail is best modeled after existing, thoughtful programs in other systems and agencies.



The agency is at a Step 5 when all of Step 4, plus professional counseling sessions are offered at reduced or no charge to crew members impacted. Follow-up with impacted members is standard procedure.

Indicators

(1) a mechanism will be in place to provide professional counseling sessions to impacted members, and

(2) follow-up check-ins with impacted members will be standard procedure.



RULES & REGULATIONS

SECTION : 107.04

CRITICAL INCIDENT STRESS DEBRIEFING

PURPOSE:

To provide general guidelines for critical incidents in which debriefings are indicated.

SCOPE:

All personnel

I. CRITICAL INCIDENT STRESS DEBRIEFING (CISD) OVERVIEW:

1. The Memphis Fire Department's Critical Incident Debriefing Program makes use of a number of approaches to the management of post incident stress. The CIS program was developed in consultation with Dr. Randy Dupont, a clinical psychologist at the University of Memphis, previously with the University Of Tennessee College Of Medicine.
2. A debriefing is a group-oriented intervention in which major elements of trauma are reviewed generally 24 to 72 hours after the event and when participants are out of immediate danger. The facilitators of the intervention usually consist of a specially trained mental health professional that is a member of the CIS team and a trained peer supporter. The debriefing is used to process emotional reactions by means of support and education. It is designed to facilitate support among peers following exposure to a critical incident.
3. What a debriefing is not:
 - It is NOT a critique
 - It is NOT a performance appraisal
 - It is NOT an operational debriefing
 - It is NOT an investigation or inquiry of fitness for duty
 - It is NOT therapy or psychological treatment

II. ROLES OF DEBRIEFING TEAM MEMBERS

1. **Peer Debriefers** — the majority of team members on a CIS team, which serves emergency personnel, are emergency workers themselves. They provide stress education to their fellow emergency workers. Peers work



**RULES &
REGULATIONS**

**CRITICAL INCIDENT
STRESS DEBRIEFING**

actively in concert with mental health team leader in a formal debriefing setting. During the debriefing peers help to make introductory remarks, ask questions and make statements when it is appropriate and help to bring the debriefing to a close by participating actively in the summary remarks. These peer debriefers are chosen for their experience in similar critical incidents as well as their desire to help coworkers. They serve an important function and are able to use their own personal experience as emergency personnel to assist others in dealing with crisis situations.

2. **Clinical Director** (Dr. Randy Dupont) – a mental health professional who provides general oversight and consultation to team members.
3. **Team Coordinator** - a peer who serves as the manager of the team.
4. **Mental Health Professional** (Psychologists) - These individuals lead the team assigned to provide the formal debriefing. They provide brief consultation to individuals who have been identified during a debriefing as people who need additional support services.

III. CRITICAL INCIDENTS IN WHICH DEBRIEFINGS ARE INDICATED

1. Automatic CIS debriefings are indicated for the following incidents:
 - a) Firefighter or paramedic line-of-duty death, critical injury or close call
 - b) Death or critical injury of a child
 - c) Any extended rescue where death or recovery is involved
 - d) Severe child abuse cases responded to
 - e) Multiple or mass-casualty incident
 - f) Personal identification with a victim, such as a relative or friend
2. Potential CIS debriefings are indicated for the following incidents:
 - a) Firefighter or paramedic off-duty death or serious injury of a co-worker
 - b) Long-term involvement with the following:
 - i. Injuries
 - ii. Confined space or unusual circumstances
 - iii. Drowning
 - iv. Body removal
 - c) Acts of violence in the workplace



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STRESS DEBRIEFING**

3. Although there are specific times when a debriefing is indicated, any firefighter or paramedic can contact the Safety Chief when a critical incident occurs to discuss the need for a debriefing.

IV. FORMAL RULES

1. Confidentiality is essential.
 - a) TN state law requires psychologists to keep strict confidentiality with a few important exceptions:
 - Disclosure of suicidal or homicidal ideation or intent
 - Threats of violence in the workplace
 - Reports of child or elder abuse
 - b) University of Memphis and MFD agreement to maintain the confidentiality of debriefings also includes:
 - No disclosure to uninvolved peers, administrators, or media
 - No report is made about details of the debriefing other than a required written statement by the psychologist confirming that no one present was suicidal, homicidal, or otherwise seriously dangerous to self or others
 - Limits to presence of administrators present during debriefing, as it is not an evaluation or determination of fitness for duty
2. Pagers, cell phones, radios, and other distractions should be turned off or to "silent mode" to minimize unnecessary disturbances during the debriefing process.
3. Management of the door is the responsibility of a CIS team member:
 - Uninvolved or unwanted persons are not permitted to enter the debriefing room or area.
 - Those outside should be notified that the meeting should not be disturbed with the exception of a late arrival who is supposed to participate in the debriefing. CIS sign may be used.
 - When anyone leaves the room during the debriefing, a CIS team member must follow that person out to assure their safety and intentions, listen, give support, and encourage them to return to the



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CRITICAL INCIDENT STRESS DEBRIEFING

group if leaving. The peer offers reassurance and waits to walk back in together. Participants should stay for entire process.

4. Talking is not required of those present in the debriefing. However, it is helpful to self as well as to others to talk. Participants should speak for themselves.
5. It is best not to have food, drink, or smoking during debriefings.
6. Participating companies will remain out of service for approximately one (1) hour following the session

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 800 Mass Casualty and Disaster Triage Plan

Purpose: To provide a policy to respond to and efficiently treat patients in mass casualty situations and non routine responses.

800.01 Occasionally incidents arise that have the ability to over whelm the available medical resources. A mass casualty situation is one in which the number of injured and the nature of the injuries greatly exceed the resources of the service. The purpose of triage in this situation is to save the greatest number of lives. The principles used in the multi-victim situation will be utilized for the mass casualty situation with the addition of survivability. There will be some victims that are so catastrophically injured that even with all the available medical help, the victims will be by-passed so that treatment can be given to those that may survive. In these instances the medical crew should quickly assure their safety, and identify and call for early, the necessary resources to mitigate the incident.

800.02 **MCI TERMINOLOGY**

Branch –Used when the number of divisions or groups exceeds the Span of Control. Report to a Director

Command Staff- Comprised of Safety, Information and Liason Officers. Report directly to the Incident Commander.

Disaster- Generally over 100 patients. May not produce patients (ex. Tornado, flood, etc.)

Division- Used to divide an incident geographically. Report to a supervisor.

General Staff- Report directly to the Incident Commander. Comprised of Operations, Planning, Logistics and Finance. Title of Chief.

Group- Used to describe a functional are of operation. Report to a supervisor.

I.C.S - Incident Command System

MCI- Mass Casualty Incident (25-100 patients)

M.P.I- Multi-patient Incident (Up to 25 patients)

NIMS- National Incident Management System

Public Information Officer- (PIO) Provide information to groups and media at the Incident Commander's discretion. Coordinate with Joint Information Centers (JIC)

Span of Control- Number of individuals that a single commander can efficiently monitor. Generally 3-7 persons.

S.T.A.R.T.- Simple Triage and Rapid Treatment

Strike Team- Set number of resources of the same type. Report directly to a leader, who normally reports to the Operations Chief.

S.O.G.- Standard Operating Guideline

Task Force- Combination of mixed resources with common communications operating under the direct supervision of a leader. Normally report to the Operations Chief.

800.03

ICS ROLES DEFINED

Command – Responsible for overall management of the incident. Appoints supporting positions.

Safety – Responsible for the overall safety of responders and patients. The Incident Safety Officer (ISO) has the authority to halt any unsafe activity.

EMS Operations – Responsible to carry out EMS / Medical tasks as assigned by the Incident Commander.

Finance – If required, the Finance Officer will assist Logistics and assure that monetary obligations are met.

Logistics – Responsible for providing and coordinating incoming agencies and resources.

Staging / Transport Officer – Reports to Operations. A staging area at a safe location with unrestricted access/egress will be identified. Assures that adequate units are available in the staging area and call for additional units as necessary. Ambulances should be staged in a manner that allows for rapid and direct egress from the scene. Ambulance should be loaded with patients in the most efficient manner possible, to maximize resources. The number of patients that are transported in each ambulance should be dictated by the patient load and the acuity of care required.

Triage Officer – Determines treatment and transport priority as defined by the START Method.

Public Information Officer (PIO) – This individual is designated by the Incident Commander. This individual speaks to the media in regards to the event. If PIO's from other agencies are present, every effort should be made to coordinate the release of information. The on scene agencies should speak with one voice.

800.04

PHASES OF MASS CASUALTY TRIAGE

The first phase of a mass casualty triage is a general assessment of the situation. Very little treatment is generally done during the pass through of the victims. Personnel should attempt to establish such things as:

- A. The appropriate number of victims to be evaluated and/or treated.
- B. The severity of the medical situation.
- C. The need for additional personnel and equipment.
- D. The need for other support agencies, including police and fire.

Once the above actions are complete, a closer primary assessment of each patient's condition shall be made. Initially considering the four basic aspects of patient care.

- A. Open the airway.
- B. Breathing establishment
- C. Circulation-Radial pulse, hemorrhage control
- D. Neurologic Status

Once the primary assessment has been completed, a secondary assessment is undertaken. This is generally done during a sweep through the casualty area and should appraise such things as:

- A. Consciousness
- B. Possible spinal injuries
- C. Open wounds
- D. Fractures
- E. Burns
- F. Other miscellaneous injuries and illnesses

800.05 **TRIAGE CATEGORIES**

Triage is an ongoing process with patients being re-evaluated periodically.

Immediate (red): Those patients with life threatening conditions, who if given immediate care and rapid transport will have a high probability of survival. These patients must receive first priority in treatment and transport.

Urgent (yellow): Those patients with catastrophic injuries, but are not in imminent danger of losing life or limb. These patients, with appropriate care and transport, will have a very high probability of survival even though there is a delay in transport. Patients that have major injuries that will have a poor probability of survival will be included in this category.

Non-urgent (green): Those patients with localized and/or minor injuries that will not deteriorate if only given minimal care.

Dead / Expectant (black): Those patients that are unresponsive, have no pulse and have fixed pupils. No attempts of resuscitation should be made unless all patients in the immediate and urgent areas are cared for.

For chemical emergencies white tags may be employed after dry decontamination and light blue for wet decontamination.

800.06 **CONSIDERATIONS**

- A. The first stage of triage and primary assessment remains the same as for multi-patient situations.

B. During the second stage of assessment the patient's survivability will be estimated. This may include:

- i. Age
- ii. General health
- iii. Physical condition of the patient
- iv. Available resources present
- v. Anticoagulation or bleeding disorders
- vi. Burns
- vii. Time sensitive extremity injury
- viii. End stage renal disease requiring dialysis
- ix. Pregnancy > 20 weeks gestation
- x. EMS provider judgment

C. Some of those patients who have a low probability of survival are:

- i. Severe head injuries with open fractures and brain tissue exposed.
- ii. Body wide third degree burns.
- iii. Crushing or penetrating trauma to the chest.
- iv. Massive abdominal wounds.
- v. Multiple system injuries to patients in poor health.

800.07

INCIDENT COMMAND

In the event that additional resources will be needed that are not readily available (3 or more ambulances, extrication, air ambulance etc.), the first responding Med unit will advise Central Dispatch of the formation of Incident Command. One member of the initial EMS crew will advise that they will be assuming command along with a location designator (ex. I64 Command). A 360 degree scene survey will be initiated. An EMS Operations supervisor should be requested to respond to the scene. As soon as possible, a scene description and call for necessary resources will be made. Specialized resources such as Hazardous Materials, Light/Heavy rescue, and Utility resources should be requested. If the event escalates and personnel are available, positions in the ICS such as Safety, Operations and Logistics shall be filled. The transfer of command may be initiated as additional personnel arrive on scene. If possible this should be conducted in person and only after an appropriate briefing has occurred. A Chief Officer should be notified at the discretion of the Shift

Captain. Examples necessitating notification include: 3 or more ambulances, member injury, equipment damage or failure etc.

800.08

SPECIAL RESPONSE TEAM RESPONSE

Upon receipt of a MCI, the supervisor on duty has the authority to recognize the need for immediate assistance and request a SRT callout.

Upon arrival at the scene SRT personnel shall report to the command post and await instructions from the supervisor commanding the incident. SRT personnel are to assist in the operation already in progress not commandeer the operation. SRT personnel should, however be expected to fill in roles as Triage Officers, Transport Officers, Logistics Officers, etc. as needed by the Incident Commander.

At large incidents, i.e. those lasting over several days, SRT personnel may be rotated through positions on the scene, thereby reducing fatigue and allowing for periods of rest. It should be the responsibility of the Operations Officer to coordinate crew assignments. The presence of a Safety Officer during these extended operations should be considered. Over head teams should be considered by the SRT Commander.

The SRT Training Officer should ensure that SRT Specialists are kept up to date on triage procedures and practices as well as training on specific MCI / Disaster problems.

800.09

MORGUE

The morgue area is for victims who die in treatment. It is not to be used for those deceased prior to EMS arrival. These individuals should remain as found for investigative purposes by law enforcement personnel or until released by coroner's office personnel.

800.10

COMMUNICATIONS

Communications will be coordinated through The Shelby County Central Dispatch Center. All communications should be in a calm, clear and concise manner. The use of "10" codes should be discouraged to facilitate communication between responding agencies. Communication between agencies will be coordinated through the

incident command system. Mutual aid frequencies may be used for inter-agency communication. The communications center will conduct notifications and audits of receiving hospitals in regards to the number of patients that they are capable of receiving.

800.11 **EMERGENCY OPERATIONS CENTER**

Activated upon request of the EMS Operations officer, the County Judge Executive, Chief, Deputy Chief or Emergency Management official. Coordination and Management of the EOC will be by Shelby County Emergency Management Personnel.

800.12 **THE AMERICAN RED CROSS**

This agency can be contacted to assist with providing food and shelter to victims of an emergency situation. In addition, resources are available to provide food and rest resources to emergency responders.

800.13 **LANDING ZONES FOR AIR AMBULANCES**

In the event of a request for air ambulance transport, the fire department will be dispatched to establish a landing zone. These will be established within the guidelines set by the helicopter service.

800.14 **CRITIQUES / CRITICAL INCIDENT STRESS MANAGEMENT**

Critiques are a useful tool used in education and incident management. If indicated, a critique should be arranged at least forty-eight hours after the termination of the incident. This allows all individuals time to recover resources and rest. All agencies involved in the incident should be present. If the possibility of personnel stress or duress exists, a critical incident stress debriefing may be indicated. It should be recognized that critical incident stress debriefings are an effective way to reduce personal and professional stressors and ultimately decrease emergency service "Burn Out".

800.15 **INCIDENT DRILLS**

An annual MCI drill should be conducted. This should involve the treatment and transport of large numbers of patients as well as inter agency coordination (hospitals, police, fire and other EMS agencies). These drills should include a critique with a representative from each agency involved. Strengths and weaknesses should be outlined as well

as a plan for improvement. Copies of this paper work should be filed for future reference. In addition, “table top” scenarios may be conducted to assure continued proficiency in MCI procedures.

800.16

MUTUAL AID

Mutual Aid agreement will be maintained with surrounding counties and agencies. These agreements will include indications for requests, requesting criteria, communications, liability issues, incident critiquing and fee collection. Mutual aid requests and provision will be reviewed by the Chief of SCEMS in cooperation with administration of the second agency. Examples of mutual aid requests include:

- Multi-patient / Mass Casualty events
- Excessive run volumes
- Internal Disasters
- WMD events
- Line of Duty Death
- Weather events

Multi-Casualty Incidents

The National Incident Management System (NIMS) will be used to manage all incidents.

1. Incident Command (IC) is the responsibility of the agency having jurisdiction (AHJ).
2. Each assisting agency shall retain full authority to operate within the scope of its agency operational and administrative protocols and procedures.
3. Agencies that are assisting in the support of a single jurisdiction will function under the direction of that jurisdiction's designated Unified Incident Command.
4. Incident Command of a multi-discipline event should be predicated on the "Primary Hazard" of the event.
5. In a Unified Command, the "Lead Agency" may change as priorities change.

The **Mass Casualty Incident Protocol** is a tool that may be used in part or whole as determined by the on-scene Incident Commander in situations where the number of patients exceeds the resources of the on-scene responders. There is no set number of patients that will automatically initiate this protocol. If the Incident commander determines that additional resources or incident structure is needed to better manage due to the complexity of the incident, he/she shall announce to dispatch that an MCI is being declared. This may be done upon arrival or at any time during the incident.

- If the incident involves multiple asymptomatic patients (HazMat exposure) set up secure evaluation area. See **Multiple Toxic Exposure** protocol.
- During a declared MCI, the Trauma System is not in effect.
- "Licensed ambulances" are not needed for transport.
- If transport resources are limited, more than one critical patient may be placed in an ambulance.

MCI Task Card - Medical

Reports to Incident Commander (or Operations in larger incidents)

OBJECTIVES:

- 1. Coordinate all On-Scene EMS activity.**
- 2. Coordinate Medical activities with Incident Commander (IC), and other ICS branches as needed.**
- 3. Provide accountability for supervised personnel.**

ACTIONS:

- Establish Medical with Command.
- Obtain a separate working radio channel for use by Medical.
- Establish the following roles/functions and hand out vest, triage tags and task cards.
 - Triage**
 - Treatment**
 - Transportation**
 - Destination** (reports to Transportation)
 - Staging Area** (confirm area, and proper talk group)
 - An assistant to help you with radio and face-to-face communications.**
 - Landing Zone (LZ)**
- Order additional resources and ambulances through Incident Command.
- Establish accountability system for personnel working within Medical.
- Refer to Medical checklists (over).
- Monitor performance of subordinates. Provide support and changes as needed.

MCI Task Card - Medical

SCENE CHECKLIST

Functional Assignments:	Ops:	Order Resources:	Ops:	HazMat:
Triage		Ambulances (specify #)		Mass Decon
Treatment		Police (Secure Area)		Safety
Transportation		Buses		Rescue
Destination		Vans		
Staging Area		Medical Examiner		
Landing Zone		Red Cross		
		Specialty Teams		

OTHER ASSIGNMENTS

Incident Commander	Triage	Treatment	Transportation	Destination
				Staging Area

MCI Task Card – Treatment

Reports to Medical (Use assigned radio channel) Coordinates with Triage and Transportation

OBJECTIVES:

- 1. To rapidly treat and transport all patients.**
- 2. Identify and establish large treatment area(s) to stabilize and care for patients until transported.**
- 3. Coordinate all activities within the treatment area.**
- 4. Coordinate movement of patients from treatment area(s) with Transportation.**
- 5. Provide accountability for personnel working in Treatment.**

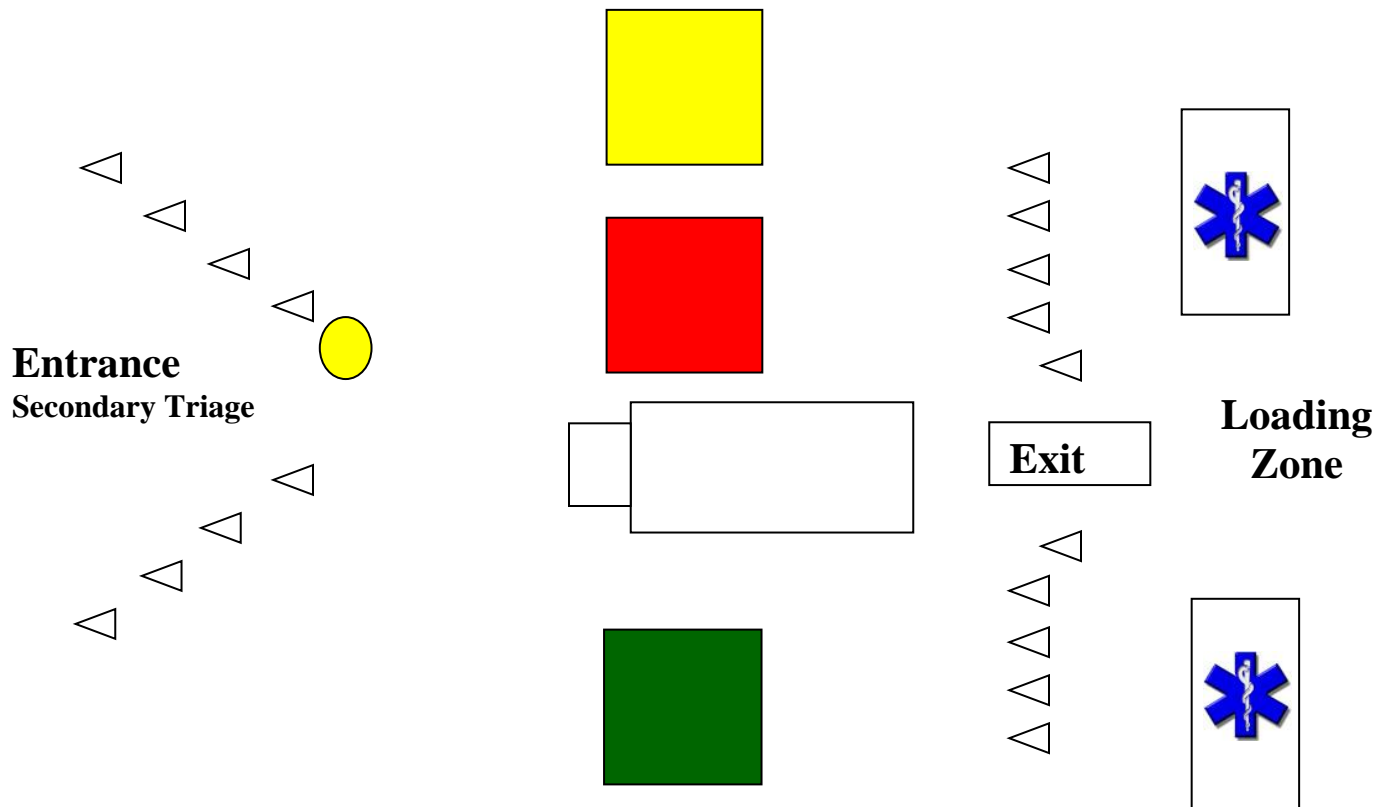
ACTIONS:

- Establish treatment area(s) large enough to receive estimated number of patients. Set up area with room to expand if necessary. Provide for environmental protection of victims and allow easy ambulance access and egress. If multiple treatment areas are needed, identify each geographically. (e.g. - North/South, street name, division name, etc.). See Diagram.
- Order additional resources through Medical.
- Clearly identify treatment area entry point. Assign a person at the entrance to conduct primary or secondary triage, attach triage tags and direct patients to correct treatment area.
- Consider appointing “Red,” “Yellow,” and “Green” Treatment Team Leaders and assign support personnel.
- Establish a medical supply drop area for incoming ambulances and fire units.
- Provide BLS care in the treatment area until resources allow a higher level.
- Ensure all patients in treatment area have been tagged with a triage tag.
- Identify the order in which patients are to be transported. Coordinate patient movement to the loading zone with Transportation.
- Provide accountability for personnel working within treatment area.

MCI Task Card – Treatment

Treatment Area Guidelines

- Set up treatment area WELL AWAY from Hazardous. Consider ambulance access/egress, wind direction and slope.
- Make it BIG. Set up in an area that will allow you to expand.
- Clearly identify entry point and exit point for patient transportation.
- Utilize colored tarps and flags to identify each treatment area.
- Separate the green area from yellow/red area. Consider separating with CBRNE unit or other natural barrier.
- Assign treatment team leaders to each area and identify them with the appropriate colored vests.



MCI Task Card – Treatment

SCENE CHECKLIST

OPS Channels	Medical:	Treatment:	Transport:
Assign Treatment Team Leaders		Current Patients in Treatment Area	
RED Team Leader:		Red	
YELLOW Team Leader:		Yellow	
GREEN Team Leader:		Green	
Supply:		Black	
Additional Company Assignments		<u>Notes:</u>	
Company	Assignment		

Other Assignments:

Command	Operations	Triage	Staging	Destination
OPS: _____ _____	OPS: _____ _____	OPS: _____ _____	OPS: _____ _____	OPS: _____ _____

MCI Task Card - Triage

- Manage the triage function at the incident (should not perform task level triage)
- Coordinate personnel/crews performing primary and secondary triage
- Maintain accountability of all triage personnel/crews
- Ensure rapid primary triage is performed – no more than 30 seconds per patient
- Ensure secondary triage point is established when necessary or that secondary triage is accomplished in place
- Coordinates movement of triaged patients to treatment/collection/transport area. (order personnel and equipment as appropriate to accomplish this)
- Ensures appropriate patient triage log is initiated and maintained. (multiple logs may need to be managed and information integrated depending on the scope of the incident)
- Relay triage information up the chain-of-command and updates status as needed
- After triage is completed, assists treatment and transport supervisors/teams to locate their patients.
 - *In a hazardous incident, patients may not be able to be triaged until they are removed from the hazard zone.*
 - *Consider having crews utilize triage tags during secondary triage so that primary triage may be performed at appropriate speed.*

Triage & identify patients by category utilizing “ABC” method:

- Red*** Immediate life threat. (Must have rapid transport to survive.)
- Yellow*** Delayed (Injuries can wait 1-3 hours before transport.)
- Green*** Ambulatory (Injuries can wait 3+ hours before transport)
- Black*** Dead (No transport) Move only if needed to reach other live patients.

MCI Task Card - Transportation

Reports to Medical (Use assigned radio channel)

OBJECTIVES:

- 1. Coordinate movement of patients from treatment area with Treatment.**
- 2. Coordinate all activities within the loading zone.**
- 3. Coordinate flow of transport vehicles with staging.**
- 4. Provide accountability for personnel working in Transportation.**

ACTIONS:

- Establish patient loading zone.
- Establish one-way vehicle access/egress with Staging.
- Request additional resources as needed from Medical.
- Assign Medical Communications.
- Supervise patient movement to loading zone with Treatment.
- Monitor medical radio channel to estimate number of incoming patients.

MCI Task Card - Transportation

Loading Zone Location:

Access/Egress Location:

Resources Requested:

Time	Resource	Unit/Agency
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Medical Communications:

Name: _____

Unit/Agency: _____

MCI Task Card –Destination

Reports to Transportation

OBJECTIVES:

- 1. Coordinate hospital destination for patients leaving the loading zone.**
- 2. Maintain the patient transport log using web based or protocol approved alternative.**

ACTIONS:

- Establish communications with “Regional Hospital.” (Via MCI channel, phone number or approved alternative. (800 radio MCI channel or phone (503) 494-7333.)
- Confirm MCI has been declared with Regional Hospital and Dispatch.
- Provide total number of estimated patients.
- Establish communication with loading zone to receive information on patients ready for transport (e.g., face-to-face, runner, radio etc.).
- When a unit is ready to transport, contact Regional Hospital. Provide & record the following information.
 1. Triage Tag #'s/ UPI if available
 2. Triage color/category
 3. Age/gender
 4. Unit number of transporting vehicle
- Confirm hospital destination with Regional and record.
- Inform the transporting unit of its destination.

TAG #	PATIENT LOCATION	TRANSPORT NUMBER
1		
TRIAGE		
GCS & MAJOR INJURIES		
AGE & SEX		
TRAUMA BAND ID		
TRANSPORT UNIT		
HOSPITAL		

TAG #	PATIENT LOCATION	TRANSPORT NUMBER
2		
TRIAGE		
GCS & MAJOR INJURIES		
AGE & SEX		
TRAUMA BAND ID		
TRANSPORT UNIT		
HOSPITAL		

TAG #	PATIENT LOCATION	TRANSPORT NUMBER
3		
TRIAGE		
GCS & MAJOR INJURIES		
AGE & SEX		
TRAUMA BAND ID		
TRANSPORT UNIT		
HOSPITAL		

TAG #	PATIENT LOCATION	TRANSPORT NUMBER
4		
TRIAGE		
GCS & MAJOR INJURIES		
AGE & SEX		
TRAUMA BAND ID		
TRANSPORT UNIT		
HOSPITAL		

TAG #	PATIENT LOCATION	TRANSPORT NUMBER
5		
TRIAGE		
GCS & MAJOR INJURIES		
AGE & SEX		
TRAUMA BAND ID		
TRANSPORT UNIT		
HOSPITAL		

TAG #	PATIENT LOCATION	TRANSPORT NUMBER
6		
TRIAGE		
GCS & MAJOR INJURIES		
AGE & SEX		
TRAUMA BAND ID		
TRANSPORT UNIT		
HOSPITAL		

TAG #	PATIENT LOCATION	TRANSPORT NUMBER
7		
TRIAGE		
GCS & MAJOR INJURIES		
AGE & SEX		
TRAUMA BAND ID		
TRANSPORT UNIT		
HOSPITAL		

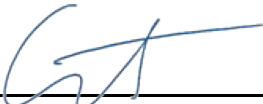
TAG #	PATIENT LOCATION	TRANSPORT NUMBER
8		
TRIAGE		
GCS & MAJOR INJURIES		
AGE & SEX		
TRAUMA BAND ID		
TRANSPORT UNIT		
HOSPITAL		

TAG #	PATIENT LOCATION	TRANSPORT NUMBER
9		
TRIAGE		
GCS & MAJOR INJURIES		
AGE & SEX		
TRAUMA BAND ID		
TRANSPORT UNIT		
HOSPITAL		




MULTI-CASUALTY INCIDENT (MCI) RESPONSE PLAN

APPROVED:



EMS Medical Director



EMS Administrator

1. PURPOSE

- 1.1 The purpose of this plan is to develop a common operational framework, including organizational management and communications, for coordinating a multi-agency response to a multi-casualty incident (MCI) within San Mateo County's Operational Area. This plan shall serve all declared MCIs regardless of size and/or scope with the ability to flex and adapt according to the needed response to an incident. This plan is in accordance with the National Incident Management System (NIMS), the California Standardized Emergency Management System (SEMS), the Incident Command System (ICS) structure and the California Public Health and Medical Emergency Operations Manual (EOM).

2. IMPLEMENTATION OF PLAN

- 2.1 The Incident Commander shall declare an MCI. If an Incident Commander has not been established, the contracted 911 ambulance provider's Supervisor, fire officer, law enforcement officer or PSC Dispatcher can initiate an MCI based on initial information provided.
- 2.2 Initial patient transport destination decisions shall be made in concert with the contracted 911 ambulance provider.
- 2.2.1 Upon arrival, the contracted 911 ambulance provider shall assume the position of Patient Transportation Unit Leader and may be considered by the Incident Commander for other ICS positions up to and including Medical Branch Director or Medical Group Supervisor.
- 2.3 Upon receipt of an MCI request, San Mateo County Public Safety Communications (PSC) dispatchers will assign an MCI level of emergency response, dispatch the assigned units up to an MCI Level 1 and make the required notifications to hospitals including MCI hospital polling (name of event, city, cross streets, number of victims and triage categories if known) via EMSsystem and notify other agencies per pre-established policy. The initial notification should contain a brief summary of the situation.

Issue Date: May 1, 2003
Effective Date: November 2, 2015
Review Date: November 2, 2018

- 2.4 Upon activation of a MCI Level 2, PSC will page EMS On-Call and the MHOAC with the same information provided to hospitals during an MCI Level 1 activation as well as an on-scene point of contact.
- 2.5 First on scene – The first unit to arrive at the scene will provide a size-up of the incident to PSC, which should include the following:
 - 2.5.1 Type of incident
 - 2.5.2 Location of incident including city/unincorporated area, cross streets or Highway and best ingress and egress route(s).
 - 2.5.3 Approximate number of patients and MCI level being declared.
 - 2.5.4 Location of command post, incident name, Incident Commander and Medical Branch Director or Medical Group Supervisor and staging locations – both Fire and EMS if separate – for incoming units.

3. COMMUNICATIONS

- 3.1 MCIs are assigned a Command and Tactical Talk Group.
 - 3.1.1 Resources will utilize the assigned Talk Groups based on their defined functions and specifications.
 - 3.1.2 The Medical Branch Director or Medical Group Supervisor will communicate relevant EMS information and requests to the appropriate ICS position (e.g., Communications, Operations, IC, etc.) via the assigned Fire Command Channel.
- 3.2 The Patient Transportation Unit Leader, Medical Communications Coordinator, or designee will contact receiving hospitals with patient count and information [e.g., patient(s), acuity level (e.g., red, yellow, green, black), Triage Tag Number(s), Medic Number, and ETA] via the hospital's assigned Talk Group upon departure from the scene as appropriate.
- 3.3 The Medical Branch Director or Medical Group Supervisor or designee shall request PSC secure the medical EMS incident on EMSsystem after the Medical Branch/Medical Group has demobilized.
 - 3.3.1 PSC will perform an all hospital ring down advising hospitals the medical EMS incident has been secured when the EMSsystem incident has been closed.

4. RESOURCE REQUESTS

- 4.1 As MCI levels change, the Medical Branch Director or Medical Group Supervisor will notify the Incident Commander of each level

increase/decrease.

- 4.2 BLS ambulances may be needed to transport ALS level patients during an MCI. Whenever possible, a firefighter/paramedic with ALS equipment should provide patient care during transport.
- 4.3 All resource requests must go through the Incident Commander in coordination with the Medical Branch Director or Medical Group Supervisor and the Patient Transportation Unit Leader at the Incident Command Post.
- 4.4 In-county resource requests must be approved by the Incident Commander in coordination with the Medical Branch Director or Medical Group Supervisor and the Patient Transportation Unit Leader.
 - 4.4.1 Upon activation of a Level 2 MCI, PSC shall poll SacComm and other pre-identified/pre-approved ambulance resources via EMSsystem.
 - 4.4.2 With Incident Commander approval, the Medical Branch Director or Medical Group Supervisor may request from PSC the San Mateo County Special Operations Unit (SOU), Disaster Medical Supply Unit (DMSU), ATVs, STAR cars and/or MCI trailer(s).
- 4.5 Per the State Public Health and Medical Emergency Operations Manual (EOM), out-of-county resource requests shall be considered as long as the following are true:
 - 4.5.1 The resource need is imminent and significant.
 - 4.5.2 The supply of the requested resource has been exhausted, or exhaustion is imminent.
 - 4.5.3 Other acceptable alternatives (e.g., corporate supply chain, approved surge providers) have been exhausted, or exhaustion is imminent.
- 4.6 Out-of-county resource requests to PSC must be approved by the Incident Commander in coordination with the Medical Branch Director or Medical Group Supervisor and Patient Transportation Unit Leader. PSC must notify EMS On-Call and MHOAC immediately after placing a resource request with another County. The notification must include the resource(s) requested and the County receiving the request.
 - 4.6.1 With Incident Commander approval and EMS On Call/MHOAC notification, the Medical Branch Director or Medical Group Supervisor or the contracted 911 ambulance provider's Supervisor may request PSC to poll initial attack single resources from neighboring counties.
 - 4.6.1.1 Ambulance Strike Teams, along with Disaster Medical

Supply Units, should be considered for immediate need and planned need requests – not initial attack.

4.6.2 Out-of-county medical mutual aid can be requested through the following counties:

- North Zone
 1. San Francisco
 2. Alameda

- Central Zone
 1. Alameda County
 2. San Francisco
 3. Santa Clara County

- South Zone
 1. Santa Clara County
 2. Alameda County

- Coast Zone
 1. Santa Cruz County
 2. San Francisco

4.7 In addition to the use of Stanford Life Flight and Calstar for air medical transport, consider the use of other air medical transport providers including REACH, Mercy Air or PHI Air Medical; or air search and rescue providers including CHP, Coast Guard or East Bay Regional Parks. These providers should only be utilized for medical mutual aid when Stanford Life Flight and Calstar are not available.

5. DOCUMENTATION

5.1 During an MCI, triage tags shall be used on each patient. At a minimum, patient information documented on each tag should include:

- Triage Tag number
- Destination

5.1.1 Upon treatment area activation, the following additional information shall be documented on the triage tag:

- Chief Complaint/Injury(s)
- Field Treatment
- Vital Signs (if possible)
- Patient Name (if possible)

5.2 In addition to triage tags, patients that are transported by ambulance must have a patient care report (PCR) completed by the transporting crew at all times and by Fire when patient care is provided.

5.2.1 Request for minimum patient documentation on a PCR listed above and/or the use of a hardcopy (paper) PCR during an MCI must be approved by the EMS On-Call or MHOAC. An electronic PCR shall be completed on all patients after the event closure if paper PCR's were used.

5.3 Upon conclusion of the event, the contracted 911 ambulance provider's Supervisor shall request and receive from the EMS Agency the hospital polling results from EMSSystem within three (3) business days.

5.4 Within seven (7) business days, the contracted 911 ambulance provider's Supervisor will complete the MCI Review Form and submit to EMS. For larger MCIs, the contracted 911 ambulance provider's Supervisor may request more time or a waiver from EMS where EMS may choose to conduct a formal After Action Report.

5.5 Incident reviews may be requested by the field to the EMS Agency for any MCIs.

6. PATIENT DISTRIBUTION

6.1 The Patient Transportation Unit Leader will select patient destinations to the appropriate facility based on standard protocols and real time EMSSystem MCI hospital polling. For larger MCIs, the Patient Transportation Unit Leader shall consult with EMS On-Call and/or the MHOAC for patient destinations including those that may extend beyond the Operational Area.

6.1.1 In the event that prospective hospital destinations have not responded in a timely manner on EMSSystem, or there is a significant amount of patients needing transport, San Mateo County receiving hospitals have committed in advance to receiving up to 2 delayed (yellow) patients and 4 minor (green) patients.

6.1.2 All regional trauma centers have agreed to accept up to four patients meeting major trauma criteria initially and will reassess their capability periodically.

6.2 Patient count and destination information shall be shared with the EMS On-Call and/or MHOAC initially and agreed-upon regular updates.

7. FIELD TREATMENT SITE

7.1 In the event of an extended MCI where on-scene patient triage and treatment may extend any length of time, the Medical Branch Director or Medical Group Supervisor and contracted 911 ambulance provider's Supervisor should consider the establishment of a temporary field treatment site with Incident Commander approval.

7.1.1 Should a temporary field treatment site be necessary, requests for basic needs supplies (e.g., water, food, sanitation, blankets,

clothing, etc.) and on-site amenities (e.g., portable toilets, tents, cots, etc.) should be made via the Incident Commander.

7.1.1.1 Assistance can be requested of impacted City EOC(s), County EOC and/or EMS On-Call/MHOAC

8. SAN FRANCISCO INTERNATIONAL AIRPORT (SFO) AIRPORT EMERGENCY PLAN (AEP)

8.1 The San Francisco International Airport (SFO) is owned and operated by the City and County of San Francisco (CCSF) and physically located within the County of San Mateo. CCSF is responsible for developing and exercising the Airport Emergency Plan. While the San Francisco Police Department and San Francisco Fire Department are respectively responsible for local law enforcement and fire suppression/medical at the airport, the transport and Advanced Life Support (ALS) care of patients fall under the auspices of the San Mateo County EMS Agency medical direction and is included in its Exclusive Operating Area (EOA).

8.1.1 Per the SFO AEP, the San Mateo County MCI Plan is activated at an Alert 3 level with an on-airport crash. For Alert 3 on-airport crashes, the San Mateo County EMS System is responsible for all EMS transports and can choose to work in Unified Command with the San Francisco Fire Department Airport Division. (For a list of San Francisco resources that would respond to an Alert 3 on-airport crash, please see the San Francisco International Airport Airport Emergency Plan table on page 8)

EMS RESPONSE PLAN TO MCIs

Alarm	Ambulance	Supervisor	Cover-In/Notification
Initial Response	ALS Ambulance		
Level 1 MCI * **	ALS Ambulance ALS Ambulance Contracted 911 Ambulance Provider's Supervisor	Contracted 911 Ambulance Provider's Supervisor	Notify JPA Supervisors Poll Hospitals via EMS System Consider notification of CISM Team through the IC
Level 2 MCI	ALS Ambulance ALS Ambulance		Notify EMS On-Call and MHOAC Notify Contracted 911 Ambulance Provider's Management Consider use of SOF Rescues, STAR cars or ATVs for transport purposes Poll Contracted 911 Ambulance Provider's non-911 system ambulance resources from surrounding counties via SacComm Poll other pre-identified/pre-approved in-county and out-of-county BLS providers. Notify OES On-Call
Level 3 MCI***	BLS Ambulance BLS Ambulance		Dispatch IDT Call Back MSU 137
Level 4 MCI	BLS Ambulance BLS Ambulance		Consider establishing Medical Communications Coordinator
Level 5 MCI	BLS Ambulance BLS Ambulance		
Level 6 MCI OR GREATER (add 2 BLS for each level increase)	BLS Ambulance BLS Ambulance		

NOTE: Consider Medical Mutual Aid for all levels.

*** Consider utilization of air ambulance resources at any time based on need**

**** Consider utilization of SamTrans buses at any time based on need**

***** Incident Command may utilize ALS resources at any time based on need**

Issue Date: May 1, 2003
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**San Francisco International Airport (SFO)
 Airport Emergency Plan (AEP)
 San Francisco Resources to Alert 3 On-Airport Crash**

Code 101	Staffing (per unit)
Engine Company (5)	1 officer/3 fire fighters (1 minimum is an EMT)
Truck Company (3)	1 officer/4 fire fighters (1 minimum is an EMT)
Battalion Chief (2)	2 chiefs
Division Chief (2)	1 chief/1 incident support specialist
Heavy Rescue Squad (1)	1 officer/ 3 fire fighters (all are EMTs)
Rescue Captain (1)	1 paramedic/EMS Captain
Ambulance (1)	1 paramedic and 1 EMT
Fire Boat (1)	1 officer/3 fire fighters/1 boat operator (1 paramedic and 1 minimum EMT)
Hose Tender (1)	1 fire fighter

Code 101 (Second Alarm)	Staffing (per unit)
Engine Company (4)	1 officer/3 fire fighters (1 minimum as an EMT)
Truck Company (1)	1 officer/4 fire fighters (1 minimum as an EMT)
Battalion Chief (2)	2 chiefs
Rescue Captain (1)	1 paramedic/EMS captain
Ambulance (1)	1 paramedic/1 EMT
Rescue Boat (1)	1 officer/1 paramedic/1 EMT
Hazmat Unit (1)	1 officer/3 fire fighters (1 minimum as an EMT)
Multi-Casualty Unit (1)	1 officer/3 fire fighters (1 minimum as an EMT)
Mobile Command Post (1)	1 fire fighter
Decon Unit (1)	1 officer/3 fire fighters
Bureau of Equipment (apparatus support) (1)	2 fire fighters
Mobile Air (breathing air support) (1)	1 fire fighter

ICS POSITIONS BASED ON FIRESCOPE FIELD OPERATIONS GUIDE (FOG) MEDICAL BRANCH DEFINITION

The Medical Branch structure is designed to provide the Incident Commander with a basic, expandable system to manage a large number of patients during an incident. If incident conditions warrant, Medical Groups may be established under the Medical Branch Director.

The degree of implementation will depend upon the complexity of the incident.

As the complexity of an incident exceeds the capacity of the local medical health resources, additional response capabilities may be provided through provisions of the Public Health and Medical Emergency Operations Manual (EOM) through the Medical Health Operational Area Coordinator (MHOAC).

ICS POSITION CHECKLISTS - COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel and should be reviewed first:

- a. Receive assignment from your agency, including:
 1. Job assignment, e.g., Strike Team designation, overhead position, etc.
 2. Resource order number and request number
 3. Reporting location
 4. Reporting time
 5. Any special communications instructions, e.g., travel frequency
- b. Upon arrival at the incident, check in at designated Check-in location.
- c. Receive briefing from immediate supervisor.
- d. Don ICS position vest and acquire work materials.
- e. Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers utilizing accepted risk analysis methods.
- f. Organize and brief subordinates.
- g. Know the assigned frequency (ies) for your area of responsibility and ensure that communication equipment is operating properly.
- h. Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications," e.g., "Webb Communications".
- i. Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- j. Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position Checklists in subsequent chapters:

- a. Participate in incident planning meetings as required.
- b. Determine current status of unit activities.
- c. Confirm dispatch and estimated time of arrival of staff and supplies.
- d. Assign specific duties to staff and supervise staff.
- e. Develop and implement accountability, safety, security, and risk management measures for personnel and resources.
- f. Supervise demobilization of unit, including storage of supplies.
- g. Provide Supply Unit Leader with a list of supplies to be replenished.

ICS POSITION CHECKLISTS – ICS POSITIONS

MEDICAL BRANCH DIRECTOR - The Medical Branch Director is responsible for the implementation of the Incident Action Plan within the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group(s) and the Patient Transportation function (Unit or Group). Patient Transportation may be upgraded from a Unit to a Group based on the size and complexity of the incident:

- a. Review Common Responsibilities (Page 9).
- b. Review Group Assignments for effectiveness of current operations and modify as needed.
- c. Provide input to Operations Section Chief for the Incident Action Plan.
- d. Supervise Branch activities and confer with Safety Officer to assure safety of all personnel using effective risk analysis and management techniques.
- e. Report to Operations Section Chief on Branch activities.

MEDICAL GROUP SUPERVISOR - The Medical Group Supervisor reports to the Medical Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader and Medical Supply Coordinator. The Medical Group Supervisor establishes command and controls the activities within a Medical Group:

- a. Review Common Responsibilities (Page 9).
- b. Participate in Medical Branch/Operations Section planning activities.
- c. Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
- d. Designate Unit Leaders and Treatment Area locations as appropriate.
- e. Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
- f. Request law enforcement for security, traffic control and access for the Medical Group areas.
- g. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots).
- h. Ensure activation or notification of appropriate hospital or other coordinating facility/agency including the EMS Agency.
- i. Coordinate with assisting agencies such as law enforcement, Coroner, Public Health and private ambulance companies. Law enforcement/Coroner shall have responsibility for crime scene and decedent management.
- j. Coordinate with agencies such as Red Cross and utilities.
- k. Ensure adequate patient decontamination and proper notifications are made (if applicable).
- l. Consider responder rehabilitation.

TRIAGE UNIT LEADER - The Triage Unit Leader (MCTL) reports to the Medical Group Supervisor and supervises triage personnel/litter bearers and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the Triage Area. When triage has been completed and all the patients have been moved to the treatment areas, the Triage Unit Leader may be reassigned as needed:

- a. Review Common Responsibilities (Page 9).
- b. Review Unit Leader Responsibilities (Page 9).
- c. Develop organization sufficient to handle assignment.
- d. Inform Medical Group Supervisor of resource needs.
- e. Implement triage process.

- f. Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.
- g. Ensure adequate patient decontamination and proper notifications are made (if applicable).
- h. Assign resources as triage personnel/litter bearers.
- i. Give periodic status reports to Medical Group Supervisor.
- j. Maintain security and control of the Triage Area.
- k. Establish a temporary Morgue Area in coordination with law enforcement/Coroner if necessary.

MORGUE MANAGER - The Morgue Manager (MCMM) reports to the Triage Unit Leader and assumes responsibility for Morgue Area. Coordinates the handling of decedents with law enforcement and Coroner:

- a. Review Common Responsibilities (Page 9).
- b. Assess resource/supply needs and order as needed.
- c. Coordinate all Morgue Area activities with investigative authorities.
- d. Keep area off limits to all but authorized personnel.
- e. Keep identity of deceased persons confidential.
- f. Maintain appropriate records.

TREATMENT UNIT LEADER - The Treatment Unit Leader (MCUL) reports to the Medical Group Supervisor and supervises Treatment Area Managers and the Patient Loading Coordinator. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and the movement of patients to loading location(s):

- a. Review Common Responsibilities (Page 9).
- b. Review Unit Leader Responsibilities (Page 9).
- c. Develop organization sufficient to handle assignment.
- d. Direct and supervise Immediate, Delayed, and Minor Treatment Areas and Patient Loading Coordinator.
- e. Ensure adequate patient decontamination and that proper notifications are made (if applicable).
- f. Ensure continued assessment of patients and re-assess/re-locate as necessary throughout Treatment Areas.
- g. Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
- h. Assign incident personnel to be treatment personnel/litter bearers.
- i. Request sufficient medical caches and supplies including DMSU or support trailers.
- j. Establish communications and coordination with Patient Transportation Unit Leader.
- k. Responsible for the movement of patients to ambulance loading areas.
- l. Give periodic status reports to Medical Group Supervisor.

PATIENT LOADING COORDINATOR – The Patient Loading Coordinator reports to the Treatment Unit Leader and is responsible for coordinating with the Patient Transportation Unit Leader (or Group Supervisor if established), the transportation of patients out of the Treatment Areas:

- a. Review Common Responsibilities (Page 9).
- b. Establish communications with the Immediate, Delayed, and Minor Treatment Managers.
- c. Establish communications with the Patient Transportation Unit Leader.

- d. Verify that patients are prioritized for transportation.
- e. Advise Medical Communications Coordinator of patient readiness and priority for transport.
- f. Coordinate transportation of patients with Medical Communications Coordinator.
- g. Ensure that appropriate patient tracking information is recorded.
- h. Coordinate ambulance loading with the Treatment Managers and ambulance personnel.

IMMEDIATE TREATMENT AREA MANAGER - The Immediate Treatment Area Manager (MCIM) reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area:

- a. Review Common Responsibilities (Page 9).
- b. Assign treatment personnel to patients.
- c. Provide assessment of patients and re-assess/re-locate as necessary.
- d. Ensure appropriate level of treatment is provided to patients.
- e. Ensure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Patient Loading Coordinator.
- g. Notify Patient Loading Coordinator of patient readiness and priority for transportation.
- h. Ensure that appropriate patient information is recorded.

DELAYED TREATMENT AREA MANAGER - The Delayed Treatment Area Manager (MCDM) reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Delayed Treatment Area:

- a. Review Common Responsibilities (Page 9).
- b. Assign treatment personnel to patients.
- c. Provide assessment of patients and re-assess/relocate as necessary.
- d. Ensure appropriate level of treatment is provided to patients.
- e. Ensure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Patient Loading Coordinator.
- g. Notify Patient Loading Coordinator of patient readiness and priority for transportation.
- h. Ensure that appropriate patient information is recorded.

MINOR TREATMENT AREA MANAGER - The Minor Treatment Area Manager (MCMT) reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area:

- a. Review Common Responsibilities (Page 9).
- b. Assign treatment personnel to patients.
- c. Provide assessment of patients and re-assess/relocate as necessary.
- d. Ensure appropriate level of treatment is provided to patients.
- e. Ensure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Patient Loading Coordinator.
- g. Notify Patient Loading Coordinator of patient readiness and priority for transportation.
- h. Ensure that appropriate patient information is recorded.

PATIENT TRANSPORTATION UNIT LEADER - The Patient Transportation Unit Leader reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator and the

Ambulance Coordinator. The Patient Transportation Unit Leader is responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. The Patient Transportation function may be initially established as a Unit and upgraded to a Group based on incident size or complexity:

- a. Review Common Responsibilities (Page 9).
- b. Review Unit Leader Responsibilities (Page 9).
- c. Ensure the establishment of communications with the appropriate hospital or other coordinating facility/agency.
- d. Designate Ambulance Staging Area(s).
- e. Direct the off-incident transportation of patients as determined by The Medical Communications Coordinator.
- f. Ensure that patient information and destinations are recorded.
- g. Establish communications with the Ambulance Coordinator and the Helispot Manager.
- h. Request additional medical transportation resources (air/ground) as required.
- i. Notify the Ambulance Coordinator of ambulance requests.
- j. Coordinate the establishment of the Helispot(s) with the Medical Group Supervisor and the Helispot Manager.

MEDICAL COMMUNICATIONS COORDINATOR - The Medical Communications Coordinator (MCCC) reports to the Patient Transportation Unit Leader, and establishes communications with the appropriate hospital or other coordinating facility/agency to maintain status of available hospital beds to ensure proper patient destination.

- a. Review Common Responsibilities (Page 9).
- b. Establish communications with the appropriate hospital or other coordinating facility/agency. Provide pertinent incident information and periodic updates.
- c. Determine and maintain current status of hospital/medical facility availability and capability.
- d. Receive basic patient information and condition from Treatment Area Managers and/or Patient Loading Coordinator.
- e. Coordinate patient destination with the appropriate hospital or other coordinating facility/agency.
- f. Communicate patient transportation needs to Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator.
- g. Communicate air transportation needs to the Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator.

AMBULANCE COORDINATOR - The Ambulance Coordinator reports to the Patient Transportation Unit Leader, manages the Ambulance Staging Area(s), and dispatches ambulances as requested:

- a. Review Common Responsibilities (Page 9).
- b. Establish appropriate Staging Area for ambulances.
- c. Establish routes of travel for ambulances for incident operations.
- d. Establish and maintain communications with the Helispot Manager regarding air transportation assignments.
- e. Establish and maintain communications with the Medical Communications Coordinator and Patient Loading Coordinator.
- f. Provide ambulances upon request from the Medical Communications Coordinator.
- g. Ensure that necessary equipment is available in the ambulance for patient

- needs during transportation.
- h. Establish contact with ambulance providers at the scene.
 - i. Request additional ground transportation resources as appropriate.
 - j. Consider the use of alternate transportation resources such as buses or vans based on local policy.
 - k. Provide an inventory of medical supplies available at Ambulance Staging Area for use at the scene.

MEDICAL SUPPLY COORDINATOR -The Medical Supply Coordinator reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group:

- a. Review Common Responsibilities (Page 9).
- b. Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group.*
- c. Request additional medical supplies.*
- d. Distribute medical supplies to Treatment and Triage Units.
- e. Consider the utilization of a Disaster Medical Support Unit (DMSU) or incident support trailers.

* If the Logistics Section were established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader.

GLOSSARY

Alternate Transport Vehicle (ATV) – ATVs are rescue/transport vehicles that may be used for patient transportation during disasters and emergencies.

Ambulance Strike Team (AST) – A team of five properly staffed and equipped ambulances of the same capabilities, one Disaster Medical Supply Unit (DMSU), and one team leader with a vehicle, all with like communications equipment.

Command Talk Group Usage – When assigned, utilization of a Command Talk Group (e.g., MCI 1) includes, but is not limited to, communications between PSC and responding units, resource assignment while en route, initial size-up, establishing ICS positions, communications between PSC and the incident, communications between Staging and the Transportation Unit Leader and on-scene communications when no Tactical Talk Group has been assigned.

Critical Incident Stress Management Team (CISM) – The CISM is the peer-based county response team that is available to assist responders (police, fire, ambulance, dispatchers, etc.) with the emotional aspects following a significant event.

Disaster Medical Supply Unit (MSU 137) – A supply truck loaded with medical equipment and supplies, comprehensive communications capabilities and provisions to support an Ambulance Strike Team for up to 72 hours.

Dispatch Talk Group Usage – Utilization of the EMS Dispatch Talk Group (e.g., Red) includes, but is not limited to, resource deployment, incident assignment, communications to and from a single resource incident and communications with multiple resources to an incident with no Command Talk Group assigned.

Emergency Medical Services Authority (EMSA) – The EMS Authority is charged with providing leadership in developing and implementing EMS systems throughout California and setting standards for the training and scope of practice of various levels of EMS personnel. The EMS Authority also has responsibility for promoting disaster medical preparedness throughout the state, and, when required, coordinating and supporting the state's medical response to major disasters.

Emergency Operations Manual (EOM) – The EOM is the California Public Health and Medical disaster manual developed to strengthen coordination within the Public Health and Medical System during unusual events and emergencies that have public health or medical impact. The EOM describes basic roles and activities within the Public Health and Medical System and coordination with the emergency management structure at all levels of California's Standardized Emergency Management System (SEMS).

EMSystem – EMSystem is a web based system used by San Mateo County to monitor real-time hospital emergency department status, and real-time bed availability during emergencies and disasters including the Hospital Available Beds for Emergencies and Disasters (HAVBED).

Hospital Talk Group – The Hospital Talk Group is a dedicated channel on the County’s 700 MHz digital trunked radio system for all hospitals to communicate with one another, EMS, dispatch and/or other EMS first responders.

Incident Command System (ICS) – ICS is defined as the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to the incident. See glossary of terms for detailed definitions of all ICS positions.

Incident Dispatch Team (IDT) – The Incident Dispatch Team is a unit of San Mateo County Public Safety Communications. It consists of an IDT Director and qualified dispatchers who have received specialized training to perform communications and resource status support at the scene of a fire or fire related incident. The IDT responds automatically as a pre-designated resource within San Mateo County, or outside the county as requested by the state Office of Emergency Services Fire and Rescue Mutual Aid System.

JumpSTART Triage – A system that allows field care personnel to triage pediatric patients aged 1-8 years into one of four categories: Immediate, Delayed, Minor and Deceased (see attached JUMPSTART flowchart).

Medical Mutual Aid - the need for additional medical resources outside the county – the latter needing approval from the EMS On Call and/or MHOAC per policy

MCI Alarm Plan/MCI Ambulance Plan – San Mateo County EMS plan establishing levels of response based on required resources to a MCI through the proper implementation of the Incident Command System. The plan allocates pre-determined medical resources to the scene of a confirmed MCI.

Multi-Casualty Incident (MCI) – An incident in which the combination of numbers of injured personnel and type of injuries go beyond the capability of an emergency service’s normal first response.

National Disaster Management System – NDMS is a system of Federal and non-Federal medical resources combined into a unified response to meet natural and man-made disaster needs, as well as support patient treatment requirements from military contingencies. The NDMS is an interagency partnership between the Department of Health and Human Services, the Department of Homeland Security, the Department of Defense and the Department of Veteran’s Affairs and is based on the 2005 Memorandum of Agreement (MOA) between these agencies.

National Incident Management System (NIMS) – The National Incident Management System (NIMS) is a system used in the United States to coordinate emergency preparedness and incident management among various federal, state, and local agencies.

Public Safety Communications (PSC) – San Mateo County Public Safety Communications (PSC) is a central dispatch center providing dispatching services for 9-1-1 or emergency lines for fire, police or emergency medical assistance and supports emergency service providers who respond to the public’s calls for help.

SacComm – AMR’s regional dispatch center for non-emergency BLS and CCT Services.

Single Point Resource Ordering – Ordering of all resources for an event goes through one entity where every order must first be approved by the Incident Commander.

Special Operations Unit (SOU) – The SOU is a tactical team of EMT-Ps and EMTs specially trained in large scale MCIs as well as other large scale disasters and/or significant events including, but not limited to, greater alarm fire requirements for evacuations; hazardous material incidents; water rescue support operations; active shooter incidents; etc.

Standardized Emergency Management System (SEMS) – The system required by Government Code section 8607(a) for managing response to multi-agency and multi-jurisdictional emergencies in California. It is designed to provide standard terminology, operational concepts, mutual aid procedures and common communications at the state and local level.

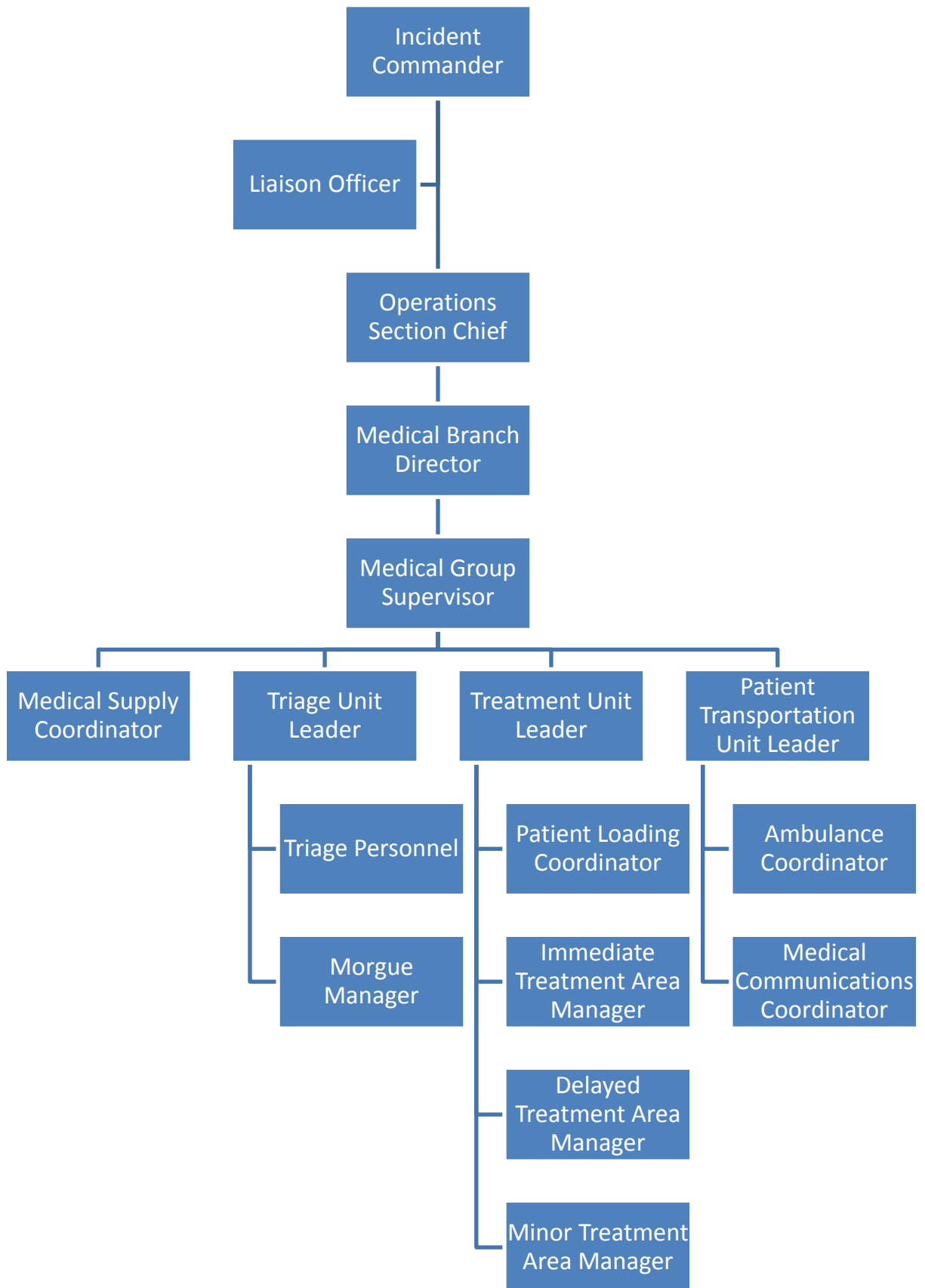
START Triage – Acronym for Simple Triage and Rapid Treatment that is a system that allows field care personnel to triage adult patients into one of four categories: Immediate, Delayed, Minor and Deceased (see attached START flowchart).

Supplemental Transport Resources (STAR) Car – A fully stocked ambulance staged at pre-determined location(s) throughout the County that can be utilized when needed per policy.

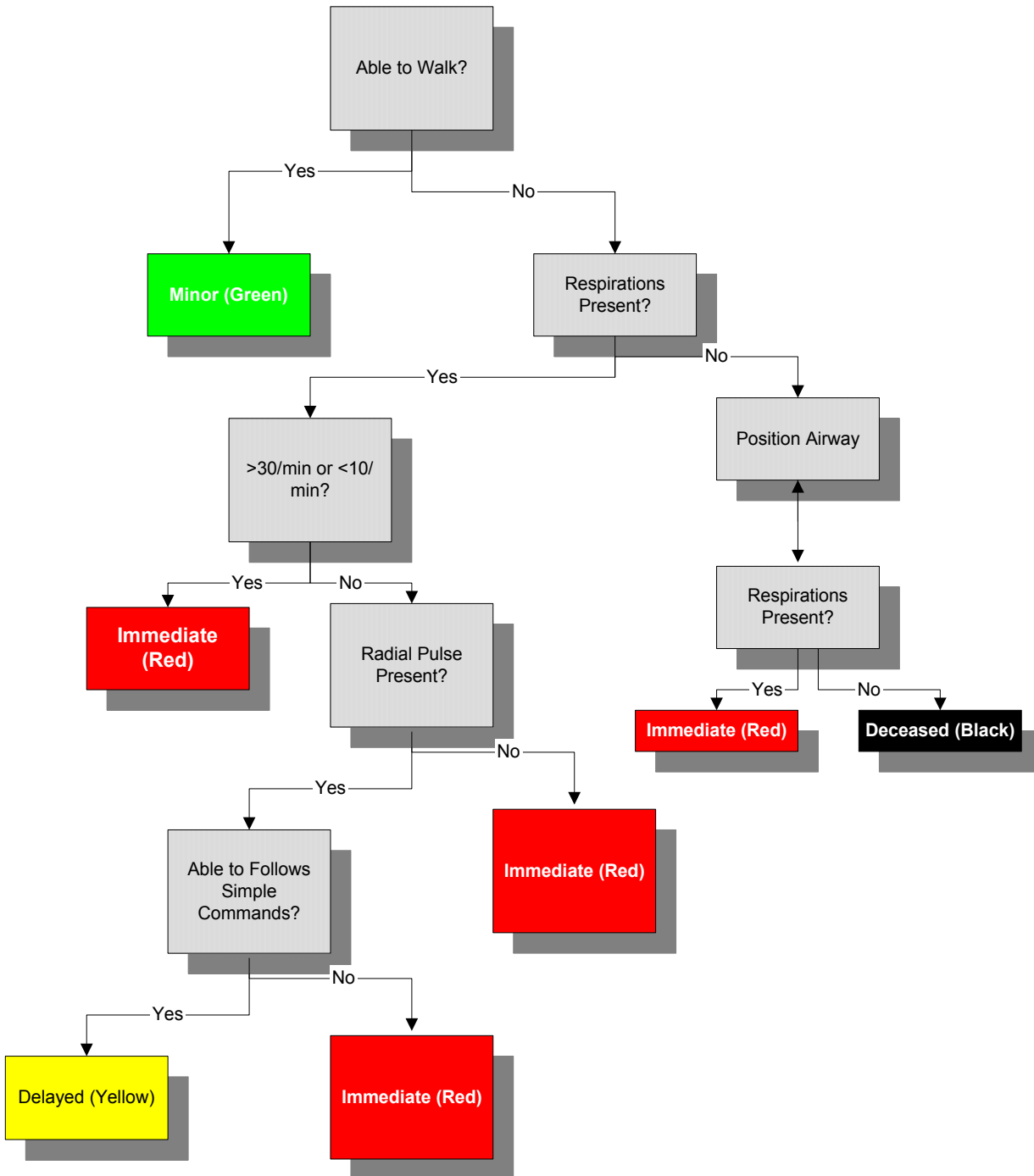
Tactical Talk Group Usage – When assigned, utilization of a Tactical Talk Group (e.g., MCI 2, Yellow), includes, but is not limited to, incident communications not defined in Command Talk Group usage. Units assigned to the incident shall switch to the Tactical Talk Group as they approach the scene (i.e., one block away).

Triage Tags – Printed tags first responders and medical personnel use during an MCI to classify the severity of patients’ conditions.

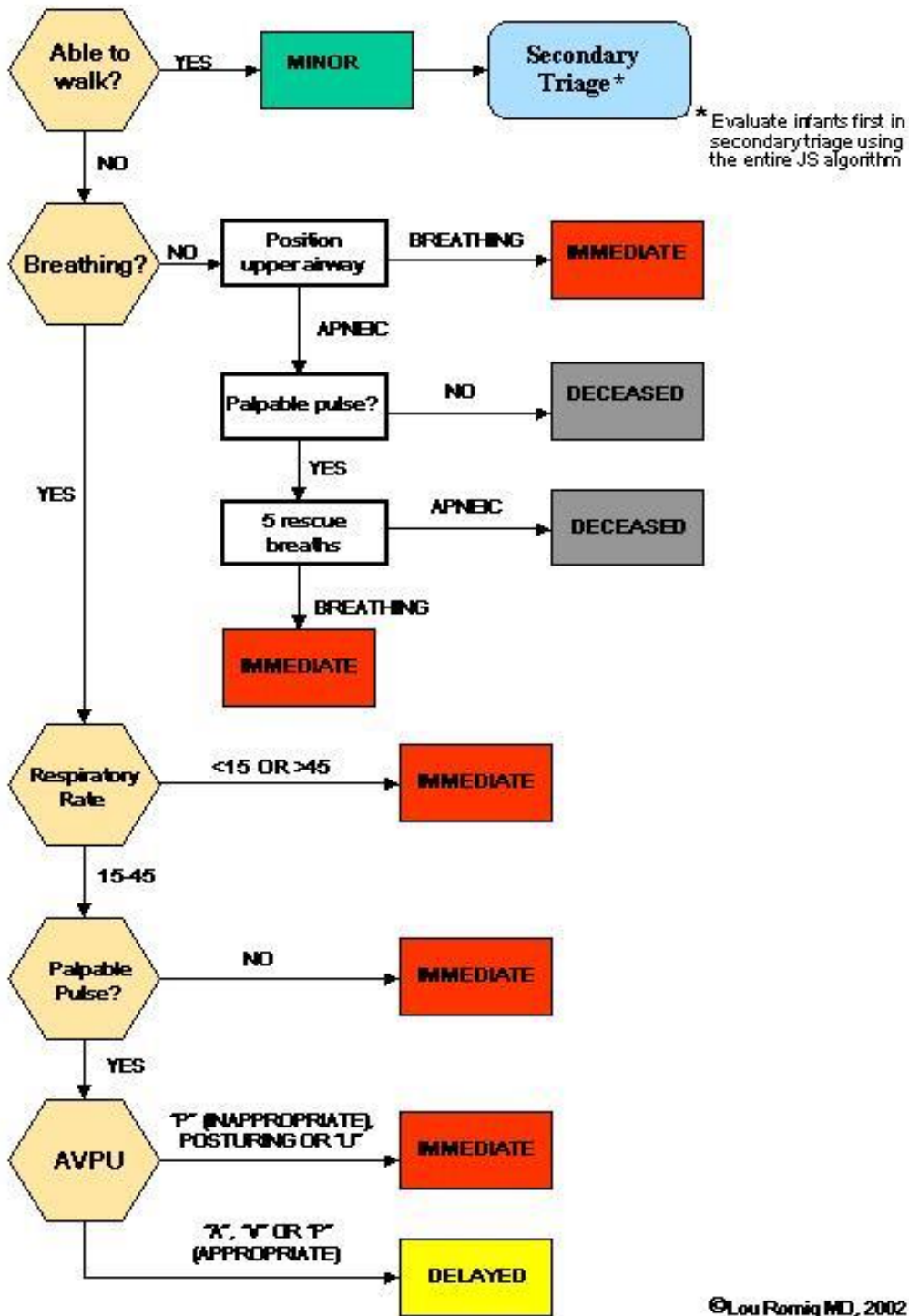
MEDICAL GROUP DIAGRAM



SAN MATEO COUNTY START TRIAGE



JumpSTART Pediatric MCI Triage[®]



©Lou Romig MD, 2002

TRANSPORTATION RECEIPT Tag Number **E10004869 4869**

Destination _____ Via _____ Time _____

Chief Complaint _____

All Risk TRIAGE TAG E10004869

Age _____ M _____ F _____

First _____ M _____

Last _____

Address _____

City _____ St _____ Zip _____

Phone _____ Religious Pref _____

If Contaminated DMS-05420 • Rev 3-12

Blast Injury

Deformities Contusions Abrasions Punctures/Penetrations Burns Tenderness Lacerations Swelling Other _____

AFN Chief Complaint _____

Mechanism of Injury _____

VITALS	Time	B/P	Pulse	Respiration

TRANSPORTATION RECEIPT For Use by Transportation Recorder Only DMS-05420

Age _____ M _____ F _____

First _____ M _____

Last _____

Tourniquet Applied Airway Management

Time _____ OPA NPA

GCS Tx In:	E:	M:	V:	Time:
GCS Tx Out:	E:	M:	V:	Time:

Known Allergies:

Treatment Administered/Comments

D	Time	Drug Solution	Dose

OSOLUODGEM
Salivation Lacrimation Urination Defecation G.I. Distress Emesis Miosis

INJECTOR TYPE _____ 1 2 3

INJECTOR TYPE _____ 1 2 3

Primary Decon 2ndary Decon SOLUTION _____

START triage system Initial Ribbon Triage

MINOR Move the Walking Wounded

RESPIRATIONS Yes - 2 Sec. Can Do
 No + 2 Sec. Can't Do

PERFUSION - 2 Sec. + 2 Sec.

MENTAL STATUS Can Do Can't Do

IMMEDIATE Respirations - Over 30

IMMEDIATE Perfusion - Cap. Refill Over 2 sec. or Radial Pulse Absent

IMMEDIATE Mental Status - Unable to Follow Simple Commands

DELAYED All Others

MORGUE No Respirations After Head Tilt

RE-TRIAGED **RE-TRIAGED**

MORGUE E10004869 **MORGUE** E10004869

IMMEDIATE E10004869 **IMMEDIATE** E10004869

DELAYED E10004869 **DELAYED** E10004869

MINOR E10004869 **MINOR** E10004869

CONTAMINATED E10004869

MORGUE E10004869 **MORGUE** E10004869

IMMEDIATE E10004869 **IMMEDIATE** E10004869

DELAYED E10004869 **DELAYED** E10004869

MINOR E10004869 **MINOR** E10004869

CONTAMINATED E10004869

ADDITIONAL RESOURCES

- [NASEMSO EMS Incident Response and Readiness Assessment](#)
- [FEMA Operational Templates and Guidance for EMS Mass Incident Deployment](#)
- [Mass Casualty Protocol & Procedure Manual by Charles County, Maryland](#)

A WRITTEN CALL SCHEDULE

Objective: *The agency will have (a) a written schedule, (b) which is distributed two weeks or more in advance of the scheduled date, and (c) with open shifts filled prior to a shift beginning.*



The agency is at Step 1 when there is no written call schedule. The pager goes off and anyone available responds.



To move to Step 2:

✓ *Add structure to the schedule*

Sometimes the axiom “form follows function” is practically applied when an agency is in basic survival mode and whatever can be cobbled together for staffing at any given time is better than nothing. Sometimes calling another member of the agency who is known to have flexibility in leaving work or someone who is known to be available “right now” accomplishes the goal of staffing an ambulance for an immediate call. However, “just-in-time” staffing does not aid in creating a stable agency and is not an attribute of a successful agency.

Providing structure to a call schedule will promote stability and enable the agency to measure its staffing needs. Many other parameters of a successful agency hinge on staffing – which depends on a well-developed call schedule.

To begin adding structure to a schedule, the members of the agency can simply agree, through discussions with each other, who will cover which shifts. When this level of agreement exists, the members will know who is available to cover different periods of time and who is not. A general awareness of which member is available or unavailable will help the group work together to fill in here and there as needed to try to accomplish the goal of covering the schedule.



The agency is at Step 2 when an informal, ad-hoc agreement exists between members of the crew.

Indicator

Evidence that members of the agency have an awareness of the schedule being covered in a laissez-faire manner with varying degrees of success



To move to Step 3:

- ✓ *Obtain an up-to-date roster of active agency members*
- ✓ *Establish scheduling standards*
- ✓ *Identify schedule layout/template*
- ✓ *Create a sign-up period for crew members*
- ✓ *Distribute schedule*

Creating or updating a list of all members who are recognized as being active agency members and who contribute to covering call time and responding on calls starts the process (see Section 7, “*Formal Personnel Standards*”). This will likely require the agency to consider and establish standards for issues related to scheduling, such as:

- The minimum requirements for a member to be on the roster;
- The best length of call shift (hours per shift) for the patient, the agency, and its members;
- How members will sign up for or be assigned call shifts;
- How open, uncovered shifts will be assigned or covered, and,
- How members are expected to document trades they make with each other.

Determining such standards can be accomplished by decision of the agency leader, by vote of the membership, or by consensus of a sub-group given the responsibility of determining the standard. The important piece is to establish the standard so it can be applied in developing and using a call schedule. Elements of the standard can be changed as needed in the future; it is more important to have the standards defined than perfected.

Although there are several electronic solutions available to aid in laying out a written call schedule, developing a call schedule can begin by laying out the days of the week for a period of time – for this step of the development process, one week – with each day containing the number of slots to allow for the scheduling of the desired number of staff for each slot on the schedule.

Example:

	Mon Jun 3	Tue Jun 4	Wed Jun 5	Thu Jun 6	Fri Jun 7	Sat Jun 8	Sun Jun 9
0700-1500	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
1500-2300	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
2300-0700	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Filling the schedule is accomplished by creating a sign-up period for agency members to choose which call shifts they want to cover or by assigning each agency member to the number of call shifts, as determined in the standard created for covering call shifts. If the method to be used is to have the agency members select and sign up for the shifts they want to fill, it is necessary to have a pre-determined standard defining the call sign-up period and outlining how shifts left uncovered after the members have made their preferences known will be filled. The written schedule should be filled completely prior to distribution.

Distribution of the written schedule should be made in accordance with the preferences of the agency members. A combination of print and electronic copies will meet most members' needs.



The agency is at Step 3 when a written and distributed schedule exists, but for less than one week at a time.

Indicators

*(1) a written schedule with less than one week of coverage, which
(2) is distributed to members.*



To move to Step 4:

- ✓ *Extend the length of the schedule*
- ✓ *Identify someone to lead and monitor the filling of the schedule*
- ✓ *Identify someone to monitor and correct any uncovered call shifts prior to the start of each shift*

With a one-week schedule created in the previous step the agency now will focus on extending the length of the schedule so staffing can be determined one week or longer in advance. The same actions taken in Step 1 will be used to build the schedule beyond the one-week time frame used previously. In asking the members to declare their availability over a longer period of time or, perhaps assigning call times as an alternate option, now may be the time to consider filling one of two specific roles for expediency and helpfulness to the members who will be filling the schedule.

The two roles, which need to be filled are (1) someone to lead and monitor the filling of the schedule on a recurring basis for the period of time in advance of the dates the schedule covers. (2) The second is to monitor and correct any uncovered call shifts prior to the start of each shift. This can be accomplished by making one individual responsible for scheduling functions.

One method to accomplish this is by selecting a scheduling officer. Identifying this officer should not occur until the overall process is defined and is in place to avoid the unintended consequence of having the scheduling officer identified as “the one who did this.” It is important that this formalized scheduling effort is owned by the agency’s entire membership and not perceived to be owned by an individual.

The agency will benefit by having a written job description for this officer. In addition to being responsible for filling open slots according to established standards, the scheduling officer will be in a position to assure the standards established to provide fair and consistent structure to the scheduling process are followed. This officer will also be in a good position to gather, record and report important information to be reviewed by the agency, such as number of shifts covered prior to the start of the shift on a daily, weekly or monthly basis (with a goal of 100 percent), number of shifts uncovered at the start of a shift over the same period, number of agency members meeting the sign-up standards, number of agency members not meeting the same standards, etc.

Again, it is not necessary at this time to fill the role that will be responsible for assuring all schedule slots are filled prior to the start of each shift. That role can be filled later, in the next step, if preferred.



The agency is at Step 4 when a written and distributed schedule is for one week or more, but empty spaces are not filled, waiting for personnel to show up.

Indicators

*(1) a written schedule which covers a period of time one week in length or longer, and
(2) a schedule which will be distributed to members.*



To move to Step 5:

- ✓ *Extend the length of the schedule*
- ✓ *Fill all open spaces in the schedule prior to the start of each shift*

To achieve this level of success the agency will need to demonstrate the ability to extend the schedule further out (two weeks or more) and to fill all open spaces (slots) in the schedule prior to the start of each shift. The same steps taken in the previous two steps will be used to build the schedule beyond the one-week time frame used previously. Having the scheduling officer established in Step 4 filled will provide the support the members need to walk through the scheduling process. The longer the period of time the schedule covers – and, longer is a good thing – the more likely changes will need to be made as members’ lives demand changes. Here is where the value of the scheduling officer is apparent – to help with changes, keep track of changes and assure that all open spaces in the schedule are filled prior to the start of each shift.

The additional function required in this step is to assure all spaces on the schedule are filled prior to the start of each shift. The scheduling officer will need to proactively contact members as he/she sees open spaces and as the scheduled time for those open spaces approaches. Gleaning from the measurements mentioned in the previous step, the scheduling officer will be in a good position to offer factual opinions on where the weaknesses and strengths are in the schedule. In the future, the agency may need to assess those insights and consider what staffing positions need to be addressed, possibly with periods of paid staff or other means of assuring coverage.



The agency is at a Step 5 when a written and distributed schedule is for two weeks or more. Empty spaces are filled prior to shift beginning.

Indicators

- (1) a written schedule which covers a period of two weeks in length or longer, and*
- (2) a schedule which will be distributed to members*

A successful ambulance service always looks towards improvement in all that it does. With a schedule written and published and specific metrics consistently gathered, the agency will be ready to make decisions. If performance declines in a certain area where a standard exists, steps can be taken to validate the standard and – if necessary – modify the procedure to enhance overall performance. As the agency sees changes in call volumes and call types, impacting the staff time necessary to cover all of the requests for service, the agency will be better positioned to make decisions informed by current and desired performance.



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Section 101 - Human Resources

Human Resources - 101.00		
S.O.P. # 101.02	Call Out Policy	PAGE: 1 OF 4
EFFECTIVE: 07/01/2001	Authorized: John Filer, Chief	
REVISED: 09/18/2018	Authorized: William Stephens, Director	

101.02.01 Purpose

To establish general procedures governing call outs.

101.02.02 Applicability

This SOP applies to all uniformed personnel, full and part-time.

101.02.03 General

This SOP is a departmental adjunct to the Charles County Personnel Policy and Procedure Manual (PPM), Chapter 17 & Chapter 18. This policy may also be cross referenced with *Divisional SOP 101.07 - Time-off Policy*.

101.02.04 Definitions

1. **Approved Leave** - Absence from your scheduled shift that has been pre-approved by Operations in accordance with SOP 101.07 - Time-off Policy.
2. **Call Out** - Notification to a Medical Duty Officer (MDO) or supervisor that you are unable to fulfill your scheduled shift not previously approved by Operations.

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101.02.05 Call Out Policy - Use of Sick Leave

1. Personnel may only utilize accrued sick leave in the following instances:
 - a. The employee is incapacitated by sickness or injury; or must visit a medical doctor or dentist for medical diagnosis or treatment.
 - b. The employee must provide for the necessary medical care and attendance of the employee's spouse, child or parent as defined in Chapter 18 of the PPM.
 - c. The employee has a condition that qualifies for Sick and Safe Leave under the MD Healthy Working Families Act of 2018.
2. The use of sick leave due to a lack of child care is prohibited.
3. Employees will be charged sick leave for those scheduled hours they are absent from work.
4. An employee may only utilize the accrued sick leave at the time of the absence, an employee is not permitted the use of sick leave not already accrued.
5. In the event an employee has insufficient accrued sick leave in their leave account, the hours the employee is absent will be charged to accrued administrative leave, personal days, floating holidays and compensatory time if available. If the employee has no accrued leave as aforementioned, the hours absent will be counted as Leave without Pay.
6. In accordance with the PPM, physician's notes are required for the following incidences:
 - a. An employee who calls out sick three (3) or more times in a twelve (12) month rolling period shall be required to submit a physician's note for all future call outs due to illness/injury within that rolling period,
 - b. Planned or unplanned medical absences greater than two (2) consecutive scheduled or elected shifts;
 - c. An employee who calls out sick two (2) or more twenty-four (24) hours shifts in a single month shall be required to provide a physician's note for all future call outs due to illness/injury within that rolling period;
 - d. As requested by a supervisor when circumstances warrant such action.
7. An employee who calls out sick for two (2) or more elected over-time shifts within a single thirty (30) day period may be operationally restricted from additional overtime activities for a period of fourteen (14) days. Overtime activities are inclusive of all collateral duty assignments.
8. An employee who calls out sick for two (2) or more elected shift trades within a single thirty (30) day period may be operationally restricted from participating in additional shift trades for a period of fourteen (14) days. During this period of restriction, all submitted shift trades will be rejected.



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9. Multiple patterned violations may be subject to the disciplinary process as outlined in the PPM.

101.02.05 Call Out Policy - Non-sick Related

1. Employees may not use sick leave for any reason other than as outlined and defined herein and in the PPM. However, exigent circumstances may arise that require the employee to call out for reasons not illness or injury related. In such an occasion, the employee may be permitted to use accrued leave in the following manner:
 - i. Administrative leave,
 - ii. Floating holidays;
 - iii. Personal days;
 - iv. Compensatory time; or
 - v. Leave Without Pay.
2. An employee may not utilize sick leave for non-qualifying reasons.
3. An employee may not use annual leave for non-sick related call outs as annual leave must be pre-approved.
4. An employee who calls out for two (2) or more elected over-time shifts within a single thirty (30) day period may be operationally restricted from additional overtime activities for a period of fourteen (14) days. Overtime activities are inclusive of all collateral duty assignments.
5. An employee who calls out for two (2) or more elected shift trades within a single thirty (30) day period may be operationally restricted from participating in additional shift trades for a period of fourteen (14) days. During this period of restriction, all submitted shift trades will be rejected.
6. Multiple patterned violations may be subject to the disciplinary process as outlined in the PPM.
7. The supervisor reserves the right to refuse an employee leave for this type of call out if staffing is minimal and/or back filling the vacancy causes an undue burden to the County.

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101.02.06 Procedure

Procedures for calling out are as follows:

1. The employee must notify the on-duty MDO immediately upon realization that they are unable to report for duty as scheduled, but no later than two (2) hours prior to the start of their scheduled shift.
2. Notification must be made via telephone or in person. Notifications via text message, voice mail, email or any form of social media is not acceptable.
3. The employee must state the type of leave they are requesting and provide justification.
4. The MDO is responsible to document the type of leave requested and justification.
5. Upon his/her return to work, the employee must provide all documentation related to the call out.

101.02.07 Notification of Violation Procedures

1. Operations will notify the employee in writing as well as those of concern in the employee's chain of command of any restrictions placed on the employee due to violations of this SOP.
2. Operations will include in the written notification the following:
 - a. Reason for violation with dates,
 - b. Restriction start date;
 - c. Restriction end date;
 - d. Persons of concern who were courtesy copied.
3. The notice of violation/s will be maintained in the employee's file for a rolling calendar year.



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Section 101 - Human Resources

Human Resources - 101.00		
S.O.P. # 101.06	Duty Hours and Attendance Policy	PAGE: 1 OF 2
EFFECTIVE: 07/01/2001	Authorized: John Filer, Chief	
REVISED: 07/01/2018	Authorized: William Stephens, Director	

101.06.01 Purpose

To establish the EMS Division procedures governing attendance, duty hours, failure to report, relief and calling out from an assigned shift.

101.06.02 Responsibility

1. The Office of the Chief will determine the reporting times for EMS Field Operations, Special Operations and Office Support Personnel.
2. All on-duty Medical Duty Officers (MDO) and/or Special Operations Coordinator shall verify that their personnel report to their assigned locations on time.
3. Personnel required to hold over will be compensated per the *Charles County Personnel Policy and Procedure Manual*.
4. All personnel are responsible for reporting to their assigned duty location on time and ready for duty.

101.06.03 Attendance

EMS operations personnel assigned to shift work are required to report for duty which may include holidays and weekends. Uniformed personnel assigned to administrative support positions are required to work a 40-hour workweek and follow the prescribed holiday schedule as outlined in the *Charles County Personnel Policy and Procedure Manual*. Non-uniformed administrative support staff are required to work the adopted hours/schedule for their position and follow the prescribed holiday schedule as outlined in the *Charles County Personnel Policy and Procedure Manual*.

101.06.04 Duty Hours

The reporting time for 24 hour rotational shift personnel is 0700.

1. Pay periods begin Saturday at 1900 hours and end at 1900 hours the following Saturday.
2. Reporting time for administrative personnel is 0800 unless otherwise approved by the Office of the Chief.



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101.06.05 Failure to Report

1. When an employee fails to report on time and personnel are held over, those held over shall be compensated according to Charles County Personnel Policy and Procedures Manual. The employee failing to report shall be charged with the appropriate amount and type of leave.
2. Employees are expected to report to work on time. Tardiness is defined as arriving any time after the scheduled shift start time.
3. For any employee who fails to report or reports late for duty, the minimum disciplinary action shall be as outlined in Chapter 10 of the Charles County Personnel Policy and Procedures Manual.

101.06.06 Relief

1. Routine Relief

- a. Personnel shall remain on-duty until they are properly relieved. This responsibility includes:
 - I. Presence, ability to perform and readiness for duty in the assigned position.
 - II. Release by his/her immediate supervisor.
- b. The EMS Operations Chief may holdover or delegate the authority to holdover, any or all personnel going off-duty, or recall off-duty personnel in the event of extenuating circumstances.

2. Early Relief

To provide some flexibility in relief time, personnel going on-duty may relieve personnel scheduled to go off-duty up to two (2) hours before the specified time.

101.06.07 Amendments to the Guideline

With the exception of administrative hours, amendments to the guideline are subject to the terms of the collective bargaining agreement (CBA) between the IAFF Local 4658 and Charles County Commissioners.

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Title: Leave and Overtime Distribution
Policy: 116.00
Purpose: To provide procedures for requesting/scheduling leave and the distribution of overtime.

This policy consists of the following numbered sections:

- 1. Leave Policy**
- 2. Overtime Distribution Policy**
- 3. Accountability and Compliance**

1. Leave Policy

- A. Okaloosa County EMS will utilize TeleStaff to manage employee shift schedules. Each employee will be able to view and request changes to his/her schedule via this program.
- B. Leave requests must be submitted on TeleStaff at least 14 days in advance to allow the time to cover employee vacancies (the program will not allow you to submit leave requests within 14 days). The Section Commanders and/or the EMS Division Chief have the authority to accept leave requests submitted with less than 14 days' notice in certain emergency cases. Request for leave will be accepted up to one year in advance (rolling year). No request for leave should be considered granted until it appears on the TeleStaff program. Employees must have the amount of leave they are requesting in their current pay periods' leave 'bank' when they are making the request.
- C. Requests for leave will be granted on a first-come, first-serve basis except for the ten (10) County designated holidays to ensure fairness.
- D. No more than two employees per 24 hour period (excludes command staff) will be allowed to take scheduled leave without the approval of the Section Commanders or EMS Division Chief.
- E. Sick calls will be made by telephone only to the on duty Branch Commander; calls to the Communications Center, other employees, voicemail messages, or text messages are not acceptable.
- F. Scheduled personnel who report for duty any later than 3 hours after their scheduled time without contacting a supervisor are considered absent without leave (AWOL) and may be subject to disciplinary action. "Late" is defined as arriving after the scheduled start time of a shift.
- G. Employees who call out sick for their assigned duty shift will be ineligible to work a voluntary overtime shift for the next forty-eight (48) hours.
- H. Compensatory time may be used only as a means of compensating an employee for overtime work actually performed. The employee may accrue compensatory time as an alternative to overtime pay. All compensatory time will be issued in accordance with the Okaloosa County Compensatory Time Policy contained in the Okaloosa County Human Resources Policy Manual. Compensatory time will be documented as follows:
 1. All time will be documented on the official county time sheet and submitted to payroll.
 2. The Payroll Department will track accruals and usage of Compensatory Time.
- I. Swap time may only be done between full-time employees of the Department of Public Safety that are of the same position classification level; for example, a Branch Commander can only swap with another Branch Commander and a paramedic can only swap with a paramedic, etc. If an employee swaps time with another employee ('Swap, working') and they are unable to work the scheduled shift (suspension, illness, etc.), it will be the

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responsibility of the person originally scheduled ('Swap, not working') for that day to find coverage or report to work as originally scheduled.

- J. Swaps cannot be open-ended; you must specify a date to be paid back and that date must fall within six months of the scheduled swap.
- K. All types of leave may be canceled during times of disaster or declared State of Emergency. The TeleStaff system will be used to notify and recall staff in these cases. Therefore, it is required that all employees and command staff keep all their contact information up to date in TeleStaff. This will be done using the Human Resources Employee Information Change Form (located at Human Resources or under the "Human Resources Forms" section on the county website). The form should be completed whenever an employee has a change in name, phone number, address, or emergency contact. The employee is to complete the form and give to their Branch Commander. The Branch Commander will ensure the North and South Commander phones have been update and will send the form to the EOC. The Section Commanders will ensure the employees Telestaff profile and personnel file is updated. The form will then be sent to Human Resources.

2. Overtime Distribution

- A. Full Time employees requesting overtime shifts and all Relief employees shall place themselves 'available' in TeleStaff for the days and hours desired. The Branch Commanders will place employees marked 'available' into open shifts only if the TeleStaff system has not. Overtime will be distributed with an emphasis on spreading the hours evenly and fairly utilizing the automated TeleStaff system first; Branch Commander can interface secondly, if needed. If an employee has a need to alter the start or end time to a shift after it was accepted by him/her, he/she must contact the Branch Commanders via email. At no point should any employee contact the Branch Commander to request a particular station or partner. If the employee is placed into an open shift that is over 72 hours away, the Branch Commander shall send a notification to the employee via the TeleStaff program informing them they have been placed on a shift. If the Branch Commander places the employee into an open shift that is within 72 hours, he/she will contact that employee via phone call to ensure he/she is still able to work the shift. However, it is ultimately the employee's responsibility to check TeleStaff for their work schedule and station assignments after placing themselves 'available'. If the Branch Commander has to move or cancel an employee's station assignment or shift, they must contact the employee via phone call prior to the start of their shift. Full time employees will not be placed in an open overtime shift that is over 14 days away. Relief employees may 'bump' a full time employee from an overtime shift; however, no 'bumping' is allowed within 72 hours of the shift. The command staff maintains the right to alter schedules to best fit the operational pace of the Department, to include "bumping" of any overtime personnel.
- B. Once an employee has signed up for an available shift, he/she is responsible for covering the shift. If the employee later decides that they do not wish to fill the open shift, it is that employee's responsibility to find coverage.
- C. Any employee that receives a written reprimand will be excluded from eligibility to work overtime for a two (2) week period from the date of the receipt of the reprimand; any employee that receives a suspension will be ineligible to work overtime for a four (4) week period from the date of notification of the suspension. The EMS Division Chief may waive this directive at his/her discretion to better serve the operational needs of the Department.
- D. When messages and vacancies are sent through the TeleStaff system, employees are required to acknowledge the message or vacancy with an either 'Accept' or 'Reject' selection. Employees are not allowed to ignore the message/vacancy. Failure to

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acknowledge these messages and vacancies will result in progressive discipline as described in the Okaloosa County Human Resources Policy Manual.

- E. The following, but not limited to, may lead to termination of Emergency Relief employees:
 - 1. Canceling a scheduled shift with less than 24 hours' notice (unexcused).
 - 2. Not working 24 hours within a 30-day period.
 - 3. Knowingly accepting any shift assignment that would place them over 40 hours weekly (that has not been approved by a Section Commander and/or the EMS Division Chief).
- F. No more than 24 consecutive hours will be worked without 12 hours off. The EMS Division Chief must approve any exceptions to this policy. Two person paramedic teams may be split-up and EMT's utilized for coverage, as needed.

3. Accountability and Compliance:

- A. The EMS Branch Commanders, or delegates, will utilize email notifications or other forms of communication to track complaints of system errors with TeleStaff and/or scheduling. These system errors will be tallied and reported to the EMS Division Chief at the monthly Senior Staff Meeting along with the resolution to the system error.

Policy #:	116.00
CAAS:	106.02.01
Author:	Hawley
Reviewed:	Leadership
Approved:	Welborn
Status:	Active
Effective Date:	04/09/16
Revision Date:	09/04/19



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Section 101 - Human Resources

Human Resources - 101.00		
S.O.P. # 101.07	Leave Policy	PAGE: 1 OF 3
EFFECTIVE: July 6, 2021	Authorized: Steve Finch, Chief <i>SWF</i>	
REVISED: July 6, 2021	Authorized: Michelle Lilly, Director <i>MLL</i>	

101.07.01 Purpose

To establish procedures for Emergency Medical Services personnel to request for leave.

101.07.02 General

For a comprehensive overview of the County’s policy on Leave, please refer to Chapter 17 of the *Charles County Personnel Policies and Procedure Manual (PPPM)*. This SOP is a departmental supplement to the PPPM.

101.07.03 Policy

Per the PPPM, leave heretofore referred to as “time off”, is an authorized absence during regularly scheduled work hours that is preapproved by the proper authority. Time off requests may be authorized with or without pay in accordance with the work requirements of the County and the available leave an employee has accrued.

1. For time off requests utilizing annual leave, floating holidays, personal days, administrative leave:
 - a. Time off requests will be granted on a first come first served basis.
 - b. Time off requests will be accepted as far out as six (6) months in advance and no less than one (1) week in advance.
 - c. No more than four (4) personnel may be granted time off for the same calendar day. This is inclusive of all minimum staffing, float and flex personnel. Vacant assignments and employees who are off for Worker’s Compensation, FMLA qualifying absences, or training will not be included among this daily maximum limit.
 - d. Once the shift(s) referenced on the time off request have been filled, the time off request may not be rescinded except for the following reasons:
 - i. The employee requested time off for training and it was cancelled,





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- ii. The employee requested time off for a medical appointment or procedure and it was canceled;
 - iii. The employee requested time off for court and the court date was cancelled or rescheduled;
 - iv. Assigned employee agrees to relinquish shift;
 - v. FLEX or float personnel may be unassigned at the discretion of the scheduling officer.
- e. Operations may deny leave based on the overall mandatory minimum staffing levels in the County.
- f. Employees assigned to a rotational schedule may not request more than four (4) consecutive shifts off in a row.
2. **For time off requests utilizing compensatory time:**
- a. An employee utilizing comp time must find their own coverage in the following situations:
 - i. Time off requests submitted with less than seventy-two (72) hours prior to the date requested.
 - ii. If the daily maximum of allotted leave has been reached.
 - b. Operations may deny time-off based on the overall mandatory minimum staffing levels in the County.
3. **For time off requests for approved training and administrative (i.e. meetings) hours for:**
- a. Per SOP 102.05.04, employees are responsible for submitting a time off request or shift trade for approved training hours that conflict with a scheduled shift.
 - b. If time off request for training or administrative duty is submitted less than two weeks prior to the start of the class or administrative event and the shift remains unfilled after the CrewSense callback, the employee becomes responsible for either finding coverage for the shift or will be required to work the shift.
 - c. Time off requests for training must be entered by the employee; but will not be approved until the training has been approved by the Training Officer.
 - d. Approved training hours worked may be substituted for an employee's approved time off for training if performed within the same week.
 - e. Employees will be required to use leave should requested training time off not be equivalent to their approved training hours within the same week.
4. Due to difficulty in covering vacancies on holidays, time off requests for major holidays will only be accepted if suitable coverage has already been secured. Major holidays have been identified as:
- a. New Year's Day,
 - b. Independence Day;
 - c. Thanksgiving Day;





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- d. Christmas Day.

101.07.04 Procedures

1. Employees requesting time off must submit a Time Off Request via CrewSense.
2. Time off may be denied or canceled by Operations if:
 - a. The maximum number of employees permitted off (4) has already been reached.
 - b. A suitable substitute/replacement is not found or assigned,
 - c. Granted time off will result in personnel manning below the acceptable minimum staffing standards;
 - d. Time off requests are not submitted within the appropriate time frame;
 - e. Major events in the County warrant the cancellation of leave.
3. Employees who submit leave within the prescribed timeline should expect feedback within two (2) weeks after submittal however, they should not consider their requested time off approved until they receive notification of approval via CrewSense and their personal schedule reflects the requested time off.





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Section 101 - Human Resources

Human Resources - 101.00		
S.O.P. # 101.03	Secondary Employment and Volunteerism	PAGE: 1 OF 2
EFFECTIVE: 01/2001	Authorized: John Filer, Chief	
REVISED: 09/2016	Authorized: William Stephens, Director	

101.03.01 Purpose

To establish procedures for obtaining authorization for secondary employment. This SOP also acknowledges volunteering.

101.03.02 Policy

Secondary employment or volunteer work is not allowed when it may conflict with availability for assigned work, impairs an employee’s performance, or where there is a real, potential, or perceived conflict of interest between the employee’s work with the County and outside work activities This policy references Chapter 13 - Secondary Employment & Volunteerism of the Charles County Government Personnel Policy & Procedure Manual.

101.03.03 Procedure

1. An employee who wishes to accept outside work assignments in any paid full-time, part-time, volunteer Fire-EMS or freelance capacity must annually submit a Secondary Employment Request Form for review and approval through the Department Head to the county Administrator including the employer’s name, a description of proposed work activities and the anticipated work schedule. This policy will be administered in accordance with the disciplinary Action policy (see Chapter 10). Approved records of outside employment will be maintained in the employee’s personnel files.
2. The County Administrator may approve, approve with conditions, or deny the request. Such requests may be referred by the County Administrator or the employee to the Charles County Ethics Commission for review, as prescribed by the County Code of Ethics (Chapter 170, Charles County Code), to ensure that a violation of the Code will not arise.
3. Full-time employees may freely and solely at their own option work in another position of part-time capacity for the Charles County Government on an occasional and sporadic basis so long as the part-time employment is in a different capacity as the employee’s primary job. Occasional or sporadic means infrequent, irregular, or occurring in



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scattered instances. In these instances, the total hours worked will not be combined to determine any overtime compensation due on the regular, primary job. Requests from full-time employees to work in another position of employment with the Charles County

Government will be considered secondary employment and will follow this policy. If there is a question or concern regarding what is considered either "occasional or sporadic" or a "different capacity," those questions may be referred to the director of Human Resources for a final determination.

4. **Exception:** Where the County, in its sole and absolute discretion, determines that an emergency situation or critical need exists, it will allow employees to fill another county position in a part-time capacity. The County Administrator will be responsible for making such a determination. In these instances, employees who work part-time in a capacity which is different from their full-time position will be paid overtime at a rate not less than one and one-half times the hourly non-overtime rate established for the type of work he/she is performing during the overtime hours. Employees who work part-time in a capacity which is similar to their full-time duties will be paid overtime at a rate not less than one and one-half times the hourly rate established for their full-time position.

Full-time employment with Charles County Government shall be the employee's primary employment. An employee may not work secondary employment without written approval while on sick leave, leave without pay, leave of absence, or while out on Family Medical Leave. The employee will submit a written request through the Department Head seeking the County Administrator's approval.

5. **Volunteerism:** The County recognized the generosity and benefits of volunteering. As such, the county applauds such activity. However, employees should be aware of the County's Ethics Laws, as set forth in Chapter 170 of the County Code, which may, under certain circumstances, prohibit or limit the service of some volunteer activities.

Employees may freely and solely at their own option take advantage of volunteer activities within County government. Notwithstanding the above, an employee may not volunteer to provide the same services, within County government, for which the individual is employed.



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Section 101 - Human Resources

Human Resources - 101.00		
S.O.P. # 101.12	Shift Trades	PAGE: 1 OF 2
EFFECTIVE: 07/01/2001	Authorized: John Filer, Chief <i>JLF</i>	
REVISED: 10/27/2020	Authorized: Michelle Lilly, Director <i>MLL</i>	

101.12.01 Purpose

To establish procedures for shift trades.

101.12.02 Policy

1. Shift trades are permissible so long as:
 - a. They are performed within a ninety (90) day period,
 - b. They do not result in overtime,
 - c. All shift trades are hour for hour,
 - d. They are approved by the EMS Scheduling Officer. Medical Duty Officers (MDO) may approve shift trade requests if either shift of the swap will occur prior to the scheduling officer's regular office hours.
 - e. The hours comply with *SOP 400.08, Fitness for Duty*.
2. A shift trade cannot be performed on an employee's last scheduled shift prior to their official date of resignation.
3. Personnel may perform a shift trade into a vacant shift, as long as no CrewSense callback has been initiated. The shift vacated by the employee swap will be filled in accordance with *SOP #101.11, EMS Division Open Shift Scheduling*. If the shift remains unfilled after the CrewSense callback, the employee becomes responsible for either finding coverage for the shift or will be required to work the shift (as either overtime or by cancelling the swap).
4. Employees will not be permitted to swap hours which they are already responsible due to a previous shift trade. (i.e., you can't swap a shift trade).
5. Personnel may not perform shift trades with awarded overtime shifts.
6. Minimum staffing personnel may not swap out of designated major holidays as defined in *SOP# 101.07- Time Off* and into open shifts unless adequate backfill is provided.

101.12.03.1 Procedure

1. Shift trades are to be submitted via CrewSense.
2. All shift trades must be approved prior to the swap occurring.



Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

3. Once the shift trade is approved in CrewSense, it is final unless both employees agree to cancel it. Cancellations must be approved by the Scheduling Officer. Should an employee be unable to fulfill their half of the swap, they must follow the procedures in SOP 101.02, *Call Out Policy*. The shift will then be filled in accordance with SOP 101.11, *EMS Division Open Shift Scheduling*.
4. Submission of a shift trade less than forty-eight (48) hours away requires the employee to notify the Scheduling Officer, or the on duty MDO, if either shift of the swap will occur prior to the Scheduling Officer's regular office hours.
5. Shift trades may be performed with part time employees as long as the shift trade is completed in its entirety within the same pay period.

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 500 Work Schedule and Leave

Purpose: To assure that SCEMS operates in a safe and responsible manner as well as providing an enjoyable and fulfilling work environment.

500.01 **SCHEDULE:**

Each member will be assigned to a specific schedule. This schedule will dictate the days worked and the days off. Each schedule will be identified by a different shift color. The member will be able to determine what days will be worked by referring to the monthly or yearly posted calendar.

500.02 The SCEMS workweek is Friday thru Thursday with pay on a bi-weekly basis. Each member has the responsibility to maintain a time card to record accurate work times. Any overtime worked must be explained on the overtime explanation form. All time cards are to be reviewed by the member, signed that the hours are correct and then verified by the shift supervisor. Any off duty runs reported on the time card should include the run number or run location.

500.03 Off Duty Response Forms shall be completed as soon as possible after a member responds in an off duty capacity. These forms will be forwarded to the Chief/ Deputy Chief for the purpose of equipment utilization and payroll.

500.04 Any member's schedule may be changed on a temporary or permanent basis by the Chief.

501.01 **OVERTIME ASSIGNMENT**

In an effort to provide a fair and fiscally responsible method of filling overtime, the following guidelines will be used for all scheduled overtime. All effort should be made to fill known shifts one month in advance to maximize use of part time personnel. The shift calendar will be utilized to track shift availability and coverage needs. Members may note availability on the calendar date that they are available. Only shift

supervisors will award the shift according to the guidelines outlined below and will confirm the award by initialing after the members name. Shifts will be awarded based on the following order.

1. Part Time personnel will be called on an EMT for EMT and paramedic for paramedic Basis. A call list will be maintained by the Shift Supervisors to document calls made.
2. Full time personnel that are on a "short Check" payroll period will be offered the position on an EMT for EMT or paramedic for paramedic basis.
3. The remaining full time personnel will be offered the position on an EMT for EMT or paramedic for paramedic Basis. If no EMT's are available a paramedic may fill an EMT position with the shift supervisor's approval.

502.01 **MANDATORY OVERTIME**

In the event that sufficient time is not available to fill a vacant shift (Ex. sick call) or the overtime assignment procedures outlined above were unsuccessful, a mandatory overtime will be necessary. The shift captain will maintain a list of dates in which personnel were assigned mandatory overtime. This list shall be in order of seniority and the least senior member (paramedic for paramedic, EMT for EMT) with the least amount of mandatory assignments shall be given the shift on a mandatory basis. Failure to report for a mandatory assignment shall be considered an Away Without Leave (AWOL) infraction.

502.02 At no time will any member work more than 36 hours consecutively. Any deviation from this such as in times of declared emergency will require approval from the Chief or Deputy Chief.

503.01 **TRADING DAYS:**

SCEMS personnel may trade off days at the discretion of the shift supervisor with the approval of the Deputy Chief or Chief. The trade must be completed within a given work week. Prior approval must be obtained from the shift supervisor involved. Trades requiring utilization of overtime are prohibited. If either party of the trade fails to meet the obligation of the trade then vacation or holiday time will be used.

504.01 **VACATION LEAVE:**

See Administrative Code

504.02 If a member desires to use accumulated vacation leave, a request for vacation form will be filled out and should be submitted to the shift

supervisor for approval. Requests should be made as far in advance as possible.

504.03 Vacation request will be granted on the basis of seniority for the first thirty (30) days of the fiscal year. Following that period, vacation will be handled on a first come basis. Seniority will be considered for only one vacation period per year.

504.04 Supervisors shall not approve vacation leave that may prevent SCEMS from operating properly. As a guideline, one Paramedic and one EMT may be off on vacation on any one shift. Any vacation leave of three (3) days or more must be approved by the Chief or his/her designee.

504.05 No member may intentionally take scheduled vacation time for the purpose of working additional overtime. Once vacation time has been awarded, that member is no longer eligible to work on that shift. (Ex. Taking vacation day then working overtime on that day)

505.01 **HOLIDAYS**

See Administrative Code

505.02 Any member taking off on a holiday will be using that holiday as their regular hours and not as an accrual. If the holiday falls on the members regular off day that holiday will be accrued.

506.01 **SICK LEAVE:**

See Administrative Code

506.02 24/48 shift members will be entitled to sick leave at the rate of 12 hours a month for every month employed. Forty hour members receive 8 hours a month. Sick leave may be allowed to accumulate from year to year.

506.03 The Chief, Deputy Chief and/or County Judge/Executive may request a physician's statement verifying the necessity of the member's absence. Failure to produce a physician's statement may result in the member not being awarded sick time. The member will not be allowed to return to work unless the physician's statement is received and/or approval is given in lieu of unused sick time.

506.04 Members must notify the supervisor of their intention to use sick time at least two (2) hours before their shift is to begin, if possible. This must be done before each shift that the absence will occur. Multiple

days off will need to be addressed with a supervisor for scheduling purposes.

507.01 **INJURED ON DUTY:**

See Administrative Code

508.01 **COURT DUTY:**

See Administrative Code

509.01 **MISCELLANEOUS LEAVE:**

See Administrative Code

510.01 **FAMILY MEDICAL LEAVE ACT:**


See Administrative Code

511.01 **RESIGNATION AND TERMINATION:**

Any member who plans to voluntarily terminate employment shall notify the EMS Chief at least two (2) weeks prior to the voluntary termination date. A termination form will need to be completed and turned into the Director of Human Resources.

Parkdale Rural Fire Protection District

Standard Operating Guideline/Policy

Title:	Vehicle Operations	
Section:	Apparatus	
SOG #:	8.01	
Authorized By:	Michael L. McCafferty, Fire Chief	

PURPOSE:

To establish a policy that considers health and safety as primary concerns in the specification, design, construction, acquisition, operation, maintenance, inspection, and repair of all vehicles.

POLICY:

It shall be the policy of the Parkdale Rural Fire Protection District (PRFPD) to ensure that all vehicles are obtained legally, operated, and maintained to provide the safest and most cost-effective apparatus to firefighters and the public.

AUTHORITY & RESPONSIBILITY:

It is the responsibility of all personnel to operate, inspect and maintain all department apparatus with safety as the primary goal. It will be the responsibility of the Fire Chief and appointed Officers to ensure adherence to this policy.

PROCEDURE:

Vehicle Operators must continually weigh Risks vs. Benefits when responding to emergencies. Safe arrival is essential for personnel to be effective in emergency and non-emergency operations.

Inspection, Maintenance, and Repair of Vehicles

- All vehicles shall be kept as clean. The driver of the vehicle is responsible for the cleanliness and appearance, both interior, and exterior.
- Any department vehicle found to be unsafe shall be placed out of service until repaired. Refer to SOG #8.04 Apparatus Out of Service – Emergency Vehicles.
- The fuel level of each vehicle needs to be at or above $\frac{3}{4}$ fuel capacity.
- Once a month each apparatus will have a full check done at which time ALL equipment will be removed from compartments, checked, and serviced if needed.
- In the event any damage is incurred to a department vehicle, or if mechanical trouble becomes apparent during operation, the operator will immediately notify the Fire Chief or appointed Officer if Fire Chief is unavailable.
- Department vehicles are not to be used for pushing or towing any vehicle except as emergency operations dictates.

Drivers/Operators of Fire Department Vehicles

- Only members who are trained and certified in the proper operation shall operate fire department vehicles.

- Operators will possess a minimum of a NFPA Driver certification unless authorized by the Fire Chief.
- Drivers of fire department vehicles shall have a valid driver's license. Any changes in DL status (i.e. citation, suspension, revocation, etc.) shall be reported immediately to the Fire Chief.
- Members will only use department vehicles for performing their official duties. Under no circumstances will department vehicles be used for private use, unless otherwise authorized.
- Drivers of fire department vehicles shall be directly responsible for safe and prudent operation under ALL conditions.
- Drivers shall not move fire department vehicles until persons in the vehicle are seated and secured with seatbelts in the approved riding positions.
- A spotter will be utilized while backing any fire department apparatus.

Apparatus Operations

- Vehicle safety includes the establishment of standards for vehicle testing, inspections, preventive maintenance, and defensive driving. Defensive driving is a matter of personal practice, which involves proper motivation, and the development of a positive mental attitude toward driving. Members are urged to adopt the correct mental attitude and response in order to drive defensively while practicing fleet safety. It is the intent of this department to reinforce safe driving habits through in-service training, driving training courses, close supervision, and discipline. Members of this department government and are constantly under close scrutiny of the public while operating a department vehicle. Because this is true, members have a duty to operate vehicles in a safe, courteous, and legal manner in conformity with Oregon Statutes.
- ORS Section 820.300 provides that "subject to conditions, limitations, prohibitions and penalties established for emergency vehicle and ambulance drivers under ORS 820.320, the driver of an emergency vehicle or ambulance may do any of the following:
 - Park or stand in disregard of a statute, regulation or ordinance prohibiting that parking or standing.
 - Proceed past a red signal or stop sign.
 - Exceed the designated speed limits.
 - Proceed past the flashing bus safety lights without violating ORS 811.155 if the driver first stops the vehicle and then proceeds only when the driver:
 - Determines that no passengers of the bus remain on the roadway; and
 - Proceeds with caution.
- The provisions of this section:
 - Do not relieve the driver of an emergency vehicle or ambulance from the duty to drive with due regard for the safety of all other persons.

- Are not a defense to the driver of an emergency vehicle or ambulance in an action brought for criminal negligence or reckless conduct.

Operating as an Authorized Emergency Vehicle

- Every authorized emergency vehicle shall be equipped with a siren, whistle, or bell capable of emitting sound audible under normal conditions from a distance of not less than 500 feet and must be approved by the department, but such a siren shall not be used except when the vehicle is operated in response to an emergency call, in which event the driver of the vehicle shall sound the siren when conditions warrant to warn pedestrians and other drivers of the approach thereof.
- There are only two types of responses recognized by this department: Emergency and Non-emergency. A true emergency is defined as a situation in which there is a high probability of death or serious injury to an individual or significant property loss and action by emergency personnel may reduce the seriousness of the situation. The apparatus operator must weigh vs. benefits based on information received during dispatch and update information when determining response mode.
- Every authorized emergency vehicle shall be equipped with oscillating, rotating, or flashing lights of sufficient intensity when illuminated, to be visible at 500 feet in normal sunlight, but such lights shall not be used except when in response to or on the scene of an emergency call, in which event the driver shall operate all oscillating, rotating, or flashing lights, continuously to warn pedestrians and motorists of the approach thereof.
- When responding to an actual or suspected emergency, members of this department will proceed at a reasonable speed while assessing existing road and traffic conditions. Extreme caution must be observed in severe weather conditions and when changing lanes, turning, and changing direction of travel.
- The greater the speed of the vehicle, the greater the chance of an accident. Extreme speeds will not be condoned. Response speed should generally not exceed the posted speed limits by more than 10-15 miles per hour. Higher speeds may be justified under certain circumstances and conditions, but members of this department will be held accountable for the results of their actions after a careful review.
- While responding to emergency calls, the oscillating, rotating, and flashing lights will be used continuously; the siren shall be used as conditions warrant (warning shall be given when proceeding through intersections). When necessary, siren activation will be continual (i.e. proceeding through red lights, heavy traffic, etc.). Remember, using these devices only gives the right to request the right of way; it does not guarantee receiving it.
- Vehicle wheel chocks will be assigned to each emergency vehicle. The vehicle operator will ensure that a chock or set of chocks are placed in such a way as to prevent the forward and backward movement of a parked/unattended emergency response vehicle that is outside of the


confines of a fire station. Wheel chocks are to be used at all times in conjunction to the vehicles air or mechanical parking brake.

Adopted: 6 - 14 - 2018

Michael McCafferty
Michael L. McCafferty, Fire Chief

Parkdale Rural Fire Protection District

Standard Operating Guideline/Policy

Title:	Apparatus Out of Service – Emergency Vehicles	
Section:	Apparatus	
SOG #:	8.04	
Authorized By:	Michael L. McCafferty, Fire Chief	

PURPOSE:

To establish a procedure to assure consistency in removing an emergency vehicle from service.

POLICY:

It shall be the policy of the Parkdale Rural Fire Protection District (PRFPD) to ensure that an emergency vehicle is removed from service if any problem is discovered that will affect the operability of the apparatus. Department personnel will place the vehicle out of service until the problem can be corrected and reviewed by the Fire Chief.

AUTHORITY & RESPONSIBILITY:

It is the responsibility of all personnel to report problems with emergency apparatus promptly to the Fire Chief. The Fire Chief will be responsible for authorizing the return of an apparatus to service.

PROCEDURE:

When an emergency vehicle needs to be removed from service due to routine maintenance, repairs, or safety concerns, the Fire Chief or appointed Officer if unavailable will be notified immediately. The problem will be investigated, and a recommendation will be made to take the apparatus out of service or mitigate the problem.

Removing from Service

The following should be followed when taking an emergency vehicle out of service:

- Contact dispatch via radio that apparatus is out of service. Also identify the need to automatic aid (i.e. Rescue 1 if Rescue 43 is out of service).
- If the problem cannot be mitigated, remove the key and hang it on the board in the office.
- If possible, raise the hood of the vehicle.
- Write out of service on appropriate space on maintenance whiteboard.
- If the Fire Chief cannot be contacted, write a detailed note with the following information:
 - Name of person reporting problem
 - Apparatus number
 - Location of incident (if applicable)
 - Date/Time
 - Nature of problem
 - Any other pertinent information

Equipment Removal

- In the event that an apparatus will be out of service for a long period of time and stored at a location outside of the station, equipment needs to be removed and placed in storage in the station. Equipment that needs to be removed is as follows but is not limited to:
 - General Equipment
 - Portable radios
 - Engine Specific
 - Thermal imaging cameras/spare batteries
 - Gas monitor
 - Space SCBA bottles
 - Any other equipment deemed necessary
 - Ambulance/Rescue Specific
 - Portable suction
 - Pediatric and Adult jump bags
 - LifePak
 - Extra drugs
 - Refrigerated drugs/RSI Kit
 - Spare cot/LifePak batteries
 - Controlled drug boxes

Removal of equipment will be documented, including a removed item list, the names of the personnel who removed the items, and where the removed items have been placed for storage. All items will be stored appropriately and accessible. The note will then be given to the Fire Chief.


Adopted: 07-10-2009 Michael McCafferty, Fire Chief

Amended: 6 - 14 - 2018



Michael L. McCafferty, Fire Chief

Parkdale Rural Fire Protection District Standard Operating Guideline/Policy

Title:	Flat Tire Procedure	
Section:	Apparatus	
SOG #:	8.05	
Authorized By:	Michael L. McCafferty, Fire Chief	

PURPOSE:

To establish a procedure for mitigating a flat tire on fire department apparatus.

POLICY:

It shall be the policy of the Parkdale Rural Fire Protection District (PRFPD) to ensure that the safety of the crew and others is the number one priority when experiencing a flat tire on fire department apparatus.

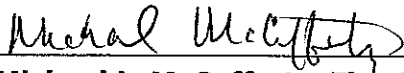
AUTHORITY & RESPONSIBILITY:

It is the responsibility of all qualified drivers and involved personnel to complete the required notifications and reports if a tire ruptures or loses substantial air pressure on an apparatus. The Fire Chief shall ensure that this policy is followed.

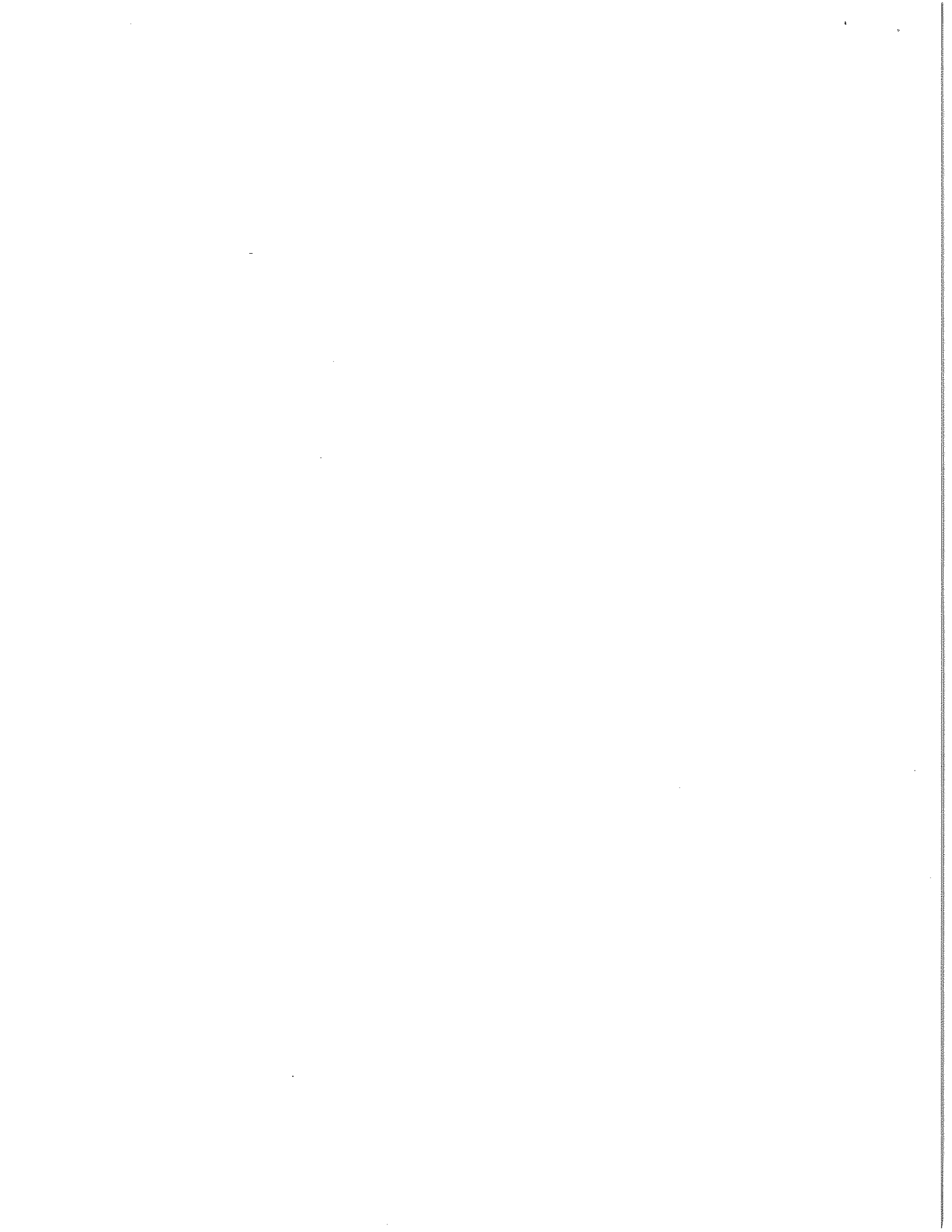
PROCEDURE:

- No Parkdale Rural Fire Protection District member will attempt to change a flat tire in the field without the permission from the Fire Chief. All emergency tire maintenance will be done by a professional tire shop.
- If a flat tire is experienced, the following procedure should be used:
 - Stop apparatus safely, off the roadway (if possible)
 - Radio dispatch, giving location and status. Request another ambulance if transporting a patient.
 - Deploy traffic warning devices appropriately
 - Call and notify the Fire Chief
 - Call for tire service or towing as directed by the Fire Chief
 - Complete any reports or written statements, as needed.

Adopted: 6 - 14 - 2018



Michael L. McCafferty, Fire Chief



A WRITTEN POLICY AND PROCEDURE MANUAL

Objective: *The agency (1) will have all policies and procedures documented in a formal manual, (2) members will refer to and use the formal manual systematically, (3) will update the policies on a pre-determined periodic basis, and (4) will have a formal manual written to the level of detail necessary so that anyone from the team could step in and do the job correctly.*



The agency is at Step 1 when there are no documented EMS policies and procedures.



To move to Step 2:

✓ Document (write out) agency policies.

Agencies can function at an acceptable level, even enduring a turnover of members, for years with needed information and details known by long-term members. In this scenario, newer members are placed in a position – which is not all bad – of needing to learn practices, procedures and methods used collectively by the agency to deliver care to patients.

There are pitfalls in using this methodology. For example, too much information is often held by too few people and there are no formally acknowledged policies or procedures which are identified as being normal and routine practices of the agency. Crisis can occur when the major information holders are no longer part of the agency or when the agency provided is challenged formally. Further, a quality process fails to be effective without established, formal policies and procedures.

The outputs required in this attribute lay a solid foundation for an agency focused on long-term stability and quality improvement, both leading to maintaining and improving patient care.

Progressing in this attribute is as straightforward as committing a few policies to writing. How the policies are written can certainly be done in a way that best fits the members of the agency. Generally, a written policy will have (1) a title, (2) a section stating the purpose, (3) procedures which provide detail to the level necessary so members can perform the function in a thorough and standard way, and (4) the date the policy was written and updated. Sometimes it is helpful to note which other policies relate to the one being viewed.

Examples of policy formats and templates can be found using electronic resources available. Many organizations are willing to share written policies with other agencies developing their own.



The agency is at Step 2 when there are a few documented EMS policies and procedures, but they are not organized into a formal manual.

Indicator

A few written policies and procedures.



To move to Step 3:

- ✓ *Create a list of practices and procedures the agency uses*
- ✓ *Document policies not yet written out*
- ✓ *Compile written policies*

Creating the Manual

The output generated by the agency in Step 2 is replicated in this step to encompass all practices and procedures essential for the agency to operate. One may argue that the list of practices and procedures an agency might follow at some time in its existence is never-ending, making this effort overwhelming. The agency can begin by creating a list of the practices and procedures used frequently by all members. Input for this list can come from all agency members in response to a request for them to submit a list of those practices and procedures they use on each call. Using time at a meeting to which all members are invited or expected to attend will harvest a broad range practices and procedures used on each call. This list can serve as a to-do list to begin committing policies to writing.

Organizing the Manual

As the policies are written, detailing the practices and procedures used by the agency, the list will grow. Organizing the policies into sections will increase the manual's usability. A section on ambulance operations may contain policies related to readiness of the vehicle and equipment. It may include details of the minimum amount of fuel necessary to be in the vehicle's fuel tank. A section on patient care may contain policies on initial patient care, when to give supplemental oxygen, how to use establish an intraosseous infusion, when spinal precautions will be taken, etc. Other sections which may be included could have to do with patient billing practices, purchasing supplies, paying bills, agreeing to provide standby services at charitable or for-profit events, etc.



The agency is at Step 3 when all EMS policies and procedures are documented in a formal manual but crew members don't refer to/use/update it systematically.

Indicator

A formal written manual containing all EMS policies and procedures.



To move to Step 4:

- ✓ *Document policy for members' use of the policy manual*
- ✓ *Document all policy updates*

The manual will need a policy on use of the policy manual by members. Here, the members will be instructed in how the policy manual will help them apply standard responses to similar situations, regardless of who is involved or affected by the situation. This policy is one of the first each member should become familiar with, as it will create a common understanding of what is to be expected in regards to application of all the policies.

The manual contains a collection of policies, functionally defined by procedures and practices, by which compliance with the policy can be measured. This is a significant value of having written policies.

A policy on members' use of the manual establishes a means by which the individual members' use of and familiarity with the policy manual and individual policies will be assessed. The members should be asked to provide feedback on the content of the policies, which should be used to update the policies. A requirement that the individual member will refer to and review a specific portion of the policies on a defined basis – monthly or quarterly, for example – must be included in the. The policy must also require that the review needs to be documented. This can be accomplished by having the member communicate completion by email or by signing a completion form, which then would be included in a summary quantifying how many members have completed their review.

When policies are updated, the date of the update should be included on the written policy.



The agency is at Step 4 when all EMS policies and procedures are documented in a formal manual and crew members refer to and use it systematically. It is updated, but not on a schedule.

Indicator

A record documenting when individual members review the written policy manual.



To move to Step 5:

- ✓ *Document policy requiring periodic review and policy updates*
- ✓ *Create schedule for review and updates*
- ✓ *Evaluate use of policies*

Updating Manual on a Schedule

A policy requiring periodic review and updating of all policies must also be included in the formal policy manual. The policy will identify who is responsible to assure the periodic review occurs and the frequency each policy is to be reviewed.

A periodic review of the policies will provide opportunity to assure the policies are current, relevant and reflective of current practice. Input into the review should be as broad based as practical, gathering members' input. The review and update of the policies should be timed so they occur prior to the review of the policies by individual members.

Evaluating Usability

Having formal, written policies is important. Knowing they are usable is essential. To determine if a policy is usable, as part of a larger review process, ideally using the education process, members are asked to cite specific policies they would use to solve operational questions, problems or challenges in a scenario presented. Evidence of the completion and success of the educational exercise will be documented and used for improving how the policies are written and for determining what improvements can be made to help the members better understand how to use the policies.



The agency is at a Step 5 when all EMS policies and procedures are documented in a formal manual (completed in the previous step) and crew members refer to/use/update it systematically. It is written to the level of detail necessary that anyone from the crew could step in and do the job correctly.

Indicator

Verifiable documentation of regular updating of the policies and documentation demonstrating the individual members' proficiency in using the policies to appropriately address operational issues.

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Title: Employee Access to Standard Operating Policies and Procedures
Policy: 101.50
Purpose: The purpose of this guideline is to provide guidelines for the distribution of policies, procedures, and guidelines applicable to EMS employees and/or any changes thereof.

Policy:

- The Okaloosa County EMS Planning and Training Section Commander will ensure that the Standard Operating Policies and Procedures Manual are maintained with the most recent updates on the Department of Public Safety website.
- Each employee, existing and new, will have uninterrupted access to the updated departmental policies and procedures posted on the department’s website.
- Once hired, the employee must read these policies and procedures carefully and become familiar with their contents.
- A master copy will be kept in the office of the Public Safety Office Supervisor in the event of a website or server failure.
- The employee’s immediate supervisor should be consulted in order to clarify any questions regarding the material contained in the manual.
- Any changes made to current, or new, policies and procedures will be sent to each employee at least 10 days before going into effect via EMS1 assignment. Once the employee has read the change, he/she will confirm on the EMS1 assignment that the policy was read, understood, and will be followed. The Planning and Training Section Commander (or designee) will ensure all employees acknowledge their understanding.
- Each policy will be reviewed by legal counsel every three years for compliance with federal, state, and local requirements.

Accountability and Compliance:

- The OCEMS Training Department will measure the familiarity and understanding of the departmental policies and procedures through the administration of a policy exam. This will be conducted annually in the 9th month of the performance evaluation period for every employee not on probation.
- Probationary employees take the exam in their 5th month of probation and will achieve a score of 90% before clearance to full duty.
- Employees failing to achieve 90% on the policy exam will be remediated immediately and retested according to a remediation strategy established by the Training Section.
- Examination scores and remediation activities will be reported monthly at the Senior Staff meeting.
- The acknowledgement of new or changed policies or procedures will be tracked and placed into a file named Policy & Procedure changes.

Policy #: 101.50
CAAS: 103.01.02, 103.01.03, &
103.01.04
Author: Welborn
Reviewed: Leadership
Approved: Leadership
Status: Active
Effective Date: 02/23/16
Revision Date: 06/28/18



POLICY NO:	SYS 11
DATE ISSUED:	11/2016
DATE TO BE REVIEWED:	11/2018

EMS SYSTEM POLICY/PROTOCOL/PROCEDURE IMPLEMENTATION/REVIEW/DISSEMINATION

Purpose: To outline the process by which existing policies are reviewed/revised/retired and new policies are developed.

Authority: Health and Safety Code Division 2.5, Section 1797.204.

Policy: The EMS Agency develops policies, protocols, and procedures for the EMS System. The EMS Agency consults with appropriate advisory committees to the EMS Medical Director and the EMS Director for the formulation of medical policies, protocols, and procedures. EMS policies are routinely reviewed on a two-year cycle. - Policy, protocol, and procedure recommendations and /or new policy suggestions are accepted for review from committees, system participants and individuals working within the EMS system at any time during the cycle. The EMS Agency has the ultimate authority for any new policies or changes to existing policies.

Policy, Protocol, and Procedure Review Task Group:

The policy, protocol, and procedure review Task Group (aka PPP) representatives are responsible for soliciting input from the agencies that they represent and for bringing this input to the committee, in order that EMS system providers have an opportunity to participate in crafting the policies, protocols, and procedures they operate under. The PPP will have two representatives from both Operations and Quality Leadership Committees in addition to EMS Agency representation. The PPP will determine which policies, protocols, and procedures meet the review categories. The PPP will meet on an ad hoc schedule. Subject matter experts may be invited as needed.

Procedure: The current cycle of policies, protocols, and procedures for review will be announced at each regularly scheduled Committee meeting and most policies likely fit into the Delayed or Minor category

1) Immediate Category

Policies, protocols, or procedures that must be implemented in a rapid fashion due to regulatory changes or are determined to be of immediate life hazard and be established and implement in less than 30 days.

APPROVED:

Nancy A. Lapolla, MPH, EMS Director

Greg H. Gilbert, MD, EMS Medical Director

2) Delayed Category

A policy, protocol, or procedure is moved to this category if needing to be developed/updated/or implement in 30 days to six months.

3) Minor Category

A policy, protocol, or procedure is moved to this category if needing to be developed/updated/ or implement in six months to two years.

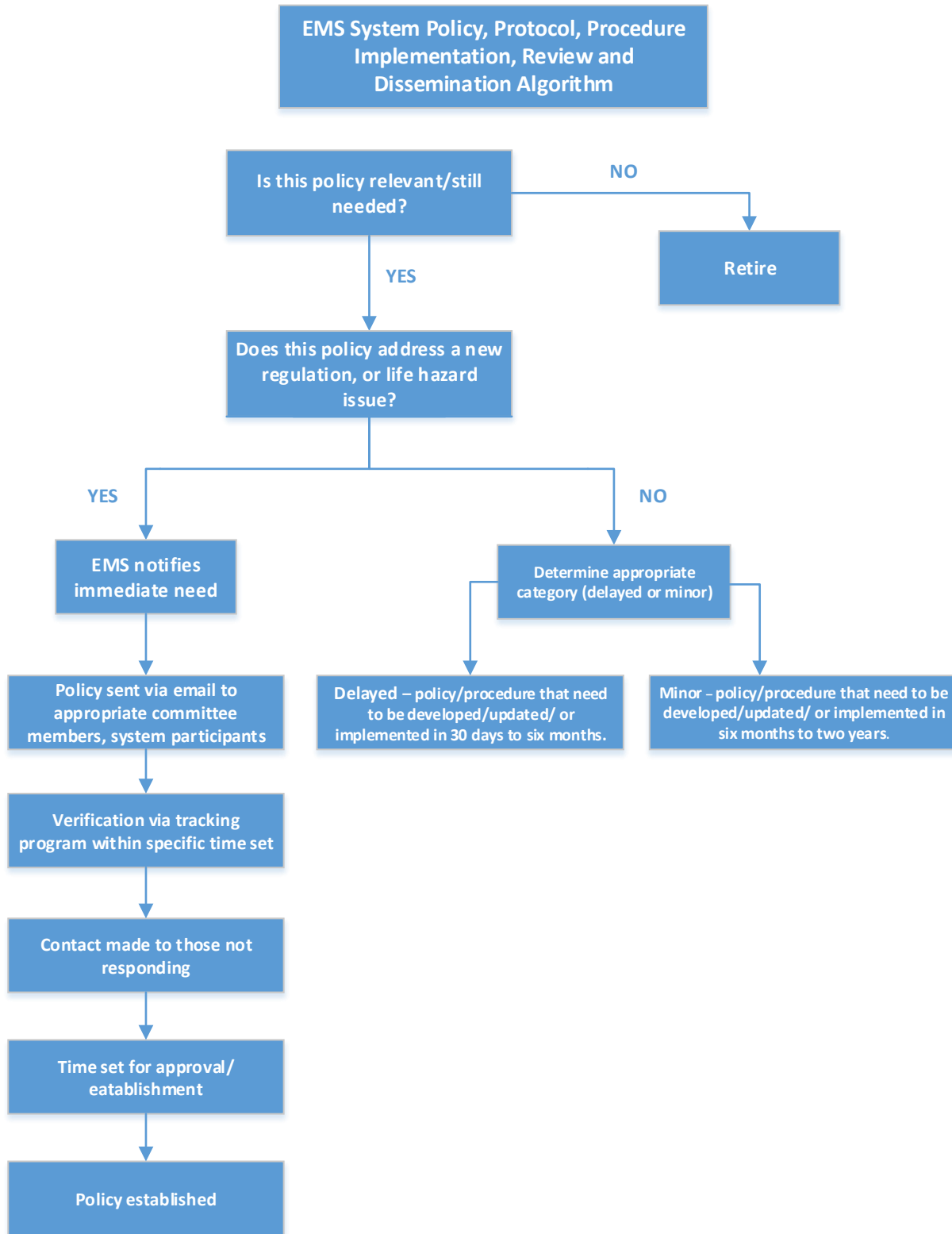
4) Retired Category

This category is established for policies, protocols, or procedures that may not be currently applicable.

Policy, Protocol, and Procedure Review Comment Form: The purpose of this comment form is to provide a structure to receive public comments. It is anticipated that comments received will be reviewed by the work group and action will be based on consensus.

Dissemination:

The PPP will provide dissemination strategy recommendations to the Local EMS agency (LEMSA) for all approved policies, protocols, and procedures.



Policy/Protocol/Procedure

Title:

Draft Date:

**Draft 1
Comments**

**Draft 2
Comments**

**Draft 3
Comments**

**Draft 4
Comments**

**Draft 5
Comments**

		Draft 1 Comments	Draft 2 Comments	Draft 3 Comments	Draft 4 Comments	Draft 5 Comments
EMS Agency	Medical Director					
	Clinical Services Manager					
	Director					
	Injury Prevention/Trauma Coordinator					
	Performance Measurement Analyst					
South SF Fire	EMS Chief					
AMR	Medical Director					
	Regional Director					
	Clinical Supervisor					
	Operations Manager					
	Clinical Manager					
JPA North	JPA EMS Supervisor					
JPA Central	JPA EMS Supervisor					
JPA South	JPA EMS Supervisor					
Cal Fire/SMC Fire/Coastside Fire	JPA EMS Supervisor					
Dignity Health Sequoia Hospital	ED Nurse Manager					
	ED Physician					
	Specialty Care RN					
	Specialty Care MD					
Kaiser Permanente Foundation Hospital - Redwood City	ED Nurse Manager					
	ED Physician					
	Specialty Care RN					
	Specialty Care MD					
Kaiser Permanente Foundation Hospital - SSF	ED Nurse Manager					
	ED Physician					
	Specialty Care RN					
	Specialty Care MD					
Mills-Peninsula Health System	ED Nurse Manager					
	ED Physician					
	Specialty Care RN					
	Specialty Care MD					
San Mateo Medical Center	ED Nurse Manager					
	ED Physician					
	Specialty Care RN					
	Specialty Care MD					
Seton Medical Center	ED Nurse Manager					
	ED Physician					
	Specialty Care RN					
	Specialty Care MD					
Stanford Health Care	ED Nurse Manager					
	ED Physician					
	Specialty Care RN					
	Specialty Care MD					
Zuckerberg San Francisco General Hospital Trauma Center	ED Nurse Manager					
	ED Physician					
	Specialty Care RN					
	Specialty Care MD					



Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

Section 103 - Organizational Planning and Preparedness

Organization Planning and Preparedness - 103.00		
S.O.P. # 103.02	SOP Development & Implementation Policy	PAGE: 1 OF 2
EFFECTIVE: 07/05/2018	Authorized: John Filer, Chief	
REVISED: N/A	Authorized: William Stephens, Director	

103.02.01 Purpose

To define the policies and process for which Standard Operating Procedures (SOP) are created, updated and managed by the Department.

103.02.02 General

SOP's are the standards to which services are delivered, tasks are performed, orders executed, personnel are measured and operations are conducted throughout the Department. SOP's are an integral part of the way we as an organization conduct business and hold each other accountable to the established standards. Although the standard, SOP's are not the absolute solution to every incident or scenario an employee may face. SOP's should never be placed at the forefront of good customer service, excellent patient care or just simply doing the right thing.

103.02.03 Policy

1. Established SOP's are to be maintained and publically posted on the Department's webpage.
2. SOP's that qualify under the Operational Security Policy shall only be made visible to employees.
3. SOP's shall be reviewed and/or updated at least every even year (2018, 2020, 2022...) or as needed when standards, practices and/or new operations dictates.
4. Any employee may suggest a SOP review/revision through the following channels:
 - a. Labor Management Committee,
 - b. Via an inter-departmental memo through the employee's chain of command;
 - c. As an officer of executive leadership.
5. All SOP's require the approval of the Division Chief and the Director.
6. SOP's which involve patient care will also require the additional approval of the Jurisdictional Medical Director.
7. All SOP's shall follow and be presented in the approved format.
8. All new and edited SOP's shall be posted to PowerDMS™ for employee acknowledgement and reference.



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

103.02.04 New SOP's

1. New practices and/or programs will warrant the development of a new SOP/s.
2. New SOP's will be developed in a collaborative manner as to facilitate input and feedback from a diverse pool of talent and expertise.
3. *SOP #103.06 - HPO Model Decision Making Policy* should be followed if applicable to the development of the new SOP.
4. Once a final draft of the proposed SOP has been developed, it should follow the below outlined authorizing signatory path:
 - a. First authorized - Division Chief,
 - b. Second authorized - Jurisdictional Medical Director if applicable;
 - c. Final authorization - Director.
5. Newly approved SOP's will be placed on PowerDMS™ for employee acknowledgement.
6. Once staff has had the ability to review and acknowledge the newly implemented SOP on PowerDMS™, it will be posted to the Department's webpage.

103.02.05 SOP Revisions

1. Established SOP's may be revised by the following methods:
 - a. On a scheduled review,
 - b. As indicated by staff due to a conflict or discrepancy;
 - c. As dictated by a change in policy or practice.
2. SOP revisions will be tracked with staff being made aware of said changes via PowerDMS™.
3. The date of each revision shall be noted on the SOP so that staff can reference the most current version of the document.
4. Once staff has had the ability to review and acknowledge the revised SOP on PowerDMS™, it will be posted to the Department's webpage.

103.02.06 Obsolete SOP's

1. SOPs' deemed to be obsolete should be removed from the Department's webpage.
2. Personnel should be notified of the removal via PowerDMS™.

ADDITIONAL RESOURCES

- [FEMA: Developing Effective Standard Operating Procedures](#)

Ambulance Service and Ambulance Licensing

➤ [Ambulance Service and Ambulance Licensing](#)

Page includes information on:

- Transport Ambulance Service – Renewal
- Transport Ambulance Service – New Service
- Non-Transport EMS Agency
- Non-Emergent Medical Transportation

➤ [Ambulance Forms and Applications](#)

Page includes information on:

- Renewal of an Ambulance Service and Vehicles
- Initial Ambulance Licensing
- Request for Variance
- Site Survey Documents
- Pre-Hospital Care Report Forms

➤ [Ambulance Service and Vehicle FAQ](#)

Oregon Administrative Rules (OARs) and Statute (ORS)

- [OAR 333-250: Ambulance Service Licensing](#)
- [OAR 333-255: Ambulance Vehicle Licensing](#)

➤ Additional Resources

- Mutual Aid Agreement Example

**Mutual Aid Agreement
By and Among**

and

This agreement is made and entered into effective on the ____ day of _____, 20____, by and among _____ and _____ who have duly executed this Agreement.

WHEREAS, the parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective Ambulance Service Areas; and,

WHEREAS, the parties recognize the possibility of and necessity to cooperate and work together to provide mutual aid in the event of catastrophe or disaster; or the need for emergency assistance on the shared boundaries of their respective Ambulance Service Areas; and,

WHEREAS, the parties recognize that one party may be more advantageously positioned to provide effective Emergency Medical Services in the other parties Ambulance Service Area due to distance, access, road conditions, or weather conditions;

NOW THEREFORE, IT IS AGREED BY AND AMONG THE PARTIES HERETO, WHO HAVE DULY EXECUTED THIS AGREEMENT AS FOLLOWS:

1. Definitions:

As used herein:

- a. "Mutual Aid" shall mean a reciprocating agreement between both parties to alleviate a specific or temporary shortfall of resources in the form of personnel and equipment.
- b. "Requesting Party" shall mean the party requesting aid.
- c. "Responding Party" shall mean the party affording and responding to the request for aid.

2. Mutual Aid

The parties agree to provide mutual aid service in the form of personnel and equipment for the purposes of Emergency Medical Service to each other as deemed appropriate and necessary in accordance with this agreement.

3. Authority to Enact a Mutual Aid Request or Response

- a. The authority to make requests for assistance or to provide aid under this Agreement shall reside with the Requesting Party's command personnel, or the command personnel's designee.
- b. All requests for Mutual Aid shall be processed through the parties' respective Emergency Communications Center. The respective Emergency Communications Centers shall relay such request and provide dispatching services to the Responding Party only upon approval from command personnel.

4. Requesting Mutual Aid

Either party may request Mutual Aid of the other party only after the Requesting Party has determined that such assistance is essential for the protection of life.

5. Responding to Request for Mutual Aid

Upon request for Mutual Aid, the Responding Party, upon determination that an emergency exists and subject to availability of personnel and equipment resources, shall dispatch EMS personnel and equipment to the aid of the Requesting Party.

6. Personnel and Equipment Provided

The Requesting Party shall include in its request for Mutual Aid the amount of personnel and equipment needed, and shall specify the specific location where such personnel and equipment are needed.

However, the number of personnel and equipment provided for such requests shall be solely at the discretion of the Responding Party. Neither party shall make any claim whatsoever against the other party for refusal to send the requested personnel or equipment, or for sending less equipment or personnel than requested where such refusal is based on the judgment of the Responding Party that such personnel or equipment are either not available or are needed to remain within the Responding Party's respective Ambulance Service Area.

Should the Responding Party refuse to send any personnel or equipment, or elect to send less personnel or equipment than requested by the Requesting Party, the Responding Party shall make every effort to advise the Requesting Party of said modifications in the number of personnel and/or equipment being sent.

7. Command and Control at the Emergency Scene

Should both parties respond to a specific incident under this agreement, the party arriving on scene first shall establish an Incident Command System. The Incident Commander shall determine the necessity for the continued response of the other party and direct the other party's response accordingly, regardless of Ambulance Service Area boundaries.

8. Reporting and Record Keeping

Each party is responsible for their respective record keeping and patient care forms in accordance with State of Oregon Statute.

9. No Expectation of Reimbursement for Costs of Service

It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither party shall be obligated to reimburse the other party for use of equipment and/or personnel. There shall be no expectation of reimbursement for costs of services provided by either party to the other party when a Mutual Aid request results in a response by one or both parties. Each party shall be responsible for its own respective costs of response, including but not limited to salaries, repairs, materials, compensation.

10. Fees for Ambulance Service

In accordance with Medicare, each party is independently responsible for and therefore, may bill fees for service for only those patients treated at the scene by said party and who expire at the scene while under the care of said party providing such treatment; or for those patients transported by said party to a medical facility. Neither party may bill fees for service for those patients not transported by said party, nor a third party unless agreement with third party exists. No party may bill for service that does not comply with Medicare rules for ambulance billing.

11. Disaster Response

In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or resolution.

12. Liability

Each party hereby waives all claims against the other party for compensation of property loss or damage and/or personal injury or death occurring as a consequence of the performance of this Agreement.

Each respective party assumes all liability and/or costs of damage to its equipment and the injury or death of its personnel when responding or performing under this agreement.

13. Insurance

Each party shall procure and maintain such insurance as is required by applicable federal and state law and as may be appropriate and reasonable to cover its staff, equipment, vehicles, and property, including but not limited to liability insurance, worker's compensation (if applicable), unemployment insurance, automobile liability, and property damage.

14. Term of Agreement

This agreement shall be and remain in effect from after the date of execution set opposite the signature of the party until terminated or modified. This agreement may be modified at any time by mutual consent of the parties, and terminated by either party upon receipt of 30 days written notice provided the other party.

Execution

In witness whereof the parties have caused this agreement to be executed on the date set opposite the respective signature of each; said execution having heretofore authorized in accordance with law.

Signature

Signature

Date

Date

Ambulance Service Area Plans

Oregon Administrative Rules (OARs) and Statute (ORS)

- [OAR 333-260: Ambulance Service Area Plans](#)

➤ Additional Resources

- ASA Plan Form

Comments:

Definitions list

Compliant [] Non-Compliant []

Comments:

Boundaries: 333-260-0040

(1) The entire county must be included in a plan. One or more ASAs may be established in a plan. The county or contiguous counties are solely responsible for establishing all ASA boundaries within the county's jurisdiction.

(2) A map showing ASA boundaries and response time zones must be included in the plan, along with a narrative description of each ASA.

(3) A map depicting all "9-1-1", fire district and incorporated city boundaries within the county must be included in the plan.

(4) The plan must describe the major alternatives considered, if any, for reducing the effects of artificial and geographical barriers on response times.

Map(s) depicting ASA boundaries with response time zones

Compliant [] Non-Compliant []

Comments:

Narrative description of each ASA

Compliant [] Non-Compliant []

Comments:

Map(s) depicting "9-1-1", fire districts and incorporated city boundaries

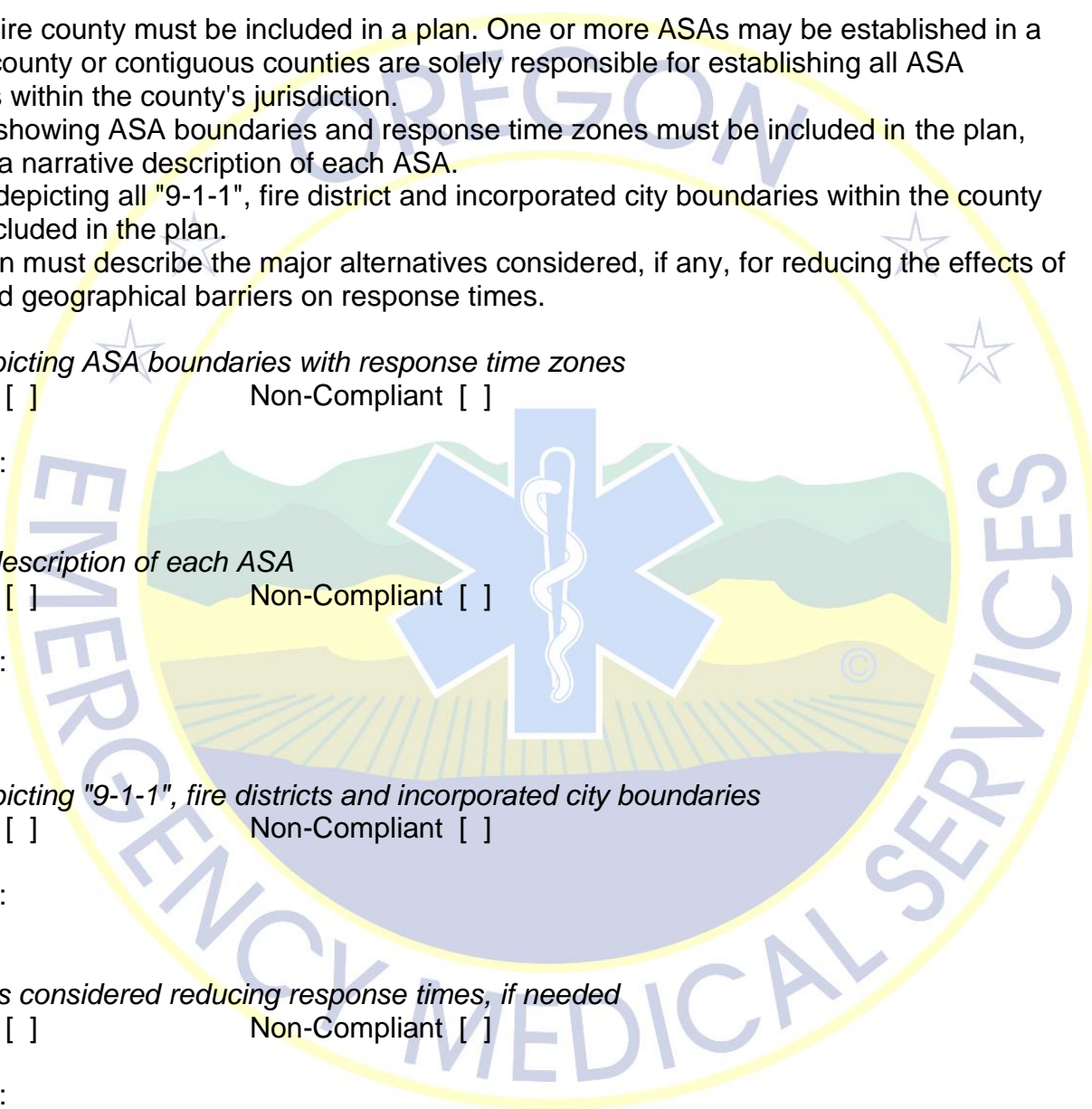
Compliant [] Non-Compliant []

Comments:

Alternatives considered reducing response times, if needed

Compliant [] Non-Compliant []

Comments:



System elements: 333-260-0050

(1) The following system elements must be addressed and considered in the county's plan for each ASA:

- (a) 9-1-1 dispatched calls;
- (b) Pre-arranged non-emergency transfers and inter-facility transfers, by June 30, 2003;
- (c) Notification and response times;
- (d) Level of care, ranging from basic life support to advanced life support;
- (e) Personnel for first response vehicles and ambulances;
- (f) Medical supervision of all medically trained emergency response personnel;
- (g) Patient care equipment for first response vehicles and ambulances;
- (h) Vehicle, vehicle equipment and safety requirements;
- (i) Initial and continuing education training for emergency response personnel; and
- (j) Quality improvement.

(2) Notification and response times must be addressed and considered in the plan as follows:

- (a) Notification times must be expressed in terms of percent of calls which do not exceed a specified number of minutes;
- (b) Response times must be expressed in terms of percent of calls which do not exceed a specified number of minutes; and
- (c) Multiple response time standards may be established within the ASA to accommodate climate, weather, access, terrain, staffing and other factors as determined by the county.

(3) The plan must address and consider a quality improvement program which at a minimum:

- (a) Monitors compliance with pertinent statutes ordinances and rules;
- (b) Monitors compliance with standards for prehospital provider notification times, response times and patient care; and
- (c) Provides for problem resolution and legal sanctions for non compliant personnel or providers of the plan provisions.

9-1-1 Dispatched Calls

Compliant [] Non-Compliant []

Comments:

Pre-Arranged non-emergency transfers and inter-facility transfers

Compliant [] Non-Compliant []

Comments:

Notification and response times for each assigned ASA

Compliant [] Non-Compliant []

Comments:

Level of care provided

Compliant [] Non-Compliant []

Comments:

Personnel

Compliant [] Non-Compliant []

Comments:

Medical supervision

Compliant [] Non-Compliant []

Comments:

Patient care equipment

Compliant [] Non-Compliant []

Comments:

Vehicles and vehicle equipment and safety requirements

Compliant [] Non-Compliant []

Comments:

Initial and continuing education for EMS personnel

Compliant [] Non-Compliant []

Comments:

Quality Assurance Program

Monitors compliance with pertinent statutes, ordinances and rules

Compliant [] Non-Compliant []

Comments:

Monitors compliance with standards for prehospital provider notification, response and patient care

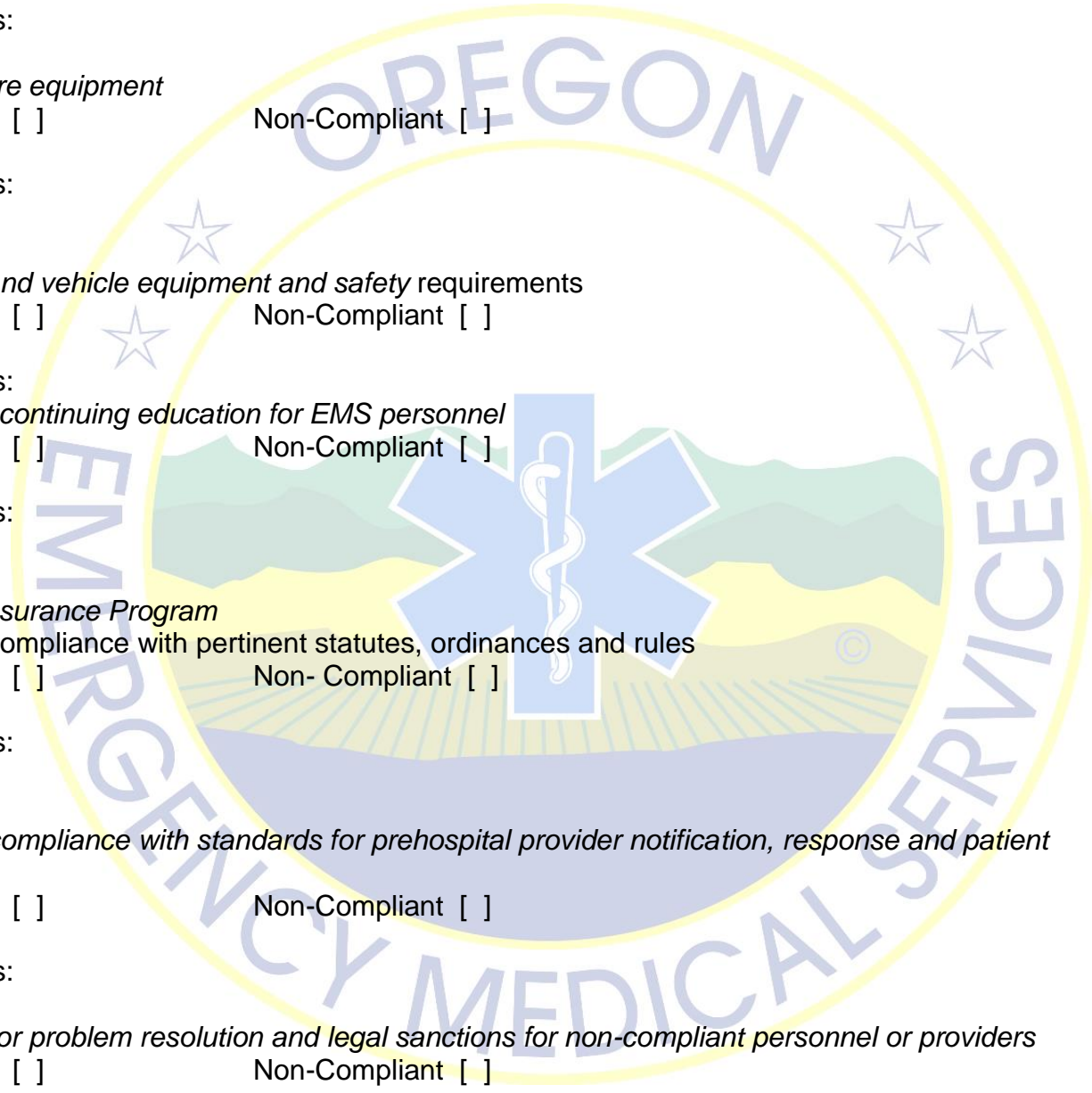
Compliant [] Non-Compliant []

Comments:

Provides for problem resolution and legal sanctions for non-compliant personnel or providers

Compliant [] Non-Compliant []

Comments:



Coordination 333-260-0060

The county may delegate authority for development and administration of the plan to an intergovernmental body.

The plan must address and consider:

- (1) A process for the county to receive input from prehospital care consumers, providers and the medical community.
- (2) Mutual aid agreements for ambulance responses from outside of the service area and responses to other service areas to meet the need for service in unusual circumstances.
- (3) Ambulance service providers' responsibilities in the event of a disaster, including: coordination with county resources and determination of methods for obtaining out-of-county resources other than ambulances, a process for adoption of a mass-casualty incident plan that is recognized and approved by the county's emergency management administration.
- (4) Personnel and equipment resources in addition to the ambulance provider for response to incidents involving but not limited to:
 - (a) Hazardous Materials;
 - (b) Search and Rescue;
 - (c) Specialized Rescue; and
 - (d) Extrication.
- (5) Emergency radio and telephone communications systems for the county. Mechanisms for the following must be in operation or scheduled for implementation:
 - (a) Access to the Emergency Medical Services System centralized emergency telephone numbers;
 - (b) Dispatch of ambulances staffed in accordance with the plan and other emergency resources based on emergency medical protocols; and
 - (c) U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services Dispatcher: National Standard Curriculum or equivalent training for all emergency medical services dispatchers.

Delegated authority for the development and administration of plan to an intergovernmental body

Compliant [] Non-Compliant []

Comments:

Process to receive input from prehospital care consumers, providers and the medical community

Compliant [] Non-Compliant []

Comments:

Mutual aid agreements

Compliant [] Non-Compliant []

Comments:

Responsibilities of ambulance provider in the event of a disaster:

Coordination with county resources other than ambulances

Compliant [] Non-Compliant []

Comments:

Determination of methods for obtaining out-of-county resources

Compliant [] Non- Compliant []

Comments:

Process for adoption of a mass casualty incident plan that is recognized and approved by the county's emergency management administration

Compliant [] Non-Compliant []

Comments:

Personnel and equipment resources in addition to ambulance provider for response to:

Hazardous materials

Compliant [] Non-Compliant []

Comments:

Search and rescue

Compliant [] Non-Compliant []

Comments:

Specialized rescue

Compliant [] Non-Compliant []

Comments:

Extrication

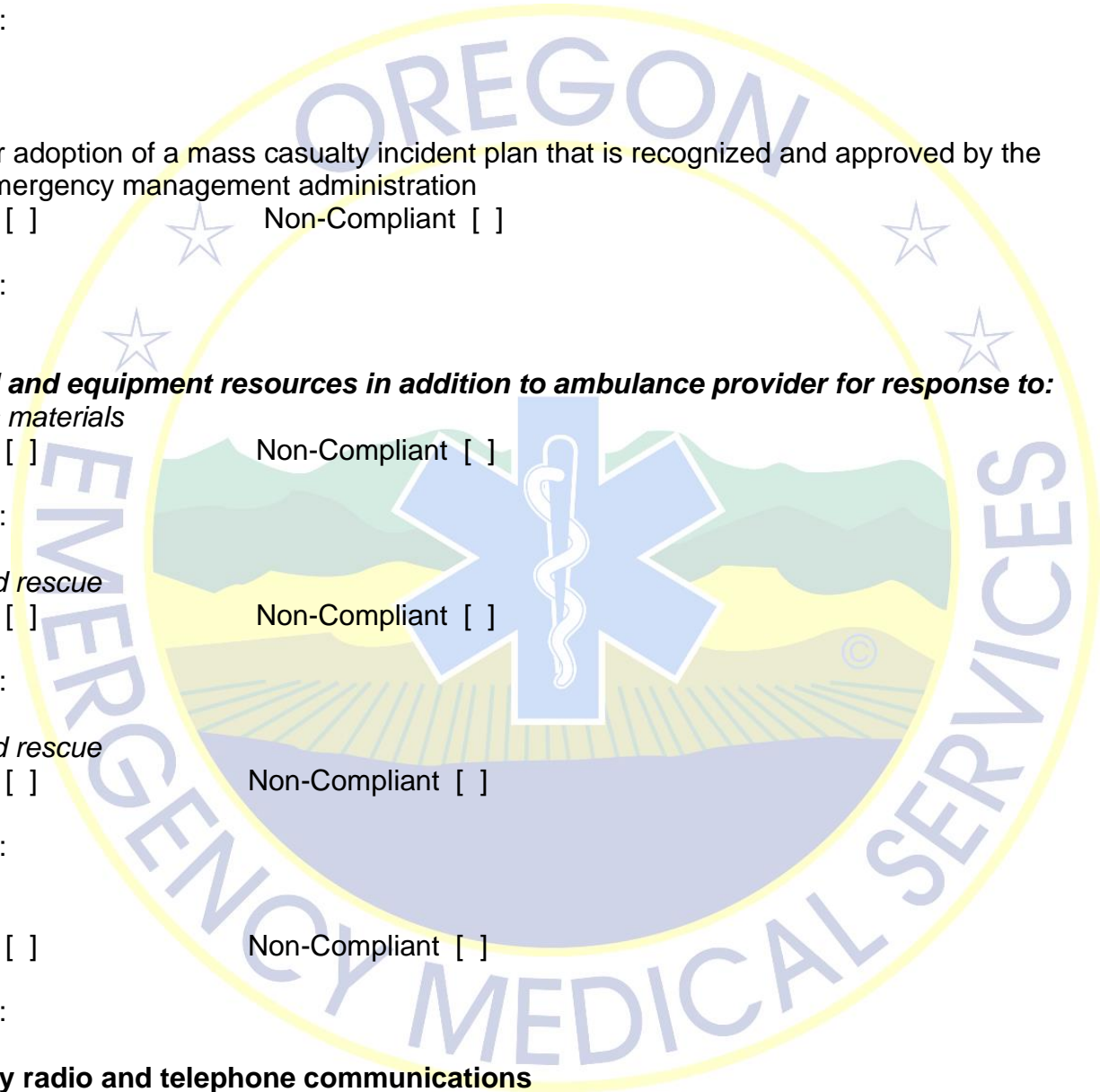
Compliant [] Non-Compliant []

Comments:

Emergency radio and telephone communications

Access to EMS by telephone

Compliant [] Non-Compliant []



Comments:

Radio system identified

Compliant [] Non-Compliant []

Comments:

Dispatch procedures and protocols

Compliant [] Non-Compliant []

Comments:

Training of emergency dispatchers

Compliant [] Non-Compliant []

Comments:

Provider selection (333-260-0070)

(1) The county is solely responsible for designating and administering the process of selecting an ambulance service provider.

(2) The plan must address and consider a process for:

- (a) Assigning and reassigning of an ambulance service provider to an ASA;
- (b) Responding to an application by a provider for an ASA;
- (c) Responding to notification that an ASA is being vacated; and
- (d) Maintaining the existing level of service after notification that a provider is vacating an ASA.

(3) The county shall designate one emergency ambulance provider for each ASA. The county may designate one or more non-emergency ambulance provider for each ASA.

Assigning an ASA

Compliant [] Non-Compliant []

Comments:

Reassigning an ASA

Compliant [] Non-Compliant []

Comments:

Application process

Compliant [] Non-Compliant []

Comments:

Notification that an ASA is being vacated

Compliant [] Non-Compliant []

Comments:

Maintaining existing level of service after notification that a provider is vacating an ASA

Compliant []

Non-Compliant []

Comments:

County Ordinance and Rules

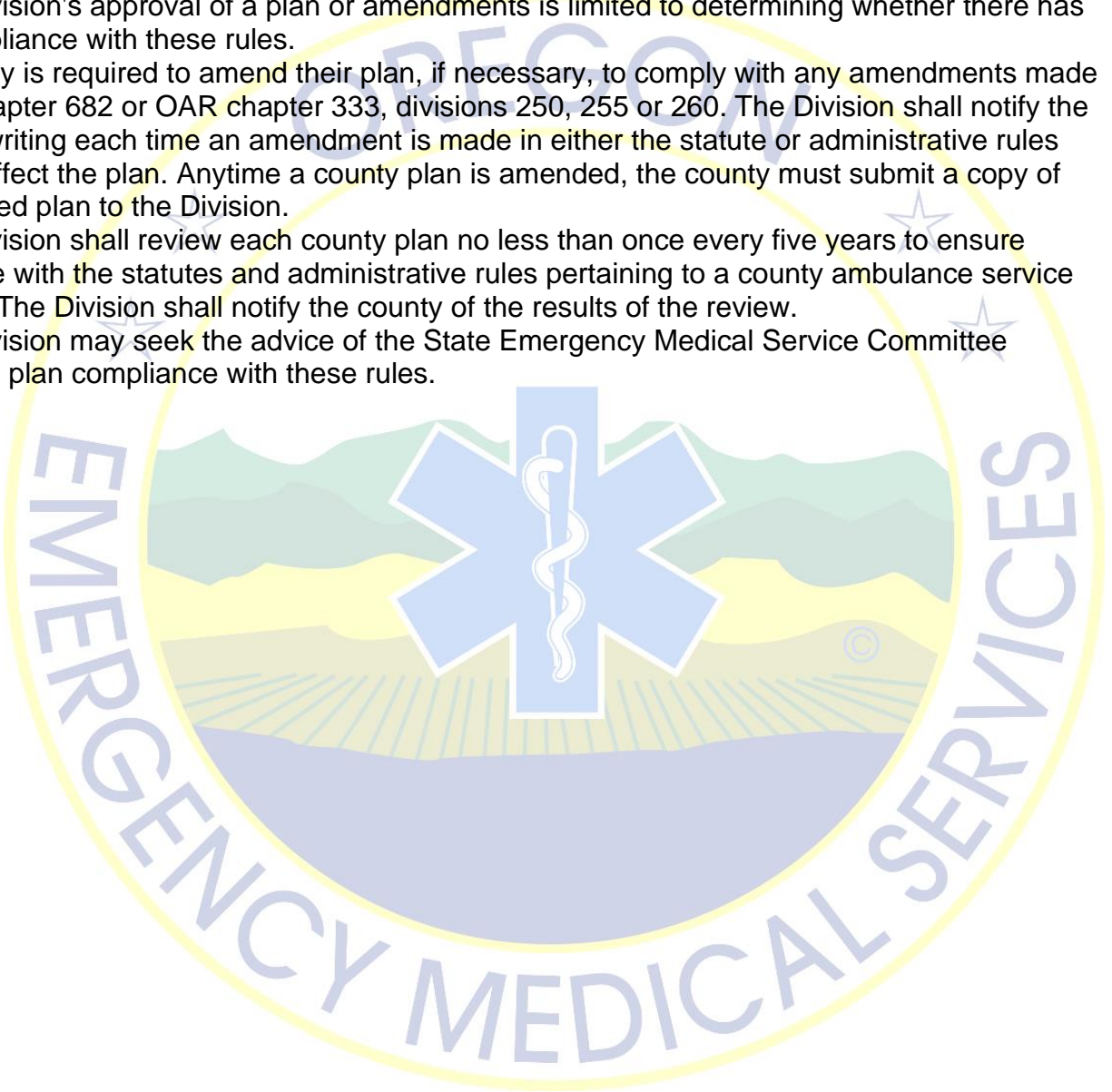
(4) Procedures for the Division's review of a plan submitted under section (3) of this rule are set forth in ORS 682.205(6). Except for the time frames, plans submitted prior to April 1, 2001, but not yet approved by the Division shall be processed in the same manner.

(5) The Division's approval of a plan or amendments is limited to determining whether there has been compliance with these rules.

(6) A county is required to amend their plan, if necessary, to comply with any amendments made in ORS chapter 682 or OAR chapter 333, divisions 250, 255 or 260. The Division shall notify the county in writing each time an amendment is made in either the statute or administrative rules that may affect the plan. Anytime a county plan is amended, the county must submit a copy of the amended plan to the Division.

(7) The Division shall review each county plan no less than once every five years to ensure compliance with the statutes and administrative rules pertaining to a county ambulance service area plan. The Division shall notify the county of the results of the review.

(8) The Division may seek the advice of the State Emergency Medical Service Committee concerning plan compliance with these rules.



EMS Provider Licensure

➤ [EMS Provider Licensure](#)

Page includes information on:

- Initial License
- Renew your License
- Military Extension and License Renewal
- Expired License Renewal/Reinstatement
- Background Checks
- [Reciprocity](#)

➤ [Education and Training for EMS Providers](#)

Page Includes information on:

- Educational Requirements
- Skills Sheets
- Examination Process
- Fees for Licensure
- Education and Training Resources

➤ [Continuing Education for EMS Licensure](#)

Page includes information on:

- General Information
- Documentation
- Where to find Sources

Oregon Administrative Rules (OARs) and Statute (ORS)

- [OAR 333-265: EMS Providers](#)
 - [Appendix 1: Continuing Education Requirements](#)
 - [Appendix 2: Continuing Education Requirements](#) for EMR and EMT-Intermediate when Initial Licensure is less than 24 months
 - [OAR 847-035: EMS Providers and EMS Supervising Physicians Scope of Practice](#)

Legal Enforcement of Standards

➤ [Legal Enforcement of Standards](#)

Page includes information on:

- FAQs
- Reportable Actions, Due Dates and Forms
- Disciplinary Action Report

Oregon Administrative Rules (OARs) and Statute (ORS)

- [ORS 682: Regulation of Ambulance Services and Emergency Medical Personnel](#)
- [ORS 820: Exemptions from Traffic laws](#)
- [OAR 333-250: ambulance Service Licensing](#)
- [OAR 333-255: Ambulance Vehicle Licensing](#)
- [OAR 333-260: Ambulance Service Area Plans](#)
- [OAR 333-265: Emergency Medical Technicians](#)
- [OAR 847-035: EMS Providers and EMS Supervising Physicians Scope of Practice](#)

A PROFESSIONAL BILLING PROCESS

Objective: *The agency (a) will bill for services, (b) will have claims submitted by a certified biller or billing service, (c) will submit claims in less than 30 days, (d) will have HIPAA-compliant billing policies, and (e) will have policies to handle claims that have been denied or have a balance due.*



The agency is at Step 1 when services are not billed.



To move to Step 2:

- ✓ *Determine who will do the billing for the EMS agency*
- ✓ *Recognize the level of training the selected biller has in health care billing*
- ✓ *Bill for services provided by the EMS agency*

Some would say, “It’s all about money.” Maybe there is more truth to that phrase than those who want to focus only on the needs of the patient and the community served are willing to admit. Budgets support patient care. Generating revenue fuels budgets so the agency can be prudently direct the revenue to specific expense items. Sources of revenue are limited and are generally becoming fewer in number. Additionally, the nationwide trend toward decreasing volunteerism threatens the too-often unrecognized and unaccounted for resource provided by EMS agency volunteers.

Rarely can an agency leap from a score of “1” for an attribute to a score of “5” in a single step. Establishing a professional billing service may be an example of an attribute where that can occur. Most agencies have it within their reach to seek out and find a well-qualified and respected commercial billing service that can provide a full billing service at a specific, agreed-upon fee. Each agency should, at a minimum, consider this option. Reasons for such consideration will become evident as Steps 1 through 4 are outlined below.

To achieve a score of “2” the agency must bill for its services. This alone may be a significant change in practice for some agencies, likely more so for services that have relied for years on the support of the community to help fund the agency by means of charitable events and donations. Billing for services provided contributes to the foundation needed for the agency to establish and

maintain stability and is intertwined with several other discussions on attributes, including budgets (Section 9), equipment (Section 12), staffing (Section 7), and others.

For the agency to bill for services, it needs to identify who will do the agency's billing. Some agencies choose to have a willing member of the agency fill this role, others choose to have a volunteer who does billing for some other business do this for the agency. To bill, the individual will need to create a bill for each service provided by the agency. The bill could be individually produced or it could be generated from some sort of software option – of which there are many – that will generate a bill for a service provided once the individual has entered certain data. Many of these software options are generic and may not address ambulance-specific issues related to billing.



The agency is at Step 2 when services are billed, but claims are submitted by an individual (internal or external) with no formal training in health care billing.

Indicator

Verifiable evidence that the agency bills for service with documentation of who the biller is.



To move to Step 3:

- ✓ *The biller must obtain some training health care billing*

Billing for ambulance services is best served by a biller with some training in health care billing. Requirements and restrictions placed on health care agencies are many and often complex. To avoid unintentional violations of standards that govern ambulance-service billing, the biller needs to have formal training in such practices. Unintended consequences related to billing inappropriately may include violation of regulations placed on health care agencies by the government and specific requirements of third-party payers, such as insurance companies and loss of revenue which may have been recovered if billing specific practices were met. Training for ambulance-service billers should be elements of the Certified Ambulance Coder credential from the National Academy of Ambulance Coding. Additional information related to this can be found through electronic sources related to ambulance billing training.

To achieve this level of performance, the agency may look at other health care systems that employ billers specifically to bill for health care services and seek out a biller from within that system who may be willing to do the agency's billing. Short of finding a biller who brings some training in health care billing with them to the agency, the agency will need to find training opportunities as noted in the previous paragraph for their biller to attend so that biller can begin to create a formal dossier of professional training received in health care billing.



The agency is at Step 3 when services are billed, but claims are submitted by an individual (internal or external) with limited training in health care billing.

Indicator

A record documenting professional training the biller has completed in health care billing.



To move to Step 4:

- ✓ *Assure the biller is skilled in health care billing*
- ✓ *Address financial issues related to obtaining the required skills*

The agency will meet this level of performance if the biller doing the billing for the agency is a Certified Ambulance Coder as credentialed by the National Academy of Ambulance Coding. The agency may choose to attempt to recruit an individual with this credential from inside or outside of the agency. Alternately, the agency may choose to embark on supporting the agency's biller in the education and training needed to obtain credentialing. In either case, the agency must recognize, plan and fund the training either directly (paying for the courses) or indirectly (e.g., through increased fees for doing the billing or an increased hourly wage if the agency is paying to have the billing done.)

In some settings, there may be an opportunity to have the local hospital or other health care business do the agency's billing. Sometimes the local hospital is reluctant to take this on due to various nuances specific to ambulance billing. If the hospital is willing to provide this service, a billing contract should exist between the agency and the hospital specifying the level of credentialing the agency requires, the specifics of how and when the billing will be done and a fair-market fee to be paid to the hospital for the billing service. This will achieve the move towards professional billing for services as the agency desires and will help to avoid "safe harbor" violations, which could incur penalties for both parties.



The agency is at Step 4 when services are billed and claims are submitted by someone with skills and training in health care billing, but without established HIPAA-compliant billing policies or policies to handle claims that have been denied or with a balance due.

Indicator

Documentation that the biller used by the agency is a Certified Ambulance Coder as credentialed by the National Academy of Ambulance Coding assuring the presence of necessary skills and training in health care billing.



To move to Step 5:

- ✓ *Establish HIPAA-compliant billing policies to support the billing effort*

Regardless of who does the billing, the agency must have the assurance that policies and practices are in place to assure the process is HIPAA compliant. The agency can rightfully ask to see such policies if there is a separate agency or agent doing the billing for the agency. If the agency retains responsibility for all aspects of billing for services, then the agency must create and implement the policies and assure they are being followed.

Similarly, the agency must decide how aggressively unpaid bills will be pursued, up to and including if and when a collection agency will be used as opposed to when a bill will be written off.



The agency is at a Step 5 when services are billed and claims are submitted by a certified biller (internal or external) or billing service, in a timely manner (fewer than 30 days), with established HIPAA-compliant billing policies and policies to handle claims that have been denied or with a balance due.

Indicators

- (1) Documentation demonstrating that HIPAA compliant billing policies are in place, and*
- (2) Policies establishing how claims which have been denied or with a balance due will be handled.*

A SUSTAINABLE BUDGET

Objective: *The agency will have (a) a written budget, (b) a budget which is followed, (c) a budget which is used to make financial decisions and upon which actions are based, (d) policies in place defining purchasing procedures, limits and authorizations, (e) procedures for procuring equipment included in the budget or outside the stated budget, and (f) an operating reserve of at least six months in place.*



The agency is at Step 1 when there is no written budget.



To move to Step 2:

- ✓ *Document (write out) revenue and expenses*
- ✓ *Enlist help from a financial professional if in-house expertise is unavailable*
- ✓ *Establish an operating reserve fund*

In most agencies, stability develops when the agency can account for its own financial needs. A written budget is the foundation for that stability. Prior to the development of a written budget, an agency will be attempting to provide patients needed care without a means of knowing how critical operational and equipment needs for that agency will be met.

A written budget must be created. The agency needs to understand how much revenue it generates and how much it spends in various expense categories. Depending on the agency's size and complexity, professional help will likely be needed to create an accurate agency budget. This help could come from someone who has a financial or an accounting background or from a firm that provides such services.

Members of the agency can begin to understand the revenue and expense sides of a developing budget by identifying major expense categories. Briefly, expense categories will include personnel, vehicle, equipment, facility, supply, etc., with specific dollar amounts assigned to each category. Amounts assigned to each category can be tested for accuracy by retrospectively reviewing what actual expenses have been over time. If receipts have not been retained for expenses, retaining such receipts for a period of time – perhaps two or three months – and projecting the sample period over a 12-month period will provide an initial perspective on annual expenses. This will give a representative picture of the agency's expense budget. The budget created must include an amount to be used to establish an operating reserve, which will be held in an account separate from other operating funds for use in specific situations (see Step 3).

Depending on the size and complexity of the agency, it is possible for the agency to establish a simple expense budget similar to a personal household budget. On the other hand, portions of the budget related to assets held by the agency are best handled by a professional.

This is a significant task. Generally, it is prudent to enlist the help of a professional in financial services to assist the agency in the budget development.



The agency is at Step 2 when a budget has been developed; however, it is not followed.

Indicator

A written budget for the EMS agency.



To move to Step 3:

- ✓ *Document how the budget should be used to make agency decisions*
- ✓ *Record decisions made and how the budget was used*
- ✓ *Document policy for operating reserve fund governance*

Once a budget is created, relying on coaching provided by a professional, the agency will learn to develop and maintain an awareness of funding available, as included in the budget, to fund specific expense items planned for by the agency. Written policies need to be established, providing guidance to all agency members, so that each member knows what role the budget plays in decisions they make. Those responsible for decisions impacting the agency's finances should be tasked with recording decisions made and indicating which policy or policies helped guide the decisions. These recorded decisions can be reviewed for compliance with the written policies and can be used a basis to identify where additional clarification needs to be made and where additional policies to streamline budget efforts should be constructed. A policy needs to be written to govern how the funds placed in the operating reserve fund can be used and what authorization is needed to use them.



The agency is at Step 3 when a budget is in place and financial decisions and actions are based upon it.

Indicators

*(1) the creation of written policies outlining how the budget will be used to affect decisions and actions of the agency and
(2) official records of the agency (e.g., minutes of activities) attesting to the use of such policies in decision making.*



To move to Step 4:

- ✓ *Set aside three months of operating revenue*
- ✓ *Identify purchasing procedures*
- ✓ *Establish purchasing limits*
- ✓ *Identify who is responsible for authorizing purchases*
- ✓ *Document policy for equipment procurement*

Following provisions in the operating budget to establish an operating reserve, the agency will set aside three months of operating revenue through acceptable accounting practices, to be used in strict accordance with the policy established earlier.

As the agency continues to develop its expertise in managing and using the budget and policies outlining how the budget will be used, further detail on purchasing procedures, purchasing limits, authorizations and procurement of equipment must be established.

Purchasing Procedures

The agency must outline what is expected when an item is purchased. Is there a specific vendor, organization or purchasing group that should be used to achieve best pricing on items? Is there a specific means that the order must be placed – online, during specific times of the month, in minimum quantities, etc.? The procedure for purchasing needs to be explicit enough so that any member who begins the process to purchase, by design or out of need, will follow all means established to gain best pricing and to create the desired trail of documentation for budgeting purposes.

Purchasing Limits

To avoid potential undesired and unintended consequences, the agency should clearly identify how large a purchase that an individual can make on the agency's behalf. It is wise to allow members to use discretion, when necessary, to make critical purchases up to a pre-defined dollar amount when the item is needed to allow ongoing effective delivery of service. Sometimes, accounting practices require more than one person to approve a purchase. The level at which additional approval(s) is (are) necessary needs to be clearly defined and individuals approved to authorize such purchases need to be clearly identified. A standard means of recording such purchases must also be established for all to understand and proficiently use. As with all policies,

these fiscal policies must be presented to all members of the agency and understanding of the policies must be assessed for each agency member.

Authorizations

The agency must identify who has responsibility for authorizing purchase at various levels. If individual members are to be given authority to purchase critical purchase, as noted above, the definition of “critical” should be clear and a maximum dollar amount for such purchases must be clearly identified. Similar clear direction needs to be given in written form so everyone knows who is authorized to approve the next level of purchases for the agency. It is effective to require multiple signatures on orders exceeding specifically established dollar amounts. Again, those authorized to sign such orders should be clearly written and available for all to access.

Procurement of Equipment

Purchasing equipment is generally a different type of purchase than other consumable supply purchases. Buying equipment should be the result of careful and thoughtful planning, as opposed to smaller, necessary purchases such as fuel or patient-care supplies. Ideally, purchasing equipment will be a function that includes quality reviews, medical director input and budget planning.

When it is known that a certain piece of equipment needs to be added or purchased for replacement purposes, the expense can be included in the budget for the next budget cycle. By placing the item in the next budget cycle, the agency begins a methodical and deliberate process of determining what equipment is needed and how soon it can be added. When the equipment has been included in the budget, its purchase, similar to purchases noted in the “Authorizations” section above, must follow a pre-established written policy clearly identifying what conditions must be met prior to having the designated member(s) apply signatory approval to the purchase. Conditions to be met might include a summary review of all expenditures to assure the budget has not been overspent in other areas or perhaps a review of revenue as compared to projected revenue. Both of these reviews will help determine if the budget is accurate enough to allow the equipment purchase at the present time.

These practices for purchasing equipment will help establish and maintain the budget’s integrity and will serve other purposes, such as guiding the agency to well-thought-out decisions, minimally impacted by knee-jerk reactions to a specific situation or sales pitch resulting in hasty, unplanned purchases. Unplanned, quick purchases almost always cost more and often circumvent systems to purchase what is most needed to care for the patient over the long term.



The agency is at Step 4 when a budget and policies are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least three months is in the bank.

Indicators

(1) documentation demonstrating that the agency has a three-month operating reserve in the bank and (2) written policies addressing purchasing procedures, purchase limits and authorizations, as well as (3) written procedures detailing how equipment which is in the budget will be procured and how equipment not in the budget or overbudget will be procured.



To move to Step 5:

- ✓ *Increase reserve funds to cover six months or more*
- ✓ *Meticulously monitor the budget and report to leadership*

In the final step within this attribute, using the outputs already created in this attribute, the agency will demonstrate stability as the minimum operating reserve increases from three months to six months.

As much effort and monitoring as was required to establish a budget and accumulate a three-month operating revenue reserve, increased effort and diligence is needed so that the additional operating revenue reserve can be established. For most agencies, it is not a simple matter of increasing additional revenue. Therefore, the focus of efforts will need to be on careful and intentional fiscal restraint in all areas of expense to build the reserve. As the reserve increases, it is not uncommon to experience increasing difficulty to avoid using some of the revenue generated for other non-budgeted but worthwhile expenditures. To counteract this pressure, even more rigorous application of the steps committed to and taken previously by the agency must be taken. Unrelenting application of all budget-related policies, including the policy governing how the operating revenue reserve will be used must occur. Continual engagement of all members who directly impact the expenses of the organization should be sustained. Updates on financial progress and success in following the budget should be provided. Meticulous monitoring of budgets should double-down and immediate steps should be taken if the metrics being monitored indicate a deviation from the budget. Regular reporting to leadership and membership, as appropriate, will help maintain awareness, which will help reach this final objective.



The agency is at a Step 5 when a budget and policies are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least six months is in the bank and the reserve has been in place for at least one year.

Indicator

Documentation demonstrating that the agency has a six-month operating reserve in the bank and has had it there for at least one year.

TUALATIN VALLEY FIRE AND RESCUE

BUDGET and FINANCE

SECTION 3

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SECTION 3.1 ADOPTION OF FINANCIAL AND BUDGET POLICIES

- A. The District shall be responsible to develop and maintain policies in the following areas:
 - 1. Financial planning and budget policies
 - 2. Revenue policies
 - 3. Expenditure policies

- B. Such policies shall be reviewed annually and adopted or affirmed by the Board of Directors during the budget process.

REFERENCES:

National Advisory Council on State and Local Budgeting
Government Finance Officers Association

DATE: December 14, 2004

REVISED: March 16, 2010

REVIEWED: June 22, 2021

SECTION 3.2 FORMULATION OF DISTRICT BUDGET

- A. The adopted budget document shall serve as the financial plan of operation and provide guidelines for carrying out the goals and objectives of the District.
- B. Within the budget process, the Board shall:
 - 1. Designate the District budget officer. (ORS 294.331)
 - 2. Approve budget committee members. (ORS 294.414)
 - 3. Conduct the budget hearing. (ORS 294.453)
 - 4. Adopt the budget, make appropriations, declare and categorize property tax amounts or rates. (ORS 294.456)
- C. The District’s budget shall be prepared and adopted in full compliance with State of Oregon local budget law.
- D. The District’s balanced budget policy is that a budget is considered balanced when the funds’ total resources of beginning fund balance, revenues, and other financing sources are equal to the total of expenditures, other financing uses, and ending fund balance.
- E. The District shall develop its budget based on a responsible financial planning process that assesses the long-term financial implications of current and proposed operating and capital budgets, budget policies, cash management, and investment policies, programs and assumptions.
 - 1. Adopted budgets for the District shall be structured to achieve actual and forecasted results of operations that will meet long-term financial plans. The District’s ending fund balance in the General Fund shall remain sufficient to meet five months of operating costs. District management will monitor revenues and budgeted expenditures during the year to ensure sufficient ending reserves are maintained.
 - 2. District staff shall ensure that sufficient reserves exist in each fund to equal or exceed the balances needed to meet or exceed requirements of that fund. This includes the reserve of at least five months of the current year’s estimated expenditures in the General Fund.
 - 3. Fund balances in other funds must meet the demands of current and future obligations of each fund, including, but not limited to:
 - a. Projected capital replacement including apparatus, building construction, and repair and maintenance.

LEGAL REFERENCES:
ORS 294.305 to ORS 294.565

SECTION 3.2 FORMULATION OF DISTRICT BUDGET (continued)

DATE: September 24, 1996

REVISED: June 25, 2013

REVIEWED: June 22, 2021

SECTION 3.3 BUDGET COMMITTEE - MEMBERSHIP AND RESPONSIBILITIES

- A. The Budget Committee shall consist of the five members of the Board of Directors and five appointed community members. Appointed members shall be citizens from the community and shall not be affiliated with the District as an employee, volunteer or immediate family member of an employee or volunteer. (ORS 294.414[2,4])
- B. The Budget Committee shall receive no compensation for their services as members of the committee. (ORS 294.414[3])
- C. Terms of the appointed community members shall be three years, and shall be staggered. (ORS 294.414[5])
- D. At its first meeting after appointment in each budget year, the Budget Committee shall select a chairperson from its membership. (ORS 294.414[9])
- E. The Budget Committee shall hold one or more meetings to:
 - 1. Receive the budget message and document (ORS 294.403), and
 - 2. Provide the citizens of the District an opportunity to comment and ask questions on the budget. (ORS 294.426)

LEGAL REFERENCES

- ORS 294.414
- ORS 294.403
- ORS 294.426

DATE: September 24, 1996

REVISED: June 25, 2013

REVIEWED: June 22, 2021

SECTION 3.4 BUDGET ADMINISTRATION

- A. The adopted budget is the financial plan developed to carry out the programs supporting the District's goals and objectives. No greater expenditure of public money shall be made for any specific purpose other than the amount appropriated, unless authorized by the Board of Directors. (ORS 294.456)
- B. The District shall expend monies only in compliance with ORS 294.305 to ORS 294.565. (ORS 294.338, ORS 294.456)
- C. Transfers of appropriations from one fund to another or within a fund shall take place only when authorized by board resolution or adoption of a supplemental budget. (ORS 294.463)
- D. Loans from one fund to another should be made only with authorizing resolution of the Board of Directors. (ORS 294.468)
- E. The Board of Directors authorizes the Fire Chief, or the Fire Chief's designee, to enter into public contracts without prior approval of the Board, provided such contracts do not exceed \$100,000 and are within budget parameters. The Board shall be informed at the next regularly scheduled board meeting if a public contract exceeds the \$100,000 limit solely as a result of change orders, when the contract is not one described in F. below.
- F. Purchases and contracts that are not subject to competitive bidding requirements, including contracts entered into by direct appointment or extended as allowed by the contract, and that are within budgeted parameters, may be entered into by the Fire Chief, or designee, without further approval by the Board. These items include, but are not limited to, employee insurances, including Workers' Compensation, Union Health Trust, medical, dental, or life; taxes and PERS payments; investments purchases as authorized by Board Policy 3.6, or other adopted investment policies; personal service contracts within contracted amounts for legal services, medical supervision services, dispatch data, video and voice connectivity; and property and liability insurance purchases. The Board of Directors shall be informed at the next regularly scheduled Board meeting of any expenditures in excess of \$100,000 made under this paragraph in these areas that are not expected to be within budgeted parameters.
- G. The Board will be provided financial reports on a regularly scheduled basis in which revenues and expenditures will be compared with budgeted appropriations.

SECTION 3.4 BUDGET ADMINISTRATION (continued)

- H. In the event of an emergency, natural disaster or calamity, expenditures or authorization to borrow money not contemplated in the budget shall be authorized by:
1. The Board of Directors by resolution, or
 2. The Fire Chief, the Fire Chief's successor by written order, or the Fire Chief's designee in the event prompt action is necessary to protect the public health or safety following such an emergency, when it is not practical to convene a meeting of the Board of Directors. (ORS 294.481)
 3. The Fire Chief, the Fire Chief's successor, or the Fire Chief's designee shall have authority to approve and execute contracts in any amount without approval of the Board; provided, however, that the Fire Chief or the Fire Chief's successor shall make all reasonable efforts to obtain approval of the Board President before entering into a contract in excess of \$100,000.

LEGAL REFERENCES

ORS 294.338
ORS 294.456
ORS 294.463
ORS 294.468
ORS 294.481

DATE: September 24, 1996

REVISED: May 25, 2021

REVIEWED: June 22, 2021

SECTION 3.5

DEPOSITORIES AND DISBURSEMENT OF FUNDS

- A. The depositories for the District shall be designated by the Board. Funds shall be drawn out only by those person(s) authorized by the Board of Directors to sign checks and make disbursements. (ORS 478.460) Payments may be authorized to be made by check, electronic funds transfer, wire transfer or other transfer as determined to be appropriate and in consideration of establishing banking, funds transfer, and accounting practices by those person(s) authorized by the Board of Directors to make disbursements. (ORS 291.001[2])
- B. All receipts, other than pre-payments for records requests, will be deposited to the proper account as soon as possible after they are received. Bank deposits will be made no less than three times a week; Monday, Wednesday, and Friday, as needed. Any receipts not deposited into the bank upon day of receipt will be kept in the locked safe in the Finance Office.
- C. All accounts receivable invoices will be generated from the financial accounting software where internal controls are already in place. This is a preventative internal control designed to track transactions early in the accounting cycle.

LEGAL REFERENCES

ORS 478.460

ORS 291.001[2]

DATE: September 24, 1996

REVISED: July 23, 2019

REVIEWED: June 22, 2021

- A. This policy applies to the investment of short-term operating funds and capital funds including bond proceeds. Investments of employees' retirement funds, deferred compensation plans, and other funds are not covered by this policy.

Funds available for investment under this policy are generally expected to be in the range of \$5,000,000 to \$100,000,000 during the course of a fiscal year, depending upon the time of year and property tax calendar.

- B. The District's investment objectives are:
1. Preservation of capital and the protection of investment principal.
 2. Conformance with federal, state, and other legal requirements.
 3. Maintenance of sufficient liquidity to meet operating requirements.
 4. Avoidance of imprudent credit, market, or speculative risk. Attainment of a market rate of return throughout fiscal and economic cycles.
- C. Delegation of Authority. The Chief Financial Officer is designated as the investment officer of Tualatin Valley Fire and Rescue and is responsible for investment decisions and activities under the direction of the Board of Directors. In the absence of the investment officer, the Controller, in conjunction with the Fire Chief, shall perform such duties in the case of an emergency or other unforeseen event, but shall directly report in writing all transactions to the Chief Financial Officer. The investment officer is responsible for setting investment policy and guidelines subject to review and adoption by the Board of Directors and, if required, the Oregon Short Term Fund Board. Further, the Chief Financial Officer will be responsible for the day-to-day operations of the investment process, which includes but is not limited to choosing what to buy or sell, from whom investments will be purchased, executing the buy/sell orders, producing the necessary reports, and supervising staff. In addition to the active management of the investment portfolio, the Chief Financial Officer is responsible for the maintenance of other written administrative procedures consistent with this policy and the requisite compliance. To further optimize the total return of the investment portfolio, the Chief Financial Officer will administer an active cash management program, the goal of which will be to maintain historical cash flow information, i.e., debt service; payroll; revenue receipts, and any extraordinary expenditures. Finally, the Chief Financial Officer shall be responsible for committing adequate financial support for staffing, training, telecommunications and computer hardware, systems and software, and any other necessary resources deemed appropriate for incremental benefit to the investment and cash management programs.

- D. Prudence. The standard of prudence to be used by investment officials shall be the "prudent person" standard and shall be applied in the context of managing an overall portfolio. Investment officers acting in accordance with written procedures and this investment policy, and exercising due diligence, shall be relieved of personal responsibility for an individual security's credit risk or market price changes, provided deviations from expectations are reported in a timely fashion and the liquidity and the sale of securities are carried out in accordance with the terms of this policy.

Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived.

- E. Ethics and Conflicts of Interest. Officers and employees involved in the investment process shall refrain from personal business activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial decisions. Employees and investment officials shall disclose any material interests in financial institutions with which they conduct business. They shall further disclose any personal financial/investment positions that could be related to the performance of the investment portfolio. Employees, officers and their families shall refrain from undertaking personal investment transactions with the same individual with whom business is conducted on behalf of the District. Officers and employees shall, at all times, comply with the State of Oregon Government Standards and Practices code of ethics set forth in ORS 244.
- F. Suitable and Authorized Investments. The Chief Financial Officer will diversify the portfolio to avoid incurring unreasonable risks inherent in over-investing in specific instruments, individual financial institutions, or maturities.

(Definitions of terms and applicable authorizing statutes are listed in the "Summary of Investments Available to Municipalities" provided by the State Treasurer).

1. Investment Types. The following investments are permitted by this policy and ORS 294.035 and 294.810.
 - a. Lawfully issued general obligations of the United States, the agencies and instrumentalities of the United States or enterprises sponsored by the United States Government and obligations whose payment is guaranteed by the United States, the agencies and instrumentalities of the United States or enterprises sponsored by the United States Government. Maximum percent of portfolio

allocation is 100%. No more than 40% of the portfolio in any one agency, instrumentality, or sponsored enterprise.

- b. Certificates of Deposit (CD) from commercial banks in Oregon and insured by the Federal Deposit Insurance Corporation (FDIC). Maximum percent of portfolio allocation is 50%. Investments in Certificates of Deposit invested in any one institution shall not exceed 25% of the total available funds and 15% of the equity of the financial institution.
- c. Repurchase Agreements (Repos) purchased from any qualified institution provided the master repurchase agreement is effective and the safekeeping requirements are met. The repurchase agreement must be in writing and executed in advance of the initial purchase of the securities that are the subject of the repurchase agreement.
 - 1. ORS 294.035 (3)(j) requires repurchase agreement collateral to be limited in maturity to three years and priced according to percentages prescribed by written policy of the Oregon Investment Council or the Oregon Short-Term Fund Board.
 - 2. ORS 294.135 (2) limits the maximum term of any repurchase agreement to 90 days.
 - 3. Acceptable collateral:
 - (i) US Treasury Securities: 102%
 - (ii) US Agency Discount and Coupon Securities: 102%

Maximum percent of portfolio allocation is 5%. The Chief Financial Officer shall not enter into any reverse repurchase agreements.

- d. Banker's Acceptances (BA) that are (i) guaranteed by, and carried on the books of, a qualified financial institution, (ii) eligible for discount by the Federal Reserve System, and (iii) issued by a qualified financial institution whose short-term letter of credit rating is rated in the highest category (A-1, P-1, F-1) by one or more nationally recognized statistical rating organization.

Qualified institution means a financial institution that is located and licensed to do banking business in the state of Oregon; or a financial institution located in the states of California, Idaho, or Washington that is wholly owned by a bank holding company that

owns a financial institution that is located and licensed to do banking business in the state of Oregon.

Maximum percent of portfolio allocation is 25%. Investments in Bankers' Acceptances invested in any one institution shall not exceed 2.5% of the total available funds and 15% of the equity of the financial institution.

- e. Corporate indebtedness subject to a valid registration statement on file with the Securities and Exchange Commission or issued under the authority of section 3(a)(2) or 3(a)(3) of the Securities Act of 1933, as amended. Must be issued by a commercial, industrial or utility business enterprise, or by or on behalf of a financial institution, including a holding company owning a majority interest in a qualified financial institution. The combined total invested in corporate indebtedness may not exceed 15%. No more than 2.5% of the total portfolio with any one corporate entity.
 - 1. Commercial Paper (CP) rated on the trade date P-1 or better by Moody's Investors Service or A-1 or better by Standard & Poor's Corporation or equivalent rating by any nationally recognized statistical rating organization.
 - 2. Corporate indebtedness must be rated on trade date in a rating category of "Aa" or better by Moody's Investors Service or a rating category of "AA" or better by Standard & Poor's Corporation or equivalent by any nationally recognized statistical rating organization.
- f. Lawfully issued debt obligations of the agencies and instrumentalities of the State of Oregon or its political subdivisions with a long-term rating in a rating category of "A" or an equivalent rating or better or the highest category for short term municipal debt.

Lawfully issued debt obligations of the States of California, Idaho or Washington or their political subdivisions with a long-term rating in a rating category of "AA" or an equivalent rating or better or the highest category for short term municipal debt. Maximum percent of portfolio allocation is 10%. No more than 10% of the total portfolio in any one issuing entity.

Such obligations may be purchased only if there has been no default in payment of either the principal of or the interest on the obligations of the issuing county, port, school district or city, for a

period of five years next preceding the date of the investment, per ORS 294.040.

- g. State of Oregon Investment Pool. Maximum allowed per ORS 294.810, with the exception of pass-through funds (in and out within 10 days). A thorough investigation of the pool/fund is required prior to investing, and on a continual basis. The Chief Financial Officer shall perform a periodic review of:
1. Pool's investment policy and objectives
 2. Interest calculations and how it is distributed
 3. How the securities are safeguarded
 4. How often the securities are priced
- h. Market Interest Accounts and Checking Accounts. TVF&R shall maintain necessary allocation needed for daily cash management efficiency.
1. Callable securities. The maximum percent of callable securities in the portfolio shall be 35%.
- i. Summary of permitted investments

Investment Type	Maximum Maturity	Maximum Portfolio Allocation	Maximum Allocation Per Issuer	Minimum Rating
U.S. Treasuries	18 Months	100%	100%	-
Federal Agencies	18 Months	100%	40%	-
Time CDs	18 Months	50%	5%	FDIC Insured
Repurchase Agreements	90 days	5%	-	Collateralized
Banker's Acceptances	180 days	25%	2.5%	A-1
Corporate Notes	12 Months	15%	2.5%	AA
Commercial Paper	270 days	15%	2.5%	A-1
OR Munis	12 Months	10%	5%	A
ID, CA, WA Munis	12 Months	10%	5%	AA
Oregon Short Term Fund	-	Amount established by ORS 294.810	-	-
Market Interest and checking accounts	-	Amount necessary for daily cash management	-	-

- G. Investment Maturity. Maturity limitations shall depend upon whether the funds being invested are considered short-term operating funds or long-term funds.

Maturities shall not exceed 18 months. Maturities shall be structured to meet anticipated cash needs.

1. Short Term Operating Funds Portfolio. Generally, those funds in the General Fund, Debt Service, and Special Revenue Funds will be invested for periods less than 12 months. Identified budgeted fund balance carryovers in those funds may be available for investment periods up to 18 months.
2. Longer Term Portfolio. Instruments and diversification for the long-term portfolio shall be the same as for the short-term portfolio. However, investments with a maturity of 12 months or more shall be limited to US Agency or Treasury securities to minimize credit risk.

Capital projects funds will be invested according to projected cash flow utilization.

The Insurance Fund, which acts as an emergency fund for catastrophic claims, may have 50% of its investments invested in securities up to 18 months.

- H. Competitive Selection of Investment Instruments. When appropriate, the Chief Financial Officer shall obtain competitive bids and offers on investments for purchase and sale transactions. It will be the responsibility of the Chief Financial Officer to monitor the daily estimated returns of the Oregon Short Term Fund, Treasury bill returns, and make determination of the investment purchase and redemption process. If a specific maturity date is required, either for cash flow purposes or for conformity to maturity guidelines, offers will be requested for instruments, which meet the maturity requirement. If no specific maturity is required, a market trend (yield curve) analysis will be conducted to determine which maturities would be most advantageous.

The Chief Financial Officer will accept the offer that provides the highest rate of return within the maturity required and within the parameters of these policies.

- I. Qualified Institutions. All financial institutions who desire to become depositories must be qualified Oregon Depositories pursuant to ORS Chapter 295. The Chief Financial Officer shall maintain a listing of all authorized dealers and financial institutions that are approved for investment purposes. Any firm is eligible to make an application to the investment officer, and upon due consideration and approval, may be added to the list. Additions or deletions to the list will be made at the Chief Financial Officer's discretion. At the request of the Chief Financial Officer, the firms performing investment services for the District shall provide their most recent financial statements or Consolidated Report of Condition (call report) for review. The Chief Financial Officer shall monitor each active firm's creditworthiness to determine whether it should be on the authorized list.

- J. Safekeeping and Collateralization. Investment securities purchased by the District will be delivered by either Fed book entry or DTC, and held in third party safekeeping by a designated custodian. The trust department of a bank may be designated as custodian for safekeeping securities purchased from that bank. The purchase and sale of all securities will be executed on a delivery versus payment basis to ensure that securities are deposited in the District's safekeeping institution prior to the release of funds.

Deposit-type securities (i.e. certificates of deposit) shall be held in qualified Oregon depositories in accordance with ORS Chapter 295. All securities will be evidenced by safekeeping receipts in the District's name. Upon request, the safekeeping institution shall make available a copy of its Statement on Standards for Attestation Engagements (SSAE) No. 16.

- K. Monitoring and Adjusting the Portfolio. The investment officer will routinely monitor the contents of the portfolio, compare the holdings to the available markets, changes in credit quality and benchmarks and the relative values of competing instruments. If there are advantageous transactions, the portfolio may be adjusted accordingly.
- L. Internal Controls. The investment officer shall maintain a system of written internal controls, which shall be reviewed annually by the independent auditors or reviewed upon any extraordinary event, such as the turnover of key personnel, or the discovery of any inappropriate activity. The controls shall be designed to prevent loss of public funds due to fraud, error, misrepresentation, or imprudent actions.
- M. Accounting Method. The District shall comply with all required legal provisions and Generally Accepted Accounting Principles (GAAP).
- N. Reporting Requirements. The investment officer shall be responsible for generating daily and monthly reports for management purposes. In addition, the Board of Directors will be provided quarterly reports, which will include data on investment instruments being held, portfolio activity, and market value as well as any narrative necessary for clarification that allows the Board of Directors to ascertain whether investment activities during the reporting period have conformed to the investment policy.
- O. Performance Evaluation. The performance of the District's portfolio shall be compared to the performance of the US Treasury Rates.
- P. Investment Policy Adoption. The District's investment policy will be formally adopted by the Board of Directors and reviewed for appropriate modifications on a biennial basis, as per the Board policy review process outlined in Board policy 1.7D. If investments exceeding a maturity of 18 months are contemplated, further review and comment by the Oregon Short Term Fund Board will be sought and thereafter this

SECTION 3.6

INVESTMENT POLICY STATEMENT FOR SHORT TERM
OPERATING FUNDS AND CAPITAL FUNDS (continued)

policy will be readopted annually even if there are no changes (ORS 294.135a). Any amendments shall be approved by the Board of Directors.

LEGAL REFERENCES

ORS 294.004

ORS 294.035 to ORS 294.053

ORS 294.125 to ORS 294.155

ORS 294.810

DATE: September 24, 1996

REVISED: July 23, 2019

REVIEWED: June 22, 2021

SECTION 3.7 PURCHASE AND SALE OF REAL PROPERTY

- A. The purchase, lease, trade, or sale of all real property by the District must have the prior approval of the Board.
- B. The Fire Chief shall project site needs in advance and the Board, with advice and counsel of the Fire Chief, shall select sites prior to immediate need. Such sites shall be chosen to provide the best service of the residents and properties of the entire District and will be based on demographic data, growth projections, actual and projected emergency response times, availability, and cost of land.
- C. Sites that become surplus to the District's needs shall be declared as such by motion of the Board and shall be considered for sale, trade, lease, or gift pursuant to state statutes.
- D. The Public Contracting Code does not apply to acquisitions or disposals of real property or interest in real property (ORS 279A.025).

LEGAL REFERENCES

ORS 279A.025
ORS 307.010
ORS 478.260 [2]

DATE: September 24, 1996

REVISED: May 23, 2017

REVIEWED: June 22, 2021

SECTION 3.8 POWER OF THE DISTRICT TO SELL BONDS / BORROW FUNDS

- A. The Board or its designee may enter into rental or lease/purchase agreements required for fire protection purposes. (ORS 478.410[3])
- B. The District may borrow money and sell and dispose of general obligation bonds when such bonds have been authorized by a majority of voters, voting at an election called for that purpose. (ORS 478.410[2])
- C. The Board shall determine the limit for the total amount of short-term loans at the first business meeting of each fiscal year if they are anticipated.
- D. The District is authorized to contract for short-term loans for the purpose of meeting current expenses.

LEGAL REFERENCES

ORS 478.410 [2] and [3]

DATE: September 24, 1996

REVISED: December 14, 2004

REVIEWED: June 22, 2021

SECTION 3.9

FUND BALANCE POLICY AND FLOW OF RESOURCES

- A. Fund balance measures the net financial resources available to finance expenditures of future periods.
- B. The District's Unassigned General Fund Balance will be maintained to provide the District with sufficient working capital and a margin of safety to address local and regional emergencies without borrowing. The District's ending fund balance in the General Fund shall remain sufficient to meet five months of operating costs. The unassigned General Fund Balance may only be appropriated by resolution of the Board of Directors.
- C. When it is appropriate for fund balance to be assigned, the Board delegates authority to the Fire Chief or the Chief Financial Officer.
- D. Fund Balance of the District may be committed for a specific source by formal action of the Board of Directors. Amendments or modifications of the committed fund balance must also be approved by formal action of the Board of Directors.
- E. In circumstances where an expenditure is to be made for a purpose for which amounts are available in multiple fund balance classifications, the order in which resources will be expended is as follows: restricted fund balance, followed by committed fund balance, assigned fund balance, and lastly, unassigned fund balance.

DATE: February 28, 2012

REVIEWED: June 22, 2021

SECTION 3.10 SYSTEM OF ACCOUNTS

The District shall adopt and maintain standardized accounting policies meeting the standards promulgated by the Governmental Accounting Standards Board (GASB).

DATE: September 24, 1996

REVISED: May 26, 2015

REVIEWED: June 22, 2021

SECTION 3.11 AUDIT

- A. The Chief Financial Officer will work with the Board-designated auditor (Section 2.9) each year to accomplish the objective of the annual audit.

- B. The Chief Financial Officer shall be responsible for filing the audit report with the Secretary of State and shall be authorized to disburse from District funds all filing fees prescribed.

- C. The Chief Financial Officer shall be responsible to ensure the auditor presents the audit report to the Board of Directors.

LEGAL REFERENCE

ORS 297.425
ORS 297.465
ORS 297.466
ORS 297.485

DATE: September 24, 1996

REVIEWED: June 22, 2021

SECTION 3.12 PROPERTY INVENTORY

- A. The District shall maintain a formalized program of accountability and controls over all inventory of furniture, fixtures, and equipment. The purpose of the inventory will be to satisfy reporting requirements for insurance coverage, to aid the administration in the management of equipment, to assist in budgeting for replacement, and to affix the control of responsibility for the custody of equipment.

- B. The District shall conduct an annual inventory of all assets capitalized under general accepted accounting principles, currently \$5,000 or more per asset. Such inventory shall be reviewed annually by the Finance Division as part of preparation for the annual audit.

- C. The District shall also maintain and conduct inventories of equipment as required to meet established safety standards.

DATE: September 24, 1996

REVISED: June 25, 2013

REVIEWED: June 22, 2021

SECTION 3.13 PROPERTY APPRAISAL

- A. To ensure an adequate level of insurance, the District shall maintain an appraisal of all buildings including improvements, fixtures, and fixed contents.
- B. A physical re-appraisal of replacement values on property and improvements shall be conducted no less than each ten years. The values of all buildings shall be updated annually for insurance purposes.
- C. The appraisal shall be conducted by an appraiser who is certified or has a history of successful experience in the field. This appraisal may be performed by the District's insurance agent of record or insurance company.

DATE: September 24, 1996

REVISED: May 26, 2015

REVIEWED: June 22, 2021

SECTION 3.14 DISPOSAL OF SURPLUS PROPERTY

“Surplus Property” shall be defined as any personal property of the District that has been determined by the Fire Chief or designee as being of limited remaining life or use or value to the District. The Fire Chief or designee may dispose of surplus property as follows:

- A. The District will dispose of surplus property in such a manner that will not invite criticism.
- B. The District will dispose of surplus or non-usable property in such a manner that would net the most revenue (or least amount of cost) for the District for the time involved. The District shall consider expected revenue per type of sale in comparison with estimated staff time to prepare items for sale in determining the methodology of disposal of surplus. Methods of disposal for items determined as surplus property may include, but are not limited to trade-in, auction, selling as scrap, advertising for sale, third-party liquidator, and/or donation as provided in D and E below.
- C. The District may sell an item of surplus property with an estimated value of \$5,000 or less without a competitive process if the District determines that such a process will result in the most net revenue. The District may establish a selling price, schedule and advertise a sale date, and sell to the first qualified buyer meeting the sale terms.
- D. The District may transfer surplus property to another fire department, consistent with the requirements of ORS 279A.190.
- E. The District may donate or sell surplus property to another public agency or nonprofit organization provided that is the most efficient and cost-effective method of disposing of the property.
- F. The District shall maintain records of surplus transactions and notify the insurance company as needed of deletions.
- G. The District will evaluate the source of funding for property to be disposed to ensure compliance with any grant or bonded debt requirements arising from the initial purchase.

DATE: September 24, 1996

REVISED: May 23, 2017

REVIEWED: June 22, 2021

SECTION 3.15 RISK MANAGEMENT AND INSURANCE PROGRAM

- A. The District shall provide for a program of risk management consistent with legal requirements and the limited financial resources of the District.
- B. The District shall purchase insurance or set aside reserves to self-insure. Coverage shall meet legal requirements or exceed those minimum requirements at the discretion of the Board as necessary to protect:
 - 1. The District as a corporate body
 - 2. The District’s Board of Directors
 - 3. The District’s individual members
 - 4. The District’s appointed officers
 - 5. District employees

The above are to be insured against financial loss arising out of any claim, demand, suit, or judgment by reason of alleged negligence or other act resulting in injury or death to any person, or damage to property while the above-named insureds are acting within the scope of their duties or employment with the District.

- C. The District shall, subject to meeting legal requirements and the discretion of the Board, purchase insurance to cover or self-insure:
 - 1. All real and personal property of the District
 - 2. Losses due to employee dishonesty, injury, or death
 - 3. Losses due to cyber related attacks
 - 4. Reimbursement of attorney fees and costs for employees performing Incident Command Staff duties or fire prevention inspections who are charged with a criminal offense in accordance with Sections “E” and “F” (below)
 - 5. A program of benefits for employees to the limits established from time to time by the Fire Chief
- D. Prior to the commencement of any work or services secured by contract with the District, the contractor shall procure and thereafter during the term of the contract continue to carry public liability and property damage insurance with a company or companies authorized to issue insurance in the State of Oregon, with limits provided

by the contract. Such insurance shall cover all risks arising directly or indirectly out of the contractor's activities or performance. Certificates evidencing such insurance, and bearing endorsements naming the District as an insured on such policy or policies of insurance shall be delivered to the District

Additionally, contracts shall contain a provision by which the contractor shall indemnify and hold harmless the District from any claim, loss, or liability arising out of or related to any activity, performance, or non-performance of the contractor in connection with said contract.

- E. It is understood that employees who perform Incident Command Staff duties during emergencies are required to make strategic and tactical decisions while attempting to mitigate the incident. These events are dynamic and complex, and decisions have to be made without time for a complete risk-benefit analysis, therefore, undesirable outcomes are possible. In the event an employee performing Incident Command Staff duties is charged with a criminal offense for his or her actions during or related to an emergency event, and the cost of defense of the criminal action is not paid by insurance, the District may reimburse such employee for attorney fees and costs, subject to the following (such reimbursement is referred to herein as "Reimbursement"):
1. To qualify for Reimbursement, the employee must obtain the District's prior approval of the employee's criminal defense attorney and the fee agreement with the attorney.
 2. Any agreement or contract for legal services will be solely between the employee and the attorney. The District will not guarantee payment for such services and will have no liability to the attorney for the payment of such services.
 3. To qualify for Reimbursement, the employee must have been acting within the scope of their duties and employment, as determined by the District in its sole discretion.
 4. If the employee qualifies for Reimbursement, the District may provide Reimbursement, in its sole discretion; provided, however, all Reimbursement is subject to the following:
 - a. If the employee is found guilty of the charges (including submitting a plea of no contest or guilty), the District may, in its sole discretion, require the employee to repay the District for the Reimbursement.
 - b. Reimbursement shall immediately terminate if the District determines, in its sole discretion, that the employee lied during any part of the investigation, discovery, or trial process.

SECTION 3.15 RISK MANAGEMENT AND INSURANCE PROGRAM (continued)

- c. Reimbursement may be denied or terminated if the District determines, in its sole discretion, that the employee's actions constituted willful or wanton misconduct.
 - d. Reimbursement shall immediately terminate if the District determines, in its sole discretion that the employee has refused or refuses to fully cooperate with any post-incident investigations.
 - e. The District shall not provide Reimbursement for attorney's fees and costs incurred in an appeal unless specifically authorized by the Board of Directors.
 - f. In order to receive Reimbursement, the employee shall provide the District with a statement of the attorney fees and costs incurred to date and proof of payment of such fees and costs. The District shall then determine, in its sole discretion, what fees and costs shall be reimbursed.
- F. The District may also provide reimbursement of attorney's fees and costs for employees who conduct fire prevention inspections and are charged with a criminal offense arising out of their actions or omissions during such inspections. Such reimbursement is subject to the provisions of Section E, 1-4, above.
- G. The provisions for insurance and indemnification in all contracts shall be reviewed and approved by the District's Chief Financial Officer or legal counsel.

DATE: September 24, 1996

REVISED: May 25, 2021

REVIEWED: June 22, 2021

SECTION 3.16 AGENT OF RECORD

- A. The District may retain agents of record for the purpose of purchasing insurance for employee benefits, workers' compensation, and property and casualty insurance.
- B. District staff shall ensure the District maintains a sound risk management program. Agents may assist in writing and servicing all necessary policies and statutory bonds.
- C. The means of selection, the minimum qualifications and responsibilities of an agent of record are to be developed and evaluated by District management.

DATE: September 24, 1996

REVIEWED: June 22, 2021

SECTION 3.17 CREDIT CARDS

The Board authorizes the use of District credit cards by employees or Board members conducting business for the District. The District is responsible for the development and maintenance of purchasing limits, distribution, overall debt limits, and policies and procedures regarding their usage.

DATE: September 24, 1996

REVIEWED: June 22, 2021

SECTION 3.18 BUSINESS TRAVEL

- A. District employees shall be authorized to travel to activities that are of direct benefit to the Fire District.
- B. The Fire Chief shall notify the Board President or designee when his business travel will exceed three or more days absence from the District.
- C. The Fire Chief or designee shall approve business travel outside the states of Washington and Oregon for all other employees.
- D. The Fire Chief shall be responsible for administrative procedures relating to travel policies.

DATE: September 24, 1996

REVISED: September 23, 2008

REVIEWED: June 22, 2021

SECTION 3.19 PENSION PLAN ADMINISTRATION

- A. The District shall maintain a pension plan for personnel retired prior to integration in the Oregon Public Employees Retirement System on July 1, 1981, or their beneficiaries.
- B. The District's pension plan shall be administered by the District management who will be responsible to monitor the plan for compliance with all laws and regulations and who will also ensure appropriate tax filings are made. The Fire Chief/Administrator will ensure that the necessary annual adjustments are made to retirees' pensions as required.
- C. The Board of Directors will serve as trustees of the pension plan.
- D. The pension plan shall be reviewed actuarially on a periodic basis to ensure funding levels are appropriate.

DATE: September 24, 1996

REVISED: June 25, 2013

REVIEWED: June 22, 2021

SECTION 3.20 VOLUNTEER LOSAP ADMINISTRATION

- A. The District shall maintain a Length of Service Award Plan (LOSAP) for its Firefighter and Incident Support volunteers with one full calendar year or more of service to the District.
- B. The Fire Chief shall be designated as Administrator and Trustee of the Plan.

REFERENCE: Resolution 2012-06

DATE: November 16, 2004

REVISED: July 23, 2019

REVIEWED: June 22, 2021

SECTION 3.21 DEFERRED COMPENSATION ADMINISTRATION

- A. The Board authorizes deferred compensation plans for employees under Internal Revenue Code sections 457(b) and 401(a).
- B. The Chief Financial Officer will be responsible to administer the plans to ensure tax law compliance, and periodically adopt any carrier amendments or revisions to the carrier agreements and investment selections necessary to update matching contributions, investment selections or perform other administrative functions.
- C. Employee hardship withdrawal requests and investment and performance carrier reviews shall be administered by a three-person committee comprised of an officer of Local 1660, the Director of Human Resources, and the Chief Financial Officer. A quorum is two.

LEGAL REFERENCE

Sections 457 and 401(a) of the Internal Revenue Code

DATE: September 24, 1996

REVISED: June 25, 2013

REVIEWED: June 22, 2021

SECTION 3.22 REIMBURSEMENT PLAN AUTHORIZATION UNDER IRC SECTION 125 PLAN

- A. The Board authorizes a Section 125 plan to include Section 129 benefits for all employees.
- B. Operations of the plan shall be administered by the Chief Financial Officer as plan administrator.
- C. The plan shall be structured and administered to comply with applicable sections of the Internal Revenue Code.

DATE: September 24, 1996

REVIEWED: June 22, 2021

SECTION 3.23 RIGHT TO DISCIPLINE ACTS OF FRAUD

- A. The Board and management are committed to the highest level of moral and ethical behavior. Breaches of this behavior, especially through acts involving fraudulent means erodes the public's trust and confidence in the integrity of the District.
- B. Management will be responsible to exercise a combination of preventative, detective and corrective controls to protect the assets of the District.
- C. Management will also be responsible to discipline, up to and including prosecution, of any and all personnel found guilty of fraudulent use of District assets.

DATE: May 26, 2015

REVIEWED: June 22, 2021

SECTION 3.24 POLICY APPROVAL

This is to certify that Budget, Finance, and Business Operations, Section 3, policies 3.1 – 3.23, were duly adopted and approved by Board action on:

Randy J. Lauer, President of the Board

Justin J. Dillingham, Secretary of the Board

APPROVED: June 22, 2021

ADDITIONAL RESOURCES

- [Oregon Department of Revenue: Local Budgeting Manual](#)

THE AGENCY REPORTS DATA

Objective: *The agency (a) will submit data to regulators within designated timelines, (b) will identify areas for improvement using an established QA/QI process, (c) will use goals and benchmarks to improve performance, and (d) will share summary reports regularly with the community.*



The agency is at Step 1 when no operational/clinical data are submitted to regulators.



To move to Step 2:

- ✓ *Collect data related to agency EMS activity*
- ✓ *Submit data to regulators*

It is uncommon that an agency does not have a regulator to whom data of some sort must be submitted on a pre-determined interval. The agency is responsible to know what data is required to be submitted and when it is to be submitted to regulators.

The agency needs to collect and report data. Data should be collected electronically to make its management most efficient. Data can be inputted into any number of electronic tools and then transferred to regulators in a manner useful to the regulators. If the agency does not have, or cannot find the resources (grants, supportive benefactors in the community, etc.) to purchase the technology and tools needed to deploy an electronic patient care report (electronic medical record) the agency can still enter data into the regulator's receiving terminal using common computers and connections.

It is expected that regulators would require the data to meet specific criteria for submission. The agency will need to assure those standards are met and future data collected fits well with data being generated within EMS so the data becomes increasingly relevant to advancing patient care through analysis of the larger body of data being assembled.



The agency is at Step 2 when operational/clinical data are submitted to regulators, but not often within the designated timelines (locally, statewide, or nationally).

Indicator

Submission of operational/clinical data to regulators.



To move to Step 3:

- ✓ *Find out what timeline the regulators require submission of data*
- ✓ *Submit the data within the timelines established by regulators*

The specific timeline within which specific regulators require data submission can be identified by searching out and reading their standards for submission. Once the required timelines are known, the agency will establish a recurring process so the data can be provided to the regulators to meet deadlines.

Someone within the agency will need to construct a project plan outlining the flow of the data from generation to submission with clearly identified timelines and responsibilities defined for each step. Overall performance of the data submission project can be monitored so the agency knows what level of success is being achieved as well as identification of steps in the project that are repeatedly missing timelines necessary to meet the overall goal. With this information, the agency will know how the project is performing and will also be able to identify steps within the project plan to focus on for improvement. The goal is to have a project recurring in an efficient and effective manner meeting the data submission timelines 100 percent of the time.



The agency is at Step 3 when operational/clinical data are submitted to regulators within the designated timelines.

Indicator

Consistent submission of data to regulators consistently within the designated timelines for submission.



To move to Step 4:

- ✓ *Obtain data from the quality process*
- ✓ *Set priorities for improvement*

In Section 5, “A Quality Process,” an agency’s plan to collect, calculate and report agency performance measures is taken from concept to reality. Data generated and reported to regulators is a powerful source of information for that quality process. Using the aggregate data submitted by agencies to the regulator(s) may provide the quality process with access to a repository of data greater than that which the agency produces. As in Section 5, the agency will review the data collected, work with the medical director (see Section 3, “Medical Director Involvement”), and set priorities for improvement based on the noted areas of deficit.

Although the processing of data is within the area of responsibility and under the purview of the quality process, suffice it for this section to note that variances noted in data generated will serve as the targets for further evaluation and possible improvement initiatives.



The agency is at Step 4 when operational/clinical data are submitted to regulators within the designated timelines (completed in Step 3). Areas for improvement are identified using an established quality improvement/quality assurance process by the EMS agency.

Indicator

Identification of areas for improvement using an established QA/QI process.



To move to Step 5:

- ✓ *Determine areas of the agency’s business which have the highest value for internal and external benchmarking, such as comparing performance, month-by-month, year-by-year*
- ✓ *Determine areas of the agency’s business which are most likely to be significant for public highlighting*
- ✓ *Establish select data elements to be included in a public report*
- ✓ *Share summary reports of data publicly*

In Section 6, “A Recruitment and Retention Plan” and Section 14, “Public Information, Education and Relations,” examples of strategies and tactics were used to demonstrate a means for implementing a plan. Those examples are used successfully because they are (1) agreed upon, (2) written, and (3) capable of being measured to determine if they were, in fact, achieved. Those same characteristics help establish goals that are meaningful – in fact, the strategies and tactics are goals which are established.

Again, with deference to Section 5, “A Quality Process”, to achieve a score of “5” for this attribute, the agency will use data collected and submitted in this section to create goals to improve performance.

For an agency to benchmark, a source of data to compare itself against is needed. The agency can choose to participate in various industry initiatives that will allow it access to summary data. The submission of data to the initiatives can be anonymous or non-anonymous but protected under federal laws and standards. Submission of data on “near-miss” incidents will help establish standards related to safety and operational practices that support the safety effort. From this, types of incidents can be extrapolated and a general increase in understanding of the impact of various incidents, illnesses and injuries will occur as the collective body of knowledge increases. Once this data is obtained by the agency and compared to its own experience, benchmarked, the agency can then choose high-value targets for improvements in its practices.

Reporting findings, in addition to reporting some raw data, will be impressive input for the plan established in Section 6, “Public Information, Education and Relations.” Strategically deciding how, when and where this information is reported can further the efforts of the agency in its pursuit of improvement in several different attributes of success. The community-based and representative

board discussed in Section 2 will be well positioned to decide what data, and in what form, will be useful to the community.



The agency is at a Step 5 when operational/clinical data are submitted to regulators within the designated timelines (completed in Step 3). Areas for improvement are identified using an established quality improvement/quality assurance process by the EMS agency (completed in Step 4). Summary reports are regularly shared publicly with the community.

Indicators

- (1) The use of goals and benchmarks by the agency to improve performance and
- (2) Regularly shared summary reports of performance with the community.

ADDITIONAL RESOURCES

- [2020 OHA EMS & Trauma Systems Program Annual EMS Data Report](#)
- [Oregon EMS Information System](#)
- [Oregon Trauma Registry Reports and Support Documents](#)
- [OHA EMS/TS Data Request Process](#)

CONTEMPORARY EQUIPMENT AND TECHNOLOGY

Objective: *The agency (a) will have all of the minimum equipment required by licensure, (b) will have advanced equipment/technology, (c) will have an adequate budget for new equipment/technology acquisition, (d) will have a formal replacement plan for equipment, and (e) will have a formal maintenance plan provided by trained/certified technicians or engineer.*



The agency is at Step 1 when the EMS agency has only the minimum equipment/technology required by licensure. The budget does not allow additional equipment/technology acquisition.



To move to Step 2:

- ✓ *Develop a budget for equipment replacement*

Successful ambulance services demonstrate the characteristic of continually recognizing what the patients need from them. The most basic place to start is to assure all equipment/technology required by licensure is in place. Meeting this basic requirement will be demonstrated to by verification that the agency is licensed as required.

The physical needs of many patients, experiencing a variety of medical or traumatic conditions, are met or at the minimum mitigated to a degree through the appropriate use of equipment and technology available to agencies. A successful ambulance service plans for, acquires, maintains and – when necessary – replaces equipment on a regular basis.

This step will put the agency in position to intelligently establish a minimal, yet realistic, budget based on knowledge of anticipated future costs for the purchase of equipment/ technology above and beyond the minimum equipment/technology required by licensure. To do this, the agency needs to be fiscally responsible by projecting future expenses accurately. It must also be responsive to patient needs, which can be met through new equipment/technology.

Minimally budgeted amounts are not intended to cover all expenses. To project any anticipated expenses that need funding, the agency has two tasks. First, it must identify what needs to be purchased. Second, it must determine the estimated cost of those purchases. With that information, the agency can assign priorities and create a realistic, yet minimalistic, budget to move the entire effort forward.

Identify Equipment/Technology

To identify what equipment/technology should be purchased, the agency must develop an informed awareness of trends in patient care and equipment/technology. Fostering an inquiring and forward-looking culture within the agency and under the guidance of the medical director is a good starting point. Encouraging members to stay current on industry trends and practices through the review of journals, online EMS forums and while at conferences and seminars, will provide the members with insight into emerging trends in patient care and equipment designed to help provide care. The agency's quality process (Section 5, *A Quality Process*) will also be in a position to provide outputs that will support or redirect considerations related to equipment/technology needed by the agency. The engaged medical director (Section 3, *Medical Director Involvement*) will also connect with sources to validate his/her observations and considerations for the agency, which will assist in establishing direction for the agency.

Finally, to tie these inputs together, the agency will need to establish a formal process for members to use to bring forward ideas for improved care. A team specifically charged with collecting, reviewing and making recommendations on equipment/technology and made up of agency members and the medical director, will enable the collective wisdom of the agency to be harvested and put to good use. This formal route for input of ideas and suggestions will add credibility to the review. Thoughtful feedback given directly to those who brought the thought(s) forward will close the loop on communication.

Basing decisions about future equipment/technology purchases on input using this process will allow the agency to develop a thoughtful, purposeful purchase list. Having a well-thought-out purchase list will minimize the tendency to make a purchase based solely on personal preferences of an individual and will help eliminate the practice of making a purchase of a gadget on the market which is touted to be essential but may not have value to patients. A purchase list created in this manner is the source on which to build an expense budget for equipment/technology.

Determine Costs

Several sources exist for gathering information related to costs of specific pieces of equipment and technology. As costs are considered, the agency again should evaluate the value of becoming a member in a purchasing co-op or group to better leverage the dollars they will spend. Long-established relationships with a specific vendor, working with a vendor's representative who has demonstrated a record of pursuing and delivering best pricing for the agency should be acknowledged and taken advantage of. An agency should never purchase a piece of needed or desired equipment or technology after receiving estimates of the cost (a bid) from only one vendor. In addition to the base cost of the equipment and technology being quoted, the agency should explore savings the vendor may be willing to provide in relation to such things as extended warranties, loaner equipment if needed, trade-in guarantees, etc.

Although a list of desired equipment and a realistic estimate of the equipment's cost is not necessary to achieve the score of "2" for this attribute, knowing both helps develop a realistic budget and frames in what can be done immediately by the agency. It is likely the resulting list of needed equipment and technology, and the dollars needed to complete the purchases, will be far too large for immediate resolution. At the very minimum, the agency must include an equipment/technology line item in the agency's budget and fund it, if even at a minimal level. Once the agency knows what equipment is needed and what its the projected costs will be, the agency will be in a position to establish a realistic timeline with sensitivities to how much of the total cost can be included in each year's budget. What is desired right now in reality may require a few years to purchase. Therefore, priority must be assigned to each purchase planned with the purchase most critical to meeting the needs of the patient receiving the highest priority.



The agency is at Step 2 when the EMS agency has the minimum equipment/technology required by licensure, plus a minimal budget for additional equipment/technology acquisition.

Indicator

A budget, which includes some planned expenses for adding new equipment/technology that is required by licensure.



To move to Step 3:

- ✓ *Purchase and place some advanced equipment/technology into service*
- ✓ *Create a replacement plan for equipment*

Replacement plans for much of the minimum equipment required by licensure can be hinged on regular and routine equipment inspection. For example, a rigid splint and a long backboard can remain serviceable and reliable for many years. However, in the replacement plan it must be clear that visual inspections must be made to assure the equipment is 100 percent serviceable and ready for use on the next patient, if necessary.

If the equipment has electronic components or mechanical components – as opposed to the non-moving parts on things such as rigid splints – the electronic and mechanical components must be placed on the replacement schedule based on the manufacturer’s recommendations of life of service for the equipment. This means that a specific piece of equipment, based on the manufacturer’s recommendation, must be scheduled for replacement, for example, in 10 years.

To achieve improvement in this attribute, the agency will need to have a complete inventory of equipment/technology that includes sufficient detail to allow the age of the equipment, the equipment’s manufacturer and the equipment’s life expectancy. Knowing the life expectancy of each piece of equipment enables the agency to place the equipment in a specific future year for replacement.



The agency is at Step 3 when, in addition to the minimum equipment/technology required by licensure (completed in Step 1), the EMS agency has some advanced equipment/technology. There is a minimal budget for new equipment/technology (completed Step 2) and a formal replacement plan.

Indicator

A formal replacement plan for equipment/technology of the EMS agency.



To move to Step 4:

- ✓ *Fund the replacement plan established in Step 3*
- ✓ *Fund the equipment/technology acquisition plan*

Using the life expectancy list created in the previous step, the agency can now add in the projected costs associated with replacement at specific points in time. A multi-year replacement plan, entered in a spreadsheet, can include a column for each upcoming year – perhaps going out 10 years – with the replacement cost of each specific piece of equipment placed in the appropriate future year, corresponding to the life expectancy list. Adding equipment/technology identified as necessary expansion items a comprehensive list showing replacement and expansion will be finalized. Once the projected costs of replacement and expansion equipment have been entered for all items, the agency will have a projected equipment/technology budget. Budget considerations (Section 9, *A Sustainable Budget*) will need to be satisfied by adjusting the timeline for replacement or adding items or by increasing the dollar amount allotted to the equipment/technology expense budget.



The agency is at Step 4 when, in addition to the minimum equipment/technology required by licensure, the EMS agency has some advanced equipment/technology. There is an adequate budget for new equipment/technology acquisition and a formal replacement plan.

Indicator

An adequate budget, based on an equipment life expectancy list and timeline for adding new equipment/technology, to meet the ongoing needs for new equipment/technology.



To move to Step 5:

- ✓ *Develop a maintenance plan*

A maintenance plan must include each piece of equipment used by the agency and clear details on who is responsible for maintenance and where the maintenance will occur. Some equipment, identified previously as equipment with non-moving parts, will have a rather concise maintenance plan, focusing on visual inspections for wear and tear and cleanliness. Other, more sophisticated equipment will have a correspondingly complex maintenance plan.

For all equipment, manufacturer guidelines must be the minimum maintenance provided. The manufacturer may recommend who should do the maintenance and great significance needs to be placed on that recommendation. A well-developed biomed department, perhaps within a health care system, that can meet or exceed the manufacturer's recommendations is an option worth considering. Other options, such as contracting with a private company specializing in providing maintenance to equipment used by EMS operations may be feasible. Although having one company or one department provide maintenance to all of the agency's equipment it may be necessary to use several sources for maintenance (one for stretchers, one for patient monitors, another for suction units and oxygen regulators, etc.) Each vendor used by the agency must provide proof of training and certifications their technicians have and hold in relation to the equipment they will be maintaining for the agency.

By bringing all of the pieces related to maintaining equipment/technology together in one place the agency can construct a formal maintenance plan for all of its equipment/technology. Having a single, professional document containing all the information is desirable, however, the conditions and requirements of this section can be met by assembling several documents together in an organized fashion so it can be followed explicitly and reviewed comprehensively.




The agency is at a Step 5 when, in addition to the minimum equipment/technology required by licensure, the EMS agency has some advanced equipment/technology. There is an adequate budget for new equipment/technology acquisition and a formal replacement plan. There is a formal maintenance plan provided by trained/certified technicians or.

Indicator

A formal maintenance plan with maintenance provided by trained/certified technicians or engineers.

Parkdale Rural Fire Protection District

Standard Operating Guideline/Policy

Title:	Mandatory Reporting	
Section:	EMS Operations	
SOG #:	7.11	
Authorized By:	Michael L. McCafferty, Fire Chief	

PURPOSE:

The purpose of this policy is to describe the mandatory reporting requirements of the Oregon Department of Human Services, as they pertain to the operations of the Parkdale Rural Fire Protection District personnel.

POLICY:

It shall be the policy of the Parkdale Rural Fire Protection District (PRFPD) to ensure that all employees report suspected abuse or neglect of a child, adults with mental illness or developmental disabilities, the elderly and individuals in nursing facilities to Oregon DHS within 24 hours.

AUTHORITY & RESPONSIBILITY:

It shall be the responsibility of each member to follow this policy. The Chief Officers of the Department shall ensure compliance of this policy.

PROCEDURE:

The information presented in this policy is selected information from Oregon Statutes. Any additional questions to legal reference(s) made in the management of patient care should be through On-Line Medical Control. Additional information needed about this law should be research using Oregon Statutes or legal counsel.

Report of Child Abuse

- ORS Sections 419B.005 to 419B.050 covers the major requirements for firefighters and EMT's in terms of mandatory reports of child abuse and neglect. ORS Section 419B.010 requires that "any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered abuse or that any person with whom the official comes in contact has abused a child shall immediately report or cause a report to be made in a manner required by ORS."
- Each report of known or suspected child abuse or neglect shall be immediately reported to the local office of the Department of Human Services or to the local law enforcement agency.
- For purposes of guiding your decision and actions, the following legal definitions are provided from ORS Section 419B.005. They are paraphrased as follows with statute reference; essential sections of concern have emphasis added.
 - "Abuse" means any assault of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at

variance with the explanation given of the injury. Any mental injury to a child. Any sexual abuse and exploitation and rape of a child. Negligent treatment or maltreatment of a child. Threatened harm to a child. Buying or selling a person under 18 years of age. Unlawful exposure to a controlled substance that would harm the child.

- "Abuse" does not include reasonable discipline unless the discipline results in one of the following conditions described above.
- Child abuse and neglect must be reported within 24 hours per day, seven (7) days a week. This requirement applies whether you observed the abuse or neglect during your work activities or on your personal time. If known the report shall include:
 - The names and addresses of the child and the parents of the child or other persons responsible for care of the child.
 - The child's age
 - The nature and extend of the abuse, including any evidence of previous abuse.

Report of Elder Abuse

- ORS Sections 124.050 to 124.095 extend the same mandatory reporting conditions described for child abuse and neglect. The same mandatory reporting requirements to Oregon DHS or local law enforcement are required.
- For purposes of guiding your decision and actions, the following legal definitions are provided from ORS Section 124.005. They are paraphrased as follows with statute reference; essential sections of concern have emphasis added.
 - "Abuse" means one or more of the following: any physical injury caused by other than accidental means, or that appears to be at variance with the explanation of the injury. Neglect that leads to physical harm through withholding of services necessary to maintain health and well-being. Abandonment or willful infliction of physical pain or injury. The use of derogatory or inappropriate names, phrases or profanity, ridicule, harassment, coercion, threats, cursing, intimidation or inappropriate sexual comments or conduct. Wrongfully taking or appropriating money or property. Sexual contact with a nonconsenting elderly person.
 - "Elderly person" means any person 65 year of age or older.
- Elderly abuse and neglect must be reported during your official capacity. If known the report shall include:
 - The names and addresses of the elderly person and any persons responsible for the care of the elderly person.
 - The nature and the extent of the abuse (including any evidence of previous abuse).
 - The explanation given for the abuse.

Report of Adults with Developmental Disabilities or Mental Illness Abuse

- ORS Sections 430.735 to 430.765 extend the same mandatory reporting conditions described for child abuse and neglect. The same mandatory reporting requirements to Oregon DHS or local law enforcement are required.
- For purposes of guiding your decision and actions, the following legal definitions are provided from ORS Section 430.735. They are paraphrased as follows with statute reference; essential sections of concern have emphasis added.
 - "Abuse" means one or more of the following: abandonment, including desertion or willful forsaking of a person with a developmental disability or mental illness or the withdrawal or neglect of duties and obligations owed a person with a developmental disability or mental illness by a caregiver or other person. Any physical injury to an adult cause by other than accidental means or that appears to be at variance with the explanation given of the injury. Willful infliction of physical pain or injury. Sexual abuse of an adult. Neglect or verbal abuse of a person with developmental disability or mental illness. Involuntary seclusion of a person with development disability or mental illness. A wrongful use of a physical or chemical restraint. Any death of an adult cause other than accidental or natural means.
 - "Adult" means a person 18 years of age or older with:
 - A developmental disability who is currently receiving services from a community program or facility or was previously determined eligible for services as an adult by a community program or facility; or
 - A mental illness who is receiving services form a community program or facility.
- Adult abuse and neglect must be reported during your official capacity. If known, the report shall include:
 - The name, age and present location of the allegedly abused adult;
 - The names and addresses of persons responsible for the adult's care;
 - The nature and extent of the alleged abuse, including any evident of previous abuse;
 - Any information that leads the person making the report to suspect the abuse has occurred.
 - The date of the incident.

Report of Abuse and Neglect of Residents in Nursing Facilities

- ORS Sections 441.630 to 441.680 extend the same mandatory reporting conditions described for child abuse and neglect. The same mandatory reporting requirements to Oregon DHS or local law enforcement are required.

- For purposes of guiding your decision and actions, the following legal definitions are provided from ORS Section 441.630. They are paraphrased as follows with statute reference; essential sections of concern have emphasis added.
 - “Abuse” means any physical injury to a resident of a long-term care facility which has been caused by other than accidental means. Failure to provide basic care or services. Sexual contact with a resident caused by an employee, agent or other resident of a long-term care facility by force, threat, duress or coercion. Illegal or improper use of a resident’s resources. Verbal or mental abuse. Corporal punishment and involuntary seclusion for convenience or discipline.
- Residents in nursing facilities abuse must be reported during your official capacity. If known, the report shall include:
 - The names and addresses of the resident and any person responsible for the care of the resident.
 - The nature and the extent of the abuse, including any evidence of previous abuse.

Making a Report

Any employee making a report of abuse fill out the Suspicion of Abuse form (see Forms section), and a patient care report in ERS. Both need to be turned into the Fire Chief and the appropriate authorities will be contacted. If there are any questions about making a report about abuse, the Fire Chief shall be contacted.

Immunity of Persons Making a Report in Good Faith

Anyone participating in good faith in the making of a report of child abuse, elder abuse, adults with developmental disabilities, mental illness, or abuse and neglect of residents in nursing facilities, and who has reasonable grounds for making the report shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making or content of such report. Any such participant shall have the same immunity with respect to participating in any judicial proceeding resulting from such report.

Failure to Comply

Any district employee/volunteer who fails to report a suspected abuse as provided in this policy and prescribed Oregon law commits a violation punishable by law. A person who violates Oregon law commits a Class A violation. Intentionally making a false report of abuse is also a Class A violation. If an employee fails to report suspected abuse or fails to maintain confidentiality of records as required by this policy, the employee will be disciplined.

Training

The District shall establish written procedures to provide annual training for all District staff and volunteers in the prevention and identification of abuse and on the obligations of District employees under Oregon law to report suspected abuse.

Adopted: 06-13-2010 Michael McCafferty, Fire Chief

Amended: 6 - 14 - 2018



Michael L. McCafferty, Fire Chief

MEDICAL DIRECTOR INVOLVEMENT

Objective: *The agency will have a medical director who (a) is an integral part of EMS within the agency, (b) pro-actively engages the agency to review cases within 30 days, (c) provides regular feedback to the agency, (d) is involved in planning and delivering education to the agency, (e) is an advocate for the agency, especially to the hospital ED/ER contacts.*



The agency is at Step 1 when there is a medical director in name only. He/she is not actively engaged with EMS agency beyond signatures



To move to Step 2:

- ✓ Identify the types of cases the medical director wants to review
- ✓ Establish an internal process to route reports to and from the medical director

Most agencies are required to have a medical director, a critical element to build on as the agency pursues excellence. It is common to find medical director involvement which ranges from “in name only” for some agencies to having a fully engaged medical director serving as the agency’s best advocate in multiple arenas while reviewing, understanding, formulating and recommending patient care improvements and educational standards and requirements for the agency members. Although not addressed as an outcome in this section, establishing a written agreement with a medical director will help establish formal recognition of the EMS agency’s needs and the services and time the medical director is willing and capable to invest in the EMS operations of the agency.

The steps that follow will move the agency progressively to the fully engaged level of participation. These steps will be accomplished through thoughtful and deliberate interaction with the agency’s medical director.

The primary objective for Step 2 is to develop a system and provide what is needed to enable the medical director to receive and review cases for the agency. Understanding that the medical director may want to change the system as time goes on, the agency can take the initiative to identify cases the medical director wants to review. Simply asking the medical director what type of case should be presented for review launches the effort. Once the medical director indicates which type of cases he/she wants to review, the agency will establish an internal process to route the patient care reports, and other documentation from those calls to the medical director. Someone within the agency will need to be identified as the individual with responsibility to find and forward the specific calls requested for review. Metrics should be expected from this person

indicating how many cases are referred to the medical director, the length of time from the date of the case/ambulance call to the date the review is completed by the medical director and what level of feedback was provided (e.g., written, verbal to the individual responsible to get cases to the medical director, direct face-to-face review with those involved in the case, etc.)

If the agency uses an electronic medical record, the medical director will need to be given access to the system and an in-box to receive the reports routed to him/her. Notes on the review done by the medical director may be hand written or added to a notes section of the electronic record. The agency will need to have an individual responsible to track the review and receive the notes created by the medical director.

Should the agency use a paper medical record, after identifying the cases for the medical director, copies of the reports to be sent to the medical director should be created, identified as copies with a note indicating the original is with the medical director for review, and retained with the other original medical records. Developing a process to assure the reports are secure while passing them to and from the medical director must be a priority and any misstep needs to be fully documented and disclosed as an unauthorized release of medical information to meet HIPAA requirements.

In all reviews, the medical director needs to be assured he/she has full authority to ask for and receive a face-to-face review with the members of the agency involved in the case.



The agency is at Step 2 when the medical director who reviews cases but not within 30 days and provides very little feedback.

Indicator

An established process (1) which will identify what cases the medical director wants to review, (2) which will assure delivery of the documents related to the cases to the medical director in a secure manner, (3) to receive feedback from the medical director's review, and (4) to record select metrics on timing and outcomes of the review.



To move to Step 3:

- ✓ *Encourage the medical director to provide feedback that will help improve the care provided*
- ✓ *Identify and remove barriers preventing case review within 30 days*
- ✓ *Monitor the process and make adjustments as needed*

In this step, the agency will encourage the medical director to provide feedback to the agency to improve the overall care to patients. Using the system created in Step 2, the effort now turns to the timeliness in which the cases are reviewed by the medical director and returned with feedback to the agency. Using the data collected by the system established in Step 2, the agency will work with the medical director to identify and remove barriers that impede accomplishing the review within 30 days. The agency needs to bear the brunt of responsibility to meet whatever requirements the medical director conveys to assure the reviews are done within 30 days. Open, frank, two-way communication between the agency and the medical director is essential for the timeline to be sped up.

As in the previous step, the agency will use the metrics established to measure progress in moving toward the goal of returning the reviews within 30 days. Month-by-month and quarter-by-quarter comparisons of this data will demonstrate if the modifications implemented are improving the flow of this process or if other interventions in the process are needed.



The agency is at Step 3 when the medical director reviews cases within 30 days and provides very little feedback.

Indicator

A record showing what percentage of cases is reviewed within 30 days and what percentage of reviewed cases are returned with some feedback for the agency members involved in the case.



To move to Step 4:

- ✓ *Establish professional connections between the medical director and other medical directors*
- ✓ *Address changes recommended by the medical director*
- ✓ *Identify and remove barriers preventing the medical director from accessing EMS agency information*
- ✓ *Interact regularly with the medical director*

In this improvement step, the frequency and quality of feedback from the medical director to the EMS agency increases. This occurs as the medical director becomes increasingly aware of the importance of both. The EMS agency should help establish professional connections for the medical director with other medical directors who are doing similar reviews, to increase the level of understanding of the value of quick turnaround on cases being reviewed. Positive feedback from the EMS agency members who benefit from the reviews should be conveyed to the medical director. Changes recommended by the medical director based on the reviews should be addressed as quickly as practical by the agency with closed-loop communication so the medical director sees the impact of the reviews.

As the medical director increases timeliness of interaction, it is likely that engagement as the medical advocate for the service and its patients will follow. The medical director should be encouraged to respond to inquiries from within hospital settings. Any needs that the medical director has to access EMS agency information should be met. Understanding the agency's actions will help the medical director develop expertise required to prepare him/her to serve as the contact for the agency in the hospital setting. Regular interactions with the medical director should provide insight into the frequency and types of interactions the medical director has regarding the EMS agency. Documenting these interactions will provide a meaningful record and provide source material for improvement processes.



The agency is at Step 4 when the medical director reviews cases within 30 days and provides a good amount of feedback, but waits for the EMS agency to engage him/her. When asked, he/she responds to hospital ED/ER contacts on behalf of the EMS agency regarding the agency's clinical protocols and actions.

Indicators

(1) Documentation from Step 3, which includes a record of the metrics showing the number of cases reviewed and returned within 30 days and the percent of cases returned with feedback for the agency members involved in the case.

(2) Documentation of opportunities the medical director has had to represent the agency in hospital settings will demonstrate increased medical director involvement in the EMS agency.



To move to Step 5:

- ✓ *Involve the medical director in all decisions affecting patient care*
- ✓ *Involve the medical director in non-patient care-related decisions*

In this step, the medical director is recognized as a leader within the EMS agency who is fully knowledgeable about EMS operations and one who pro-actively inserts him/herself in situations and opportunities appropriately representing the EMS agency and its patients. To achieve progress in this step the agency must invest itself in helping the medical director become increasingly involved in the agency's EMS operations. The medical director's involvement may be seen as an increasing ownership of the critical elements of the agency's EMS operations related to patient care and the agency members who deliver that care. The agency can encourage the medical director's increasing involvement in the EMS operations in a variety of ways. Assuring the medical director is advised of and involved in all deliberations and decisions affecting patient care is one example. Involving the medical director in issues, such as, but certainly not limited to, consideration of adding specific patient-care equipment, providing information on why certain vehicles are preferred over others, involvement in discussions on shift-length and related safety discussions, etc., will equip the medical director to be an integral part of EMS services and will yield valuable insights for the agency from the medical director.

A medical director who is an integral part of an EMS service frequently has the ability to observe the providers who are agency members. This can occur as the medical director serves in a role in the receiving facility where the medical director can observe firsthand the results of the care provided by agency members. An even more direct manner of observation is afforded the medical director if he/she has the ability to respond to and be part of the care team at the scene of the ambulance call, observing the caregivers as they provide care to the patients. These

opportunities, as well as other innovative methods, are desirable and should be encouraged by the agency.

There is a direct correlation between the agency's willingness to involve, educate and rely on the medical director and the medical director effectively filling integral roles within the agency's EMS operations. As the medical director fills integral roles, he/she will be in an ideal position to help meet additional needs of the agency, such as quality improvement and continuing education.

The agency must be ready and willing and act proactively to assist the medical director in any way practically feasible. The list of what assistance this may include is long and could include a variety of things ranging from providing tools needed – such as radio, vehicle, and computer access – to assistance from members of the agency in helping with tasks that make the review process more efficient for the medical director. Efforts by the agency which will help preserve the medical director's time for actual review rather than chasing down reports, consuming time trying to set up times to meet with agency members, etc., will bear generous dividends. Any investment the agency makes in helping the medical director do his/her job will enable the medical director to spend a greater portion of his/her time on clinically important efforts.

Finally, having a written contract between the agency and the medical director delineating the responsibilities of the medical director and the agency will formalize this relationship and clarify the expectations of both parties. Examples of such contracts can be accessed by an Internet search for "EMS Medical Director Contracts."



The agency is at a Step 5 when the medical director is an integral part of EMS, proactively engaging the agency to review cases, providing a good amount of feedback; delivering education to the agency; and advocating for the agency to hospital ED/ER contacts.

Indicators

- (1) Continued effective review of cases within 30 days with regular feedback to the agency members involved in the case,*
- (2) Evidence – from meetings or other agency interactions – demonstrating the medical director's increasing involvement in the agency's EMS operations and education, and*
- (3) Demonstrated advocacy efforts by the medical director within the hospital ED/ER*

ADDITIONAL RESOURCES

- [FEMA Handbook for EMS Medical Directors](#)

A QUALITY ASSURANCE/IMPROVEMENT PROCESS

Objective: Feedback from performance measures is used to drive internal change to: (a) improve the patient experience of care (including quality and satisfaction), (b) improve the health of the community (e.g., success of screenings, education); and (c) reduce the cost of health care services (e.g., reducing EMS costs, and/or using EMS to reduce overall health care cost).



The agency is at Step 1 when there is no plan to collect, calculate, or report agency performance measures.



To move to Step 2:

- ✓ *Identify data to be collected*
- ✓ *Establish how data is to be collected and stored*
- ✓ *Collect identified data*

Successful ambulance services recognize the potential value operational and patient-care information has to the agency. Recognizing the value of data and collecting data generated by the agency establishes a basis of viewing service provided in a factual manner lays the groundwork for improvement.

As noted elsewhere (Section 16, “*The Agency Reports Data*”) nearly every ambulance service is required to collect certain data points. In addition to data required of the agency, the agency should recognize that collection of data is necessary for things such as billing, perhaps inventory control and perhaps things such as recording, which agency members were on each ambulance, call. The agency must have a means to record this base-level data and should take steps to assure data collection specific to patient care, which includes response, on-scene and transport phases of the service provided.

Although the form and format of data collected may vary, the agency can begin the effort of establishing data collection points that are similar to data being collected by other EMS providers and those known to be used as national standards. Most importantly for this step, the EMS agency needs to determine how the data will be collected. It may be collected manually, with a member of the EMS agency going through patient care reports generated by the EMS agency and meticulously recording specific data points. A better means is for the EMS agency to avail itself of one of the many electronic means available to record data related to the ambulance calls responded to by the EMS agency.



The agency is at Step 2 when performance-measure data is collected about the EMS agency but not analyzed or reported.

Indicator

The collection of data by the EMS agency.



To move to Step 3:

- ✓ *Identify agency members to do analysis*
- ✓ *Review analyzed data on a regular schedule*
- ✓ *Identify who receives/should receive analyzed data*

To establish real value from performance measures, the measures need to be calculated so the information can be used for a variety of purposes. As noted in the previous step, it is of value to have an electronic means to collect the data as most electronic repositories can also provide specific reports requested. Initiating the flow of information built on the data collected, will allow the EMS agency to see the specific workings and performance level of the service it delivers.

Leadership can review performance measures so the EMS agency knows the average length of each response the agency goes on. For example, it can show the average length of time spent on the scene and can be parsed to show that time on traffic accidents as compared to medical calls. Further, data can show how long it takes for an ambulance to respond at different times of the day or night. A member within the agency with analytical abilities can accomplish a task like this reliably, with a high degree of accuracy and in a short period of time if the data for each individual call has been collected as in Step 2.

The importance of finding the right agency member or members to help with this should not be minimized. Calculating performance measures may generate some interesting and valuable considerations within the agency. Perhaps an agency member with an inquiring mind may spur ideas, which can be used in the next two steps of progress within this attribute. For example, a member of the agency may develop questions, which can be answered by looking at the performance measures that are generated. Encourage this; it demonstrates outputs of a successful ambulance service. Encourage simple, straightforward efforts, as opposed to efforts that involve several difficult-to-measure parameters. For example, measuring “how many patients with chest pain were administered supplemental oxygen” is pretty straightforward. “How many chest pain patients who were more than five miles from the hospital and had a previous history of cardiac problems were administered supplemental oxygen,” gets quite cumbersome.

In this step, the EMS agency needs to identify where the performance measures are reported. In addition to making the information available to the members of the agency and the oversight board, there may be other groups or individuals who would benefit from receiving the reports.



The agency is at Step 3 when performance measures are analyzed and reported but no feedback loop exists for continual improvement of the EMS agency.

Indicator

Data that is analyzed and reported by the agency.



To move to Step 4:

- ✓ *Identify how and when data will be shared with stakeholders*
- ✓ *Share analyzed data with identified stakeholders*
- ✓ *Create action plans to achieve changes in the data*
- ✓ *Communicate results/change to those affected by the change*
- ✓ *Continue to monitor the data*

Development of a feedback loop necessary to drive improvement of the EMS agency is a critical step for successful ambulance services. A specific and direct connection needs to be established to assure the right people see the right performance measures so their interests in improvement can be addressed. Some individuals or areas of function within the EMS agency that should critically review performance measures are the medical director, the operational leaders, those involved in developing continuing education for the agency, the hospitals served by the EMS agency, and others. Sharing of the performance measures is not the end result. As the performance measures are reviewed, each individual doing the review must be thinking, “What can we change to positively impact this measurement?” Then, action plans need to be created to support achieving those improvements. Perhaps, when response time measures are reported and reviewed, as an example, operations will determine it is better to have a specific vehicle stored in a particular stall in the garage to minimize movement of vehicles when a request for service is received, thereby potentially reducing “out of chute” time (time of call to time en route to the scene.) An action plan in this simplistic example would detail who will assure the change is made and how the change will be comprehensively communicated to agency members affected by the change.

When recommendations for changes that will drive general improvements are made, the EMS agency needs to assure the changes are implemented, as demonstrated in the example above. Subsequent review of future measurements may provide feedback on the impact the changes had on the performance being measured.

Resource

There are numerous sources available electronically to guide the specific steps of improvement, including the feedback loop. Looking for information electronically, related to “continuous improvement,” “The Deming Cycle,” “QI Cycle,” etc., will provide an abundance of guiding examples for developing a feedback loop.



The agency is at Step 4 when performance measures are reported and a feedback loop exists for general improvements of the EMS agency.

Indicator

A feedback loop for improvements in the EMS agency will exist.



To move to Step 5:

- ✓ *Develop and implement strategic plan for improving patient care*
- ✓ *Develop and implement strategic plan for improving community health*
- ✓ *Develop and implement strategic plan for reducing health care costs*

To achieve the highest score for this attribute, the EMS agency will need to effectively work to affect internal change, which will improve the agency's patient care. In addition, the agency will need to invest itself to become a contributing force in improving every aspect related to improving the health of the community.

Improving the Patient Experience of Care

The EMS agency can directly improve the patient experience of care by effectively using every avenue of feedback available. The agency must continually seek out, listen and work tirelessly on improving the care it provides. The feedback loop developed in Step 4 will provide data the agency can use to measure and monitor performance in areas directly affecting the patient care experience. There are a variety of examples that can be considered to help guide the agency in pursuing improvement.

Example

Perhaps on review of medical charts, the medical director notes that there are times when patients with chest pain are not receiving supplemental oxygen, as the medical guidelines indicate. In this example, the medical director could ask to see a report showing all patients whose chief complaint was chest pain and indicating if supplemental oxygen was administered, the time of the request for service and the crew member(s) on the call. With this data, the medical director can critically but objectively consider the magnitude of the issue; is it as big as he/she thought? Do the lapses in applying this medical guideline vary by time of day or crew member? The medical director will then be equipped to initiate follow-up, some focused on one-on-one work with crew members, a second with continuing education to assure the medical guideline is familiar to and understood by all, a third perhaps with operational leadership if shift length or time of day is a factor. At each step of follow-up, some form of post-training quiz or a return skills demonstration by each member should be used. Each involved crew member will be asked to demonstrate their ability to execute what has been presented in acceptable fashion. This measurable follow-up will validate the effectiveness of the training and point to favorable outcomes. Once the follow-up has been completed, the medical director will be able to look at data generated in future data cycles

to determine if the incidence of administering supplemental oxygen to patients with chest pain has improved. Data will provide clarity on issues such as this both prior to and after improvement initiatives have been executed.

Example

Response times to patients can also be similarly reviewed and, if necessary, improved. The operations chief, after receiving a response-time report on a regular, recurring basis, can objectively review response time achieved at varying times of the day and night. Based on the data received, the chief, working with an operations group, can identify where the “soft spots” are in the practices being used. Once areas of improvement are identified, as in the previous example, individual follow-up can occur, modification of guidelines can occur as needed and education can be developed and delivered through the continuing education process. Again, results can be measured as future recurring cycles of response data is produced.

Focusing on the needs of the patient, the two examples, although very basic in nature, can be applied to a variety of situations – types of splints used or not used; frequency of transporting patients in emergency mode (red lights and siren); proper or improper use of glucagon; proper completion of patient care reports; and so on. The cycle to be followed; data generated, to data reported, to data reviewed, to deficits noted, to improvements needed, to follow-up provided, to post-cycle improvements measured, and all steps between and on either side of those can be documented in a rather simple process flow chart. The value of the documented process flow chart is the ability to use the flow for many other feedback and improvement efforts.

Improving Community Health

Investing itself in efforts to improve community health is another hallmark of a successful service. The effort exerted here parallels and compliments the efforts, which are outlined and will be undertaken as described in Section 15, *Involvement in the Community*. Identifying community health and public safety agencies, the EMS agency can partner with will help provide structure to this effort.

Participating in health fairs, public health screenings and other events has the potential of increasing public awareness of specific health threats. General events such as blood pressure screenings serve useful purposes. Specific events, likely identified by public health agencies, such as screening of blood sugar levels and other more specific procedures often accompany communitywide efforts targeted to address issues based on public health data.

Demonstrating a vision for a healthy community, coupled with a commitment to improvement through data-driven change, will lead to improvement in community health and a reduction in overall health care costs. In doing so, it is likely the community will increasingly understand the value the EMS agency brings to the community. Investing in community health and improving care

for patients served by the EMS agency is always a good decision.

Reducing Cost of Health Care Services

While participation in outreach efforts is necessary and effective, the EMS agency may be in a position to offer emerging services that will measurably decrease the cost of health care services. Often EMS agencies have patient encounters that other hospitals, clinics and other health care provider services do not have. In addition, EMS agency providers possess a skill set given the environment they work in, the independence they must be proficient in demonstrating while at the same time being proficient at following specific protocols for specific medical conditions they encounter.

These skills can be developed further and used to meet the needs of the patient in a more comprehensive manner through efforts in the arena served by community paramedics. Through analysis of data, understanding of local issues and further developing the skills of paramedics while working closely with the local health care system, innovative options can be developed and provided to patients. Some patients who require frequent hospitalization as well as those who have a high probability of readmission are common focus of emphasis for such developing programs. Nationally developed and accepted curriculum, as well as national credentialing, is available to add credibility to programs.

Other efforts, based on data available, can be focused to change the practice of the EMS agency to reduce costs associated with the delivery of service by the EMS agency.

- Knowing when to staff at specific levels (see Section 1, “*Written Call Schedule*”) has the potential to reduce personnel costs.
- Knowing how to manage supplies and equipment effectively (see Section 9, “*A Sustainable Budget*,” and Section 12, “*Contemporary Equipment and Technology*”) will positively impact expense budgets as equipment is purchased with purpose and maintained for maximum usability.
- Knowing how to manage requests for service to maximize utilization of vehicles and equipment will result in savings as less equipment can be used.

Efforts such as this will impact operational budgets immediately, maximizing efficiency and assuring patient needs are met. Every effort like this begins by collecting, reporting and using the EMS agency’s data within a feedback loop for improvement.



The agency is at a Step 5 when feedback from performance measures is used to drive internal change to: (1) improve the patient experience of care (including quality and satisfaction), (2) improve the health of the community (e.g., success of screenings, education); and (3) reduce the cost of health care services (e.g., reducing EMS costs, and/or utilizing EMS to reduce overall healthcare costs).

Indicators

- (1) An improved patient experience of care,*
- (2) Improved health of the community, and*
- (3) A reduction of the cost of health care services due to internal changes in the EMS system of which the agency is a part*

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 900 Quality Assurance / Quality Improvement Program

Purpose: To outline the Quality Assurance/ Quality Improvement process and assure that SCEMS policies and personnel remain in a constant state of improvement.

900.01 QUALITY ASSURANCE OFFICER:

The Quality Assurance officer is a central figure in ensuring a high quality EMS system. This individual is involved in monitoring and teaching operational concerns and medical protocols. The Quality Assurance Officer's responsibilities are as follows:

1. Involvement in new member selection
2. Involvement in field instructor QA meetings
3. Coordination of field instructor selection
4. Critique of probationary members
5. Performance of run audits
6. Coordination of investigations of incident reports involving medical problems
7. Meeting regularly with the medical director to review all member medical performances
8. Meeting regularly with the director of the service to review the medical director's recommendations and member performance
9. Any other performance of other related tasks as directed by the Chief of EMS

900.02 The Quality Assurance Officer will be appointed by the Chief of Shelby County EMS, subject to the approval of the Medical Director.

901.01 RUN FORM AUDIT:

Run form audits should be done by the QA officer in conjunction with the medical director. The goal is to have every run reviewed.

902.01 **COMPLAINTS**

Complaints from citizens, facilities, public officials and health care professionals will be handled in the following manner.

1. Report of the complaint: The event will be documented on an Administrative Incident Report. This report will include specifics of the event, witnesses, contact information and any supporting documentation.

2. Investigation: The Quality Assurance Officer will conduct an investigation of the matter and provide a report with all pertinent findings and supporting documentation to the Deputy Chief.

3. Resolution: With the findings of the Quality Assurance Officer, the Deputy Chief will contact all involved parties to disseminate findings. Any breach of medical protocols will result in review by the SCEMS Medical Director for determination of outcome. Any violations of SCEMS SOG's will result in discipline as outlined in the SOG's

4. Feedback: Every effort will be made to assure that the complaint scenario will not be repeated. The member will be given the outcome of the findings. If education is needed, the SCEMS Training Officer will be contacted for remediation. The Quality Assurance officer will maintain records of complaints. These records will be periodically reviewed for trending as well as made available to the Chief and Deputy Chief for problem resolution and discipline consideration.

903.01 **INCIDENT REPORTING**

This policy will address the procedures on receiving and filing complaints on SCEMS members.

Listed below are incidents that are required to be reported.

- Abuse to a patient or another member
- Inappropriate patient care
- Careless driving on emergency and nonemergency runs.
- Injury on the job
- Unprofessionalism
- Accident in EMS vehicle
- Equipment damaged or failure
- Vehicle failure

- Exposure to infectious diseases
- Incident that may attract media attention
- Any incident that you are asked to write a statement on for another agency
- Any incident as directed by a supervisor

The incident will be investigated by the Chief or his/her designee by interviewing all parties involved in the investigation. They will gather evidence and statements to present as needed.

All incident reports and complaints will be filed in a secured area by the Chief or Deputy Chief. Trending will be addressed as necessary.

903.01 **CLINICAL PROTOCOL REVIEW**

Clinical Protocol review will be an on-going process by the EMS Medical Director and EMS staff. At a minimum, documentation of protocol review will be maintained every two years. If new protocols are implemented within the two year period, the new protocol will be reviewed on the same date with all other protocols.

906.01 **ANNUAL PERFORMANCE EVALUATION**

All SCEMS members will have a performance evaluation done every year on their anniversary date of hire. This evaluation will cover all areas of their job from skills performance to adherence to policy. The performance evaluation will be done by the individual's immediate supervisor or the Chief or Deputy Chief and forwarded to the Shelby County Director of Human Resources

907.01 **STAFF CREDENTIALING AND REVIEW**

SCEMS has established a staffing review with input and approval from the Medical Director, Chief, Deputy Chief, and Training Officer. These standards shall review paramedic license and emergency medical technician certification, CPR Certification, Advanced Cardiac Life Support, and vehicle operators' licenses at minimum, once per year. Operators' license checks will be conducted annually by the Shelby County Director of Human Resources.

ADDITIONAL RESOURCES

- [Pediatric Readiness Program: Quality Improvement](#)

AGENCY ATTIRE

Objective: *The service will have (a) identifying agency attire, (b) which is adequately protective, (c) purchased by the service, and (d) a written policy which identifies what attire is required and how it is provided, cleaned, maintained and replaced.*



The agency is at Step 1 if the service has no identifying agency attire.



To move to Step 2:

- ✓ *Select type of attire to be used*
- ✓ *Identify what markings should be placed on attire*
- ✓ *Select color and design of agency attire*

Creating a professional image is established partly by how the members appear when conducting EMS agency business. There are many reasons to have identifying service attire for the sake of the patient, as well as the members of the service.

Decisions made in selecting the starting point for adding identifying attire must include the needs of the members and the service. Ease of use and versatility for the member should be considered as well as the image projected by the attire are important. Perhaps a uniform jacket or some form of coverall is a desirable option for members who are called in unexpectedly from other commitments. The color of the attire is important. It is advisable to avoid colors that may cause the patients to confuse the members with personnel of other agencies while at the same time portraying a professional tone and providing high visibility for the members of the agency who will use the attire.

In addition to the type of attire and the color of the attire, a decision is required to determine what markings should be included on the attire. At some point, a professional appearing logo will be beneficial, however, that will require time and expense and does not need to be addressed immediately. To begin marking the attire with the service name or some other generally identified EMS marking will suffice.

Attire can be purchased from a variety of vendors ranging from local shops to international EMS supply companies. Becoming a member of an EMS purchasing co-op may be a value to the service. Having the attire available for members in a pre-determined location for use while conducting service business will enable the members to quickly locate and put on the attire in a timely fashion.



The agency is at Step 2 when the service has identifying attire.

Indicator

Agreement by members of the service, when asked, that the service has identifying attire.



To move to Step 3:

- ✓ *Review and understand safety standards affecting protective clothing for EMS agencies*
- ✓ *Determine which safety issues the agency should address through attire*
- ✓ *Identify what attire is available to meet identified safety issues*
- ✓ *Establish vendor relationships through which attire is purchased*

There are many common-sense considerations to be addressed in regard to safety. Many ideas regarding safety items to be included will be championed by various members of the EMS agency. Individual recommendations and desires need to be verified and balanced by known standards and quality of attire and equipment under consideration. Specific guidelines related to safety – that are written and accepted by the industry – are a wise place to begin establishing safety requirements for the agency attire. Published and industry standards provide an objective standard that has been vetted by the EMS industry.

The National Fire Protection Association (NFPA) and the National Institute for Occupational Safety and Health (NIOSH) are well known sources of information related to specific types of attire – garments, gloves, footwear, face protection, helmets, etc. In addition, most reputable EMS supply companies will know which of their products meet such guidelines and will be helpful in making final selections.

In some EMS agencies, for a variety of reasons, the individual members of the agency are quick to purchase the attire and equipment they think meet their needs individually. The agency has a professional obligation to assure the attire and equipment used meets appropriate safety and serviceability standards used within the industry. Failure to do so may create unwanted and perhaps unrecognized liabilities for the service. After identifying the appropriate standard for the attire and equipment to use, the agency needs to plan for purchasing the equipment so that all members are equally protected to the established standards.



The agency is at Step 3 when there is identifying agency attire, which is adequately protective, but elements of it are purchased by the members.

Indicator

Documentation demonstrating that the identifying attire meets or exceeds protection standards for EMS personnel.



To move to Step 4:

- ✓ *Develop a budget to support the purchase of agency attire*
- ✓ *Purchase the agency attire with agency funds*
- ✓ *Create an inventory of agency attire purchased and issued to agency members*

Having established that the identifying attire meets or exceeds protection standards for EMS personnel in Step 3, the service now needs to be responsible for purchasing the attire for the members. As outlined in Section 9, “*A Sustainable Budget*,” as well as in Section 12, “*Contemporary Equipment and Technology*,” the EMS agency must plan for what attire is needed, how soon each piece needs to be added for the entire membership and how budgeting can support that. Once those pieces are in place, the agency can use the process established in Section 9 to initiate the purchases.

As the attire is distributed to the membership an inventory should be maintained identifying who has been issued what attire and an accompanying document estimating when pieces will need to be replaced, for operational and budgetary purposes.



The agency is at Step 4 when there is identifying EMS agency attire, which is adequately protective, and all of it is purchased by the agency.

Indicator

Documentation demonstrating that all identifying, protective attire is purchased by the service.



To move to Step 5:

- ✓ *Write a policy identifying what attire is required to be used*
- ✓ *Write a policy governing the agency's role in providing attire*
- ✓ *Write a procedure outlining how attire is ordered, received, issued, maintained, and replaced*

Moving through Steps 2-4 has accomplished the goal of establishing and maintaining standard attire for its members' use. Now the work of documenting the specific attire that will be used, as well as how that attire will be provided, cleaned, maintained and replaced must be completed.

Agency members should have input into what they deem as an adequate number of each piece of attire is for each member. Restraint should be exercised, both in the requests made and the decisions to limit how many/how much is issued. Clear guidelines need to be created indicating specifically what will be issued to each member.

It is reasonable that the members will provide general care and cleaning for the attire issued to them. When the attire is soiled with blood, body fluids or other substances that are hazardous or dangerous, the agency needs to have a means in place to allow for the care and cleaning of the attire when it is in need of cleaning beyond general cleaning. The individual members should not be expected to provide cleaning in their home appliances. Special cleaning should be done by a commercial service equipped to handle contaminated attire.

Agency attire should be replaced when it becomes worn or damaged. Attire that is worn or damaged will not protect the member as intended and will project a poor image of the agency to the patient and the public served. Often, the replacement standards, although written to reflect intent, must rely on good judgment and common sense. If a member of the agency is dissatisfied with the condition of their attire, there are many good reasons to seriously consider replacing it, not the least of which is the members' pride in the organization and service provided.



The agency is at a Step 5 when there is identifying EMS agency attire, which is adequately protective and purchased by the agency, and a written policy identifies what attire is required and how it is to be provided, cleaned, maintained and replaced.

Indicator

A written policy that identifies what attire is required and how it is provided, cleaned, maintained and replaced.

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Title:	Uniform and Appearance
Policy:	105.00
Purpose:	The purpose of this policy is to establish the official Okaloosa County E.M.S. uniform and personal appearance standards.

Policy:

Personal Hygiene

All county Employees are expected to meet the following standards with respect to personal grooming and hygiene upkeep, to include but not limited to;

1. Consistent bathing and oral hygiene,
2. No use of heavily-scented perfumes, colognes or lotions,
3. Clean, well-groomed hair (no artificial colors outside the norm);
4. Beards, moustaches, goatees and sideburns will be kept at or above the jawline to facilitate a clean respirator seal (no artificial colors outside the norm)

Dress and Appearance

Emergency Medical Services operations employees are required to wear their issued uniform while on duty. Failure to wear the specified uniform may result in being sent home without pay in addition to disciplinary action. Repeated violations of this policy may result in termination of employment.

Please note that no additional items are to be worn beyond those specified below or as listed in the County Policy Manual.

Approved Uniform for Field Personnel:

1. County issued pants, shirt (all shirt buttons will be fastened except for the top-most button).
2. Black uniform belt with plain silver buckle (provided by the employee).
3. Black, high-top boots, cleaned and polished (provided by the county).
4. Plain undershirt, either V-neck or crew neck style (no lettering). No other style of undershirt is authorized (such as half-cut, tank style, sports-bra, etc.).
5. Coat as supplied by OCEMS.
6. At least one clean spare uniform should be available on shift, in case of contamination.
7. Issued jumpsuits may be worn from dusk to dawn, but only if both crew members are wearing a jumpsuit. Non-matching uniforms on the same unit are prohibited except as approved by the EMS Shift Supervisor. A white or navy undershirt must be worn under the jumpsuit. The regular duty uniform should be worn during the dawn to dusk hours every day.
8. Excessive jewelry is prohibited. Authorized items include watch, rings (no more than 3), and necklaces (must be tucked inside of shirt and out of view). Earrings must be conservative in nature (stud-type, maximum of 3mm in diameter) and no more than one pair may be worn while on duty. Other piercings (eyebrows, nose, tongue, etc.) shall not have visible jewelry in place while on duty. Rings and/or fingernails that interfere with the donning of gloves or limit manual dexterity are not allowed. Nail color should be of a neutral tone with no extreme design or bright fluorescent colored polish.
9. Tattoos shall be covered from view while on duty. Tattoos on the face and neck are prohibited.

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

10. Prescription and non-prescription eyewear worn on duty will be conservative in nature. The only non-prescription eyewear to be worn inside of a patient care facility or patient's residence will be protective eyewear.
11. Hair will be neat in appearance. Long hair must be worn up or tied back while on a call.
12. Employees are responsible for keeping uniforms in good condition and replacing uniforms as needed beyond the annual allotment. OCEMS crews will maintain a professional image at all time while representing the organization. If a uniform becomes damaged, to include fading, contact the on-duty supervisor as soon as possible. The supervisor will determine the need for uniform replacement. If it is determined the employee uniform is damaged due to neglect on the part of the employee, the employee may be responsible for the cost to replace the uniform.
13. Employees are required to sign for all issued items. When new issue arrives, employees will be sent an e-mail by Logistics with a 'cc' to the Commanders. New issue must be picked up within 2 weeks.
14. Upon termination, ex-employees have 15 days to return all uniform issue to Logistics. If issue is unreturned, Okaloosa County EMS will hold final pay checks. Okaloosa County EMS will file theft charges with the Okaloosa County Sheriff's Office if there is no final check to hold.

Accountability and Compliance:

1. It is the responsibility of each employee to acquire and maintain the appropriate uniform.
2. Each employee will ensure that their personal hygiene is above board.
3. Each employee will ensure that they carry a spare uniform at all times.
4. Each employee will ensure that they have the appropriate PPE at all times.
5. It is the responsibility of the shift commanders to enforce the dress code as outlined.
6. Shift commanders will document any counseling with employees and attach of a copy to the employee's folder for their annual evaluation.

Policy #: 105.00
CAAS: 106.07.01
Author: Bailey
Reviewed: Leadership
Approved: Leadership
Status: Active
Effective Date: 10/01/08
Revision Date: 02/26/16



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

Section 100 - Management & Administration

General Rules & Administration - 100.00		
S.O.P. # 100.07	Uniform Policy	PAGE: 1 OF 9
EFFECTIVE: 12/01/2003	Authorized: John Filer, Chief	
REVISED: 07/01/2018	Authorized: William Stephens, Director	

100.07.01 Purpose

The purpose of this SOP is to establish policy and procedures for the issuance, composition, presentation, appearance, replacement and return of Charles County Department of Emergency Services (CCDES) uniforms and service apparel.

100.07.02 Applicability

This SOP applies to all sworn employees of the department.

100.07.03 Definitions

1. **ALS Certification/Specialty Team/Station Emblems:** Categories of officially approved emblems and patches that may be issued or purchased by the employee.
2. **Approved:** A uniform item that complies with all CCDES Policies and Directives and is specifically authorized by the Director or his/her designee.
3. **Class A Uniform:** This is the CCDES dress uniform (exempt Animal Control), consisting of the following issued items: Cap and cap shield, dress blouse, long sleeve dress shirt (white for officers), tie, tie tack, dress gloves, dress trouser, belt and dress shoes. The Class A Uniform includes the appropriate department shield, name plate, lapel pins and collar insignias. The Class A Uniform may also include a raincoat if issued.
4. **Class B Uniform:** This uniform includes all of the items in a Class A Uniform minus the dress blouse and dress cap. The dress shirt of the Class B Uniform is navy blue and/or white for officers.
5. **Class C Uniform:** This is the working uniform for all ranks within CCDES, with exceptions as indicated in this policy. The Class C Uniform shall be worn between the hours of 0700-1700. The Class C Uniform includes the following issued items:
 - i. Navy blue polo shirt with issued navy t-shirt underneath (white for officers)
 - ii. Navy blue EMS utility trouser
 - iii. Black duty belt
 - iv. Navy or black socks



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- v. Black leather safety boots (must be issued or approved through County Safety Officer)
 - vi. An issued navy job-shirt, sweater, wind shirt or navy sweat shirt may be worn over the issued navy polo or navy t-shirt if the employee feels the need for additional clothing layers.
6. **Class D Uniform (Plain Clothes):** This uniform has two (2) sub-classes; *Business Attire* and *Business Casual Attire*. Employees may wear when necessary and with the permission of the Department Head or Division Chief, a Class D Uniform while attending public functions at which a Class D Uniform is the uniform of the day and they are representing CCDES.
 - i. **Business Attire:** Includes suits, dresses, sport coats, blazers, shirt and ties, dress slacks and dress shoes.
 - ii. **Business Casual Attire:** Includes button-down or golf style shirts, khaki slacks, skirts and shoes or sneakers.
7. **Class E Uniform:** This uniform class consists of the issued jump suit, issued navy t-shirt, authorized athletic shorts, authorized athletic pants, and authorized athletic shoes. Authorized athletic wear includes solid or striped, navy or black colored physical fitness shorts or pants. Athletic shorts must be appropriately sized and loose in fit. Employees may wear the Class E Uniform while participating in physical fitness training and for activities approved by the Medical Duty Officer to include station work details, apparatus or lawn maintenance, etc.
8. **Distributed/Issued:** The means by which the CCDES Logistics Section conveys approved uniform items and apparel that are purchased with County funds.
9. **Employee Purchased Apparel:** An item of approved apparel purchased solely with employee funds. These items may include but are not limited to job shirts, alternative footwear, turtle necks, mock turtle necks, thermal undergarments, et. al.
10. **Insignia:** Approved adornments indicating rank, awards, accomplishments or special affiliation. Included in this definition are nameplates, collar pins, special qualification pins, badges and meritorious service awards.
11. **Local 4658 Logo:** The official logo of the Professional Paramedics and EMT's of Charles County, MD as authorized by Local 4658. This logo may be incorporated onto approved uniform items as described in the IAFF 4658 Contract Agreement. Said uniform items are authorized by the Director.
12. **Negligence:** An individual's failure to exercise reasonable care.
13. **Optional Apparel:** Items or apparel approved by the Director or Division Chief published in *Appendix D, Charles County Optional Apparel List* that may be purchased by the employee and worn as part of the approved employee's uniform under certain conditions, and/or specific times as described below:



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- i. **Mock Turtleneck, Turtleneck, Thermal and Long Sleeve Base Layer Undershirts:** This shirt may be worn under any approved long sleeve shirt. This shirt **will not** be worn in place of the uniform shirt, nor can it be worn as the outermost garment. It may be worn with the Class E Uniform either as a substitute for the t-shirt or under the issued sweat shirt. This garment **must be** either navy blue or black in color.
 - ii. **Hats and Caps:** Employees may wear any approved baseball style hat or approved stocking/knit winter cap while on-duty and when weather dictates. When worn, the bill of the approved baseball style hat must be worn in the face forward position. Baseball and stocking/knit caps may not be worn when meeting the public during non-emergency situations.
 - iii. **Optional Footwear:** Normally, duty boots and shoes are provided as part of the standard issue uniform ensemble. However, instead of receiving the issued duty boot or uniform shoes, an employee may choose to purchase an alternate style or brand of boot or shoe. If an employee chooses to purchase alternative footwear, that footwear must meet the same safety standards as the issued boot or shoe it is replacing, must be black in color and capable of being shined. The employee will be reimbursed for the purchase price of the duty boot and or uniform shoe not to exceed the rate of:
 - **Duty Boots - \$200.00**
 - **Uniform Shoe - \$90.00**The Department Safety Officer must approve the purchase of any alternative footwear by an employee.
 - iv. **Polo Style Shirts:** This is a navy blue polo style shirt that must be logoed and branded in the exact same manner and fashion of the issued polo style shirt.
 - v. **EMS/BDU Pant:** This is a navy blue "EMS" or "BDU" style pant that is similar in appearance, make and function to the issued EMS utility pant.
14. **On-duty:** Status indicating a CCDES employee is in pay status, performing a work substitution, or otherwise officially representing CCDES.
15. **Patch or Emblem:** An identifying label affixed to a uniform jacket, shirt or blouse indicating an employee's membership on a specialty team, certification or other assignment as specifically approved by the Director.
16. **Standard Issue Apparel:** Category of specific items or uniform clothing allowance issued to CCDES employees on an eighteen (18) month cycle or as needed through regular wear and tear.
17. **Uniform:** CCDES attire. Approved by the Division Chief and Director, consisting of items/articles of clothing, insignia and apparel issued or distributed by CCDES. Optional Apparel may be purchased by the employee so long as the item purchased meets the criteria defined in *Optional Apparel* of this SOP.
18. **Uniform End of Service Declaration Form:** The *Uniform End of Service Declaration Form (Attachment U)* is the form an employee and supervisor utilize to document and declare an issued uniform item unserviceable.



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

19. **Uniform Requisition Form:** The *DES Uniform Requisition Form (Attachment T)* is the form which an employee completes and submits to their supervisor when they need to repair or replace an issued uniform or apparel item.
20. **Uniform Voucher:** The *DES Uniform Voucher* is the form which is issued to the employee by the Logistics Officer when needed uniform or apparel items are not kept in stock. The DES Uniform Voucher is presented to the articulated vendor by the employee for completion.

100.07.04 Policy

1. All issued uniform items and apparel shall remain the property of Charles County Government and must be returned upon the employee's separation of service or as the uniform items/apparel are retired from useful service.
2. Uniforms must be worn in compliance with this policy.
3. When requested by the Chief and/or his/her designee, employees must produce issued uniform items and equipment.
4. Employees must wear or display only the approved items defined in this policy and must maintain uniform items in compliance with this policy.
5. All on-duty personnel must wear the appropriate class of uniform as established by this policy.
6. Employees shall be clean, neat and presentable at all times. The duty supervisor will determine the acceptable presentation of uniform.
7. Shirts will be tucked while on-duty.
8. Duty boots and/or uniform shoes will be laced up and/or zipped up and shined while on-duty.
9. The issued duty belt will be worn while on-duty.
10. Issued uniform articles are to be worn during on-duty hours or when representing the Department; and not be worn for external department activities (i.e., secondary employment and or volunteer service).
11. Issued uniform jumpsuits must be worn in such a way that they are zipped no less than five (5) to six (6) inches below the collar line. It is unacceptable for personnel to wear or present their issued jumpsuits tied around the waist.
12. Alternative non-issued accessories such as collar pins, nametags, etc...may be worn with the approval of the Division Chief or the Director.
13. Employees are prohibited from consuming alcoholic beverages while wearing or displaying any part of the issued uniform.
14. Employees must comply with the *Code of Ethics and Personnel Conduct Policy* while wearing or displaying any part of the issued uniform.
15. Employees who have been suspended or relieved from duty **shall not** wear or display any part of the issued uniform unless attending a required or authorized CCDES or CCG meeting or hearing.
16. Employees must use an indelible pen to mark uniform items with their department identification number. These markings must not be visible on the outside of the uniform.
17. Employees are prohibited from modifying or altering issued uniforms and apparel in any way that does not comply with the provisions of this policy.



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

18. Newly issued items that do not fit properly must be returned to the logistics officer within thirty (30) days of issuance. The employee must provide the logistics officer with the reason the articles/items are being returned.
19. Based on seasonal weather, there will be a uniform transition from long sleeve to short sleeve uniform shirts and vice versa as follows:
 - i. Short sleeve uniform shirts may be worn when the ambient outdoor temperature is predicted to be 60 to 65 degrees Fahrenheit and above.
 - ii. Long sleeve uniform shirts may be worn when the ambient outdoor temperature is predicted to be 60 to 65 degrees Fahrenheit and below.
 - iii. The issued t-shirt may be worn in substitution of the aforementioned short sleeve uniform shirt when the outdoor temperature is 80 degrees Fahrenheit and above.

100.07.05 Reporting Procedures for Lost, Stolen, Poorly Fitted or Damaged Uniforms

1. When any uniform component is discovered to be lost, stolen, poorly fitted or damaged, the employee must report this fact to their supervisor. The supervisor will then investigate the circumstances and determine who is responsible. If the loss or damage is the result of an employee's negligence, as defined in this policy, the employee will be responsible for the replacement or repair of the item.
2. An employee must complete a *Uniform Requisition Form* and submit it to their supervisor in order to begin the uniform replacement or repair process. Stolen items valued at \$100 or more must be reported to the law enforcement agency having jurisdiction. A copy of the police report must accompany the *Uniform Requisition Form*.
3. An employee is required to complete a *Uniform Requisition Form* any time the replacement of lost, stolen, damaged, unserviceable or miss fitting uniform articles are required. An employee **is not** required to complete a *Uniform Requisition Voucher* for newly issued uniform items and apparel.
4. If a uniform article or item is determined to be unserviceable by a supervisor or logistics officer, both the supervisor and the employee should make documentation of such on a *Uniform End of Service Declaration Form*. The supervisor will then return the unserviceable articles/items to the logistics officer who will verify that the articles/items are in fact unserviceable. If the articles/items are deemed unserviceable then said articles/items will be disposed of appropriately.
5. Damaged or unserviceable uniform items and apparel must be disposed of in the proper manner. The proper manner for uniform disposal shall be:
 - a. Complete a *Uniform End of Service Declaration Form* for the article being disposed of,
 - b. Remove of all patches, emblems and insignia;
 - c. Shred the uniform item or article in an manner so that it may no longer be worn by another individual;
 - d. Throw the shredded garment into the dumpster or trash.



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

100.07.06 Insignias, Emblems, Badges & Service Awards

1. Insignia, buttons, badges and belt buckles for officers are gold in color. Insignia, buttons, badges and belt buckles for all other employees are silver in color. The specifications for rank insignia are described as follows:

RANK	INSIGNIA
Chief	Gold Cluster of 5 Bugles
Assistant Chief	Gold Cluster of 4 Bugles
Captain	Two Vertical Gold Bars
Lieutenant	A Single Vertical Gold Bar

2. Sleeve stripes for uniform blouses are gold. Each sleeve stripe is ¼" wide and sewn to the circumference of the lower sleeve on each arm of the uniform blouse. Officers must appoint their uniform blouses with striping as follows:

RANK	STRIPPING
Chief	5 Stripes, ¼" Wide
Assistant Chief	4 Stripes, ¼" Wide
Captain	2 Stripes, ¼" Wide
Lieutenant	1 Stripe, ¼" Wide

3. An approved emblem/patch may be worn on the right sleeve of the class B uniform shirt and/or job shirt. To display the approved patch, the employee must be currently affiliated with the group, team or assignment indicated by the patch. An employee may not wear more than two emblems/patches on the uniform shirt, i.e. one emblem/patch on each sleeve. The CCDES emblem/patch **must be** worn on the left sleeve.
4. The ALS certification/specialty team emblem/patch may be worn only when an employee maintains their Charles County ALS certification or is assigned to a specialty team. All ALS certifications/specialty team emblems/patches must be approved by the Director. These emblems/patches may be worn only on the right sleeve of the class B button front uniform shirt, job shirt and/or BDU Shirt (specialty team members only). The approved specialty teams are:
 - i. Hazardous Materials Team
 - ii. Tactical EMS Team
 - iii. Marine Unit
 - iv. Ambulance Strike Team
 - v. Critical Incident Stress Debriefing Team
 - vi. Unmanned Aerial Systems Team
5. Service award pins for years of service or meritorious service are approved by the Director. Service award pins are worn above the name plate on the class A uniform shirt and blouse and on the class B button up uniform shirt. Service award pins are worn at a maximum of three (3) awards across the top of the name plate and as many rows up as



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

needed. See **Appendix C** (*Charles County DES Uniform Standard*) for detailed presentation instructions.

6. Specialty team pins are those pins earned by being a member of an approved specialty team. Those pins may be displayed on the pocket flap of the right chest pocket below the name plate of the class A uniform shirt and blouse and on the class B button up uniform shirt. A specialty team member may only wear one (1) specialty team pin per shirt. See **Appendix C** (*Charles County DES Uniform Standard*) for detailed presentation instructions.
7. Employees shall be permitted to wear a pin, patch/embroidery, and/or a t-shirt showing their affiliation with IAFF Local 4658 on official uniform items, subject to the Director's approval.

100.07.07 Responsibilities

1. **Employees** must clean and maintain issued uniforms and insignia according to the manufacturer's instructions.
2. **Employees** must comply with the uniform issuance schedule as needed for routine replacement.
3. An **employee** who has been promoted must report to the logistics officer to obtain needed uniform items as soon as reasonably possible. Previously issued insignia must be remitted to the logistics officer upon request.
4. **Employees** are responsible for changing out patches that are not of initial standard issue at their own expense.
5. Due to the inherent and potentially "messy" nature of our business it is recommended that **all personnel** keep a spare uniform or jumpsuit in their station locker.
6. **Supervisors** or senior ranking officers are responsible for insuring that those whom they supervise comply with this policy.
7. **The Director** and/or his/her designee shall have the authority to establish or change uniform standards or policies as deemed necessary.

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Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

100.07.08 Minimum Standard Issue Uniform Items

Each employee will be issued the following standard issue uniform items and apparel at the initial point of employment.

Uniform Item	Color	Quantity
Class B Uniform Shirt	Navy*	1 Short Sleeve
Class B Uniform Shirt	Navy*	1 Long Sleeve
Class B Uniform Pant	Navy	2
Class C Uniform Shirt	Navy*	4 Short Sleeve
Class C Uniform Pant	Navy	3
Job Shirt	Navy	2
Wind Shirt (Optional)	Navy	1
Tactical Duty Belt	Black	1
Leather Duty Belt	Black	1
Leather Duty Boots	Black	1 pair
All-Weather Duty Jacket	Hi-Vis	1
Uniform T-shirt	Navy	5
Duty Ball Cap	Navy	1
Cold Weather Fleece Cap	Black	1
Name Plate	Silver*	2
CCG Collar Pins	Silver*	2 pair
DES Badge	Silver*	2
Duty Jumpsuit	Navy	1

*Note: White shirts and gold badges/insignia as per this policy are issued to officers.

At the employee's one (1) year anniversary, the employee will receive a uniform voucher for the Department **Class A Uniform** consisting of:

Uniform Item	Color	Quantity
Class A Uniform Shirt	Light Blue*	1 Long Sleeve
Class A Uniform Pant	Navy	1
Class A Uniform Blouse	Navy	1
Class A Uniform Cap	Navy	1
Leather Uniform Belt	Black	1
Academy Oxford Shoes	High Gloss Black	1 pair
Name Plate	Silver*	1
CCG Collar Pins	Silver*	1 pair
DES Hat Badge	Silver*	1
Presentation Gloves	White	1 pair

The *Charles County DES Uniform Standard (Appendix C)* may be referenced for a complete visual depiction and standards of presentation of the uniform for which the employee is required to wear.



Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

100.07.09 Women's Alternate Class A Uniform

1. In order to better suit the comfort, fit and functional appearance of the Class A Uniform, women may substitute the following:
 - a. **Skirt** - Must be straight or "A-line" and match the color and fabric of the dress blouse. The length may range from 1-1/2 inches to above to 1-1/2 inches below the crease of the knee.
 - b. **Shoes** - Plain black dress pumps made of smooth or synthetic leather and closed heels and toes is acceptable. The heel shall not exceed 2-5/8 inches in length. The sole shall be no thicker than 1/4 inch. Wedge heels are not authorized. No ornamentation such as buckles, bows and straps are permitted. Toes must not have extreme points or be squared.
 - c. **Hosiery** - Must be made of nylon, commercial and of a neutral flesh tone that compliments the individual's skin tone. Hosiery must be seamless and free of patterns or decorations.
2. Substitutions outside of the aforementioned guidelines are not in compliance with this policy.

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 600 Uniform Policy

Purpose: To provide a positive and professional appearance in all SCEMS personnel

600.01 **Introduction:**

It shall be the duty of all members of SCEMS to be attired in like fashion. Uniforms, other than those listed in this document, shall only be worn with approval of the Chief. All personnel shall adhere to the Shelby County Administrative Code of Personal Conduct. These items are the property of SCEMS and must be returned upon termination of employment with the service.

At the start of the shift, all members shall be in proper uniform, well groomed, and with due regard to personal hygiene. All members will wear full uniform on all calls and details unless otherwise directed by their supervisor.

Uniform styles will be broken down into the following:

Class A Uniform- Honor Guard and Command uniform to include coat and tie.

Class B Uniform - Standard EMS uniform. White or blue uniform shirt with metal or sewn on insignia. Navy blue EMT style pants.

Class C Uniform- Job shirt, or SCEMS issued T-shirt.

600.02 **CLASS A UNIFORMS:**

The class A uniform is issued to all Command Staff and Honor Guard Personnel. It consists of a double breasted, navy blue jacket, matching pants with yellow/ white vertical stripe and officer's cap. Insignia will be worn as follows:

White dress shirt- Will display Shelby County EMS Patches on both sleeves.

Belt- Nylon type with metal buckle

Shoes- Patent leather dress type shoe.

Dress Coat Insignia

Rank Insignia- Officers will display their rank on the upper lapel, centered $\frac{3}{4}$ Inch from edge. EMT's and Paramedics will display the round Caduceus symbol.

Name plate- Jacket or shirt. Worn centered; top stitch on left breast pocket.

County Seal Pin- Jacket or shirt. Worn Centered on right breast pocket beneath service awards.

Service stars – Worn on left lateral jacket sleeve. Each star signifies five years of service

EMS Memorial Oak Leaf- Worn on EMS jacket, centered on right side lapel. Worn by individuals that have attended the National EMS Memorial Service.

Sleeve piping- Horizontal bands around each arm at the cuff. Gold is for officers and silver for Paramedics/ EMT's. The number of bands will be broken down as follows:

- 1- Honor Guard Commander
- 2- Sergeants
- 3- Captains
- 4- Deputy Chief
- 5- Chief

Brimmed cover (Air Force style) – Navy blue with gold trim. Chief and Deputy Chief will display a white top half and officers decoration on the bill.

600.03

CLASS B AND C UNIFORMS:

Uniforms are provided for the member by SCEMS. These items are:

1. Two (2) medium blue button down shirts (short sleeve).
 - A. Part time personnel will receive one (1) pair.
2. Two (2) medium blue button down shirts (long sleeve),
 - A. Part time personnel will receive one (1) pair.
 - B. Captains, Deputy Chief and Chief will be wear white button down shirts.

3. Two (2) pairs of navy blue EMT style long pants.
 - A. Part time personnel will receive one (1) pair.
4. One (1) navy blue long sleeve "job" shirt
5. One (1) winter coat with liner
6. Two (2) navy blue short sleeve T-shirts with SCEMS logo
7. One (1) pair of steel/ composite shank work boots, black in color.
8. One (1) navy blue baseball style cap with SCEMS logo. Hats are an optional wear item. Only SCEMS Issued hats will be worn.
9. Toboggan/ watch cap- SCEMS issue only
10. Jackets- Provided by SCEMS. This is the only jacket approved for wear while on duty.

BELT:

The belt shall be black leather in color and style. It may have a buckle, gold in color. Last resort type nylon belts are acceptable.

SHOE'S/BOOTS:

Boots shall be worn while on duty. Exceptions will be made if a valid medical reason exists to limit wearing of boots and with appropriate documentation. The boots are issued through the Service. Boots must be clean and kept polished.

PATCHES:

Only the SCEMS patch may be worn on the uniform. Only SCEMS members are to wear any garment with the SCEMS patch or logo on it. SRT personnel may wear one specialty patch in place of the service patch on the right sleeve.

PERMISSIBLE INSIGNIAS:

Specialized unit or other as approved by the Chief.

NAME TAPES AND PLATES:

The uniform name tape shall consist of first initial, period, with complete last name, i.e. J. Smith. The uniform name tape shall consist of a Navy blue name tape, letters silver in color (unless an officer in which the color shall be gold). Name plates will be silver in color with black letters for EMS members. Officers will be gold with black lettering.

COLLAR EMBLEMS:

Supervisors will have a 1 inch insignia of their appropriate rank: Silver “EMS” tabs on both collars for Paramedic and EMT’s. Insignia will be worn ¾ inch from collar edge and parallel with collar stitching.

LONG UNDERWEAR:

Long underwear is permitted according to individual preference. No part of the garment will be visible outside of overlaying uniform items.

GLOVES:

Must be black in color.

SCARF:

Black in color, no ornamentation designs or excessive fringe/tassels will be permitted. The scarf is subject to the supervisors approval.

RAINCOAT:

Yellow/ reflective in color. The coat will be ¾ length with reflective stripe optional. The reflective stripe shall be silver in color, around the bottom of the coat, cape, and at the cuffs.

ACCESSORIES:

Belt holster kits: This optional item must be black in color. It should contain pertinent medical/extrication equipment and must be approved by the shift supervisor.

Radio holsters: Will be black in color.

Socks: Black socks must be worn with low cut shoes.

T- shirts: Must be worn with all uniforms. It shall be navy blue in color, with a crew type neck. The neck of the tee shirt must be visible while in summer uniform. Officers wearing white shirts shall wear a white T-shirt beneath the class B uniform.

SERVICE /AWARD PINS

Service / Award pins shall be worn on class A uniforms only. They are worn centered on the right chest above the right pocket. They will be worn in a two or three line row from left to right in the order received. If the American flag is displayed, it will be at the right, top most position. Pin categories include:

Valor- Awarded by the Chief for demonstrating a strength of mind or sprit that enables a person to encounter danger with firmness.

Heroism-Awarded by the Chief for personnel exhibiting conduct that demonstrates a selfless act to attain a noble end.

Meritorious Service- Awarded by the Chief for persons distinguishing themselves for outstanding achievement or service to SCEMS.

Lifesaving- Awarded by the Chief for service that results in a life being saved. Examples include; resuscitations that are discharged or any clear example where intervention by SCEMS personnel result in a positive outcome where the result would have normally been death.

Commendation- Awarded by the Chief of SCEMS for noteworthy actions.

Child birth- Awarded for delivery of an infant of viable age.

Line of duty injury - Awarded by the Chief for Injuries received in the line of duty. Must not be secondary to injuries received in violation of an SOG or safety policy.

Field Training Officer (FTO) Awarded to individuals who have completed the SCEMS Preceptor program and successfully precepted one student.

Special Response Team (SRT)- Awarded to members on the SCEMS Special Response Team after completion of the probationary period.

Honor Guard- Awarded to members of the SCEMS Honor Guard after completion of the probationary period.

Critical Care Paramedic- Awarded by the Chief of SCEMS for individuals that have completed a certified program and recognized by the Kentucky Board of EMS as a critical care paramedic.

601.01 **UNIFORM REPLACEMENT:**

When uniforms or equipment are damaged or worn in the course of duty, the following procedures will be followed:

- A. The immediate supervisor will inspect the damaged / worn garment,
- B. The immediate supervisor will write a recommendation to the chief or his/her designee,
- C. Arrangements will be made to provide the member with replacement items.
- D. An inventory form will be completed when the item is replaced.
- E. The uniform item will be removed from service and not utilized again.

602.01 **APPEARANCE AND GROOMING:**

Male:

Hair will be neatly trimmed and tapered to the side of the head and to the back of the neck so as not to touch the top of the shirt collar.

Hair will be neatly trimmed over the ears.

Sideburns will be neatly trimmed and will not extend below the lower opening of the ear and will not extend forward at their lowest point.

Mustaches will not extend down over the upper lip or past the top of the lower lip. They must be kept trimmed at all times.

Beards are not permitted. Additionally, personnel will report for duty clean shaven.

Cologne may be worn in moderation.

Jewelry shall not be worn in a fashion as to interfere with the efficiency of the job. Members shall not wear jewelry that creates a safety hazard

such as entanglement or interfering with personal protective equipment. No visible necklaces or bracelets will be worn while in uniform.

Ear rings or visible piercings are not permitted.

Female:

Hair will be worn secured to the top of the head or short enough as not to touch the top of the shirt collar. If bangs are worn, they must be at least one inch off of the eyebrows and no hair will be worn on the side of the face extending down over the ears.

Make-up may be worn while in uniform but it must be lightly colored and should give as natural appearance as possible.

Perfume may be worn in moderation.

Jewelry shall not be worn in a fashion as to interfere with the efficiency of the job. Members shall not wear jewelry that creates a safety hazard such as entanglement or interfering with personal protective equipment. No visible necklaces or bracelets will be worn while in uniform. Ear rings may be worn in the form of one set of post type earrings. No hoop or dangling style earrings shall be worn. Other visible piercings are not permitted.

603.01 **INSPECTIONS:**

Inspections will be conducted for all uniformed members to include, but not limited to, grooming, uniform, physical hygiene and accessory equipment. If unacceptable deviations from SOG's are discovered the member may be sent home by the supervisor either as disciplinary action or to correct the problem. It shall be the member's responsibility to report uniform needs or problems to their immediate supervisor.

604.01 **OPERATIONAL CHANGES OF UNIFORM:**

Uniform changes will be at the discretion of the SCEMS chief. All personnel will be attired in a like fashion.

604.02 Inclement weather wear will be at the discretion of the shift supervisor. This should be the exception and not the rule to the uniform policy.

- 604.03 The SCEMS issued job shirt or T-shirt may be worn after 1900 hours to facilitate response. Job shirts worn between 0700 and 1900 hours will be individual preference and only over the Class B uniform.
- 604.04 Detail uniforms will be at the discretion of the Chief or Deputy Chief. Details include: fairs, educational offerings, meetings, etc. The detail uniform will consist of the navy blue EMT style pants and SCEMS issued grey golf shirt over the navy blue T-shirt.

A COMMUNITY-BASED AND REPRESENTATIVE BOARD

Objective: *The agency will have a community-based and representative board made up of voting members comprised of (a) elected officials, (b) hospital leadership staff, (c) governmental administrator(s), (d) a business, financial member, and (e) at least one engaged patient representative.*



The agency is at Step 1 when no there is no formal board oversight.



To move to Step 2:

- ✓ *Establish a charter*
- ✓ *Identify members of the board*

Without a formal oversight board, the agency will likely mature and develop only in areas that are apparent to agency members. Without the advantage of a community-based and representative board, accountability to the patients and communities served will lack transparency and credibility with those groups, and miss the opportunity to engage those groups in maintaining, improving and sustaining the agency.

Establishing a Charter

Moving from a position of no formal board oversight to some form of board oversight is a monumental step. The first actions an agency needs to take to establish an oversight board include (1) establishing a charter for the oversight board, and then (2) identifying who may be asked to be board members.

Among the most significant purposes for an oversight board are to enable key stakeholders in the community to understand, review, provide insights and effectively make recommendations to improve the care the agency provides. All involved must understand the purpose and vision of the board so that the board functions effectively. Having the purpose of the oversight board clearly documented will provide the direction needed for an effective board.

Initially, key stakeholders of the agency should collaborate to establish the purpose of the oversight board. The initial goal is to establish boundaries for the board that will be meaningful but will not overwhelm the oversight board or leave it functionally useless. Such meaningful topics, issues and situations must be carefully and thoughtfully included in the board's span of oversight after careful deliberation. It may be reasonable to begin the oversight effort by encouraging the focus of the oversight board to be on specific operational parameters of the agency such as "out of chute" times, length of on-call shifts, public perception of the agency or

other topics that impact patient care. With time, board will mature to have full oversight responsibility for the agency, including the agency's most complex aspects.

The length of the term for each board member should be clearly stated (one year, two years, three years, etc.). When possible, oversight board member terms should be staggered so all board members do not have their terms expire in the same year. This may necessitate establishing initial terms of different lengths as well as having the agency members leave the board at tiered times rather than all at once.

It may be helpful to have an outsider, someone who is an even-handed third party with experience related to working with oversight boards to help the key stakeholders of the agency as they establish a board charter. This may help the key stakeholders think beyond their personal comfort zone when establishing boundaries for the board. Much information can be found through Internet searches on topics such as "EMS Oversight Boards." An example can be found here: [EMS Oversight Board Example](#)

Identifying Members

Initially, members of the agency can make up the oversight board, recognizing they are individuals who are familiar with the agency and its work. In time, the composition of the oversight board will be changed to capitalize on insights and expertise from people outside the agency.

Selection of internal members should result in having a group of five to seven members, representative of the agency's entire membership (age, time with the agency, gender, certification level, etc.). How the agency determines who will be asked to serve will vary from agency to agency. Perhaps the officers of the agency will ask the membership to provide a list of several names from which the officers will make selections. Perhaps an invitation will be made to all members to express their interest and why they are interested, and members will be selected by the officers. Another option is to have the membership elect a steering group from within the membership to identify and select the initial group.

Once selected, the newly formed oversight board will be convened. Two things of importance to assure effective function of the board need to be addressed at the first meeting. The oversight board needs to select a chair and a secretary to create structure for administration of the meetings. Second, someone who was deeply involved in establishing the charter for the oversight board must present the charter to the board and answer questions as the board learns its roles and responsibilities.



The agency is at Step 2 when the board consists of internal EMS agency members only.

Indicators

- (1) A charter for the oversight board,*
- (2) A list of internal members who serve on the oversight board, and*
- (3) The oversight board will have met and conducted business, producing meeting minutes.*



To move to Step 3:

- ✓ *Identify community sectors to replace internal members*
- ✓ *Identify who will reach out to potential members*
- ✓ *Obtain commitment from new board members*
- ✓ *Conduct new board member orientation*

Having accomplished the significant, foundational stage of establishing an oversight board in the previous step, attention should now be turned to expanding and/or replacing internal members of the oversight board with other members. The oversight board should consider what sectors of the community would provide high value to the oversight board. It is never a poor decision to again engage frontline team members for recommendations on who might serve well on the oversight board. Sources of such value have been shown to be elected officials (city council member, county board member, public safety commission member, not-for-profit corporate board, etc.), leadership and/or staff from within a hospital served (manager responsible for emergency services, staff RN from the emergency department, the hospital administrator or someone from the hospital administrator’s office), or an administrator from a specific governmental unit (e.g., city or county administrator, public safety director.) It remains the oversight board’s responsibility to expand the board.

The board should determine which potential external members of the oversight board will be contacted, who will contact them and what the standard message or presentation to the potential members will be. It is important that all potential members receive the same background information and vision detail so they begin at about the same level of understanding. It is not advisable that it becomes the job of one individual to take this responsibility or recruiting on single-handedly. All members of the members-only oversight board should have equal ownership in finding the new members.

Once the potential board members have been contacted, informed of their duties and have committed to serving, a new board member orientation session should be held.



The agency is at Step 3 when voting board members are from the EMS agency AND some combination of elected officials, hospital leadership/staff, and/or governmental administrators.

Indicator

A list of oversight board members made up of members from the agency and some combination of elected officials, hospital leadership/staff, and/or governmental administrators.



To move to Step 4:

- ✓ *Set timeline for transition to all-external board members*
- ✓ *Recruit board member with financial expertise*
- ✓ *Conduct new board member orientation*

At some point external oversight board members will completely replace agency members on the board. As noted, this may be accomplished by transitioning in external members while releasing the agency members from their responsibilities on the oversight board over a period of time intentionally set and carefully followed. The entire oversight board is responsible for determining the pace with which this transition should occur, but it should not be unnecessarily delayed. It is important to remember that the oversight board, once it is comprised of only external voting members, still has the option of asking for specific operational input and insights from agency members and others.

When the board has transitioned to an all-external member configuration, it will be to the board's advantage to add a member with expertise in financial matters. A board member with financial acumen may be found within the business community, perhaps within a financial institution (bank, credit union, accounting firm) or by referral from a stakeholder who has observed the potential member's skills and interactions in similar settings. For each new oversight board member who joins the board, the new board member orientation needs to be presented as noted in Step 2.



The agency is at Step 4 when the voting board members are ONLY some combination of elected officials, hospital leadership/staff, and/or governmental administrators.

Indicator

Documentation that voting members of the oversight board include some combination of elected officials, hospital leadership staff, and/or governmental administrators and a business/financial member with no agency members serving in a voting capacity.



To move to Step 5:

- ✓ *Recruit at least one engaged patient as a voting member*
- ✓ *Conduct new board member orientation*

The final step in establishing an oversight board is to add at least one engaged patient as a voting board member. Finding this member will follow the basic format used for identifying other board members, however, in addition to being a patient who has used services provided by the agency, perhaps this member will stand out due to involvement he or she has had in other similar community efforts. Be careful in this effort to avoid any real or perceived HIPAA violations associated with seeking this potential member.

To make this a fully volunteer engagement, the agency could advertise in a manner that is effective in the community. For example, a news story in the local newspaper or other local media might focus on how the community, agency and patients would benefit from having an engaged patient on the board. This could generate multiple names of interested parties who would allow the board to compare and contrast them and determine which would best serve on the board.

Again, a full new board member orientation needs to be provided to all new board members.



The agency is at a Step 5 when voting board members include all of #4 AND at least one engaged patient representative.

Indicator

Documentation that at least one engaged patient is serving as a voting member on the advisory board.

TUALATIN VALLEY FIRE AND RESCUE

DISTRICT BOARD OPERATIONS

SECTION 1

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SECTION 1.1 DEFINITIONS

As used in these sections, unless the context requires otherwise:

- A. *Board of Directors* or *Board* means the governing body of Tualatin Valley Fire and Rescue.

- B. *District* means Tualatin Valley Fire and Rescue.

DATE ORIGINATED: May 28, 1996

REVIEWED: February 23, 2021

SECTION 1.2 POWERS OF THE BOARD

- A. The powers of the Board are outlined in Chapter 478 and Chapter 198 of the Oregon Revised Statutes relating to Rural Fire Protection Districts.

- B. The Board will authorize advisory committees as it sees fit.
 - 1. The Board President or designee will outline the duties and responsibilities of each committee at the time of appointment.

 - 2. A Board member may serve as ex-officio member.

 - 3. The Board President will advise the committee(s) about the Oregon Public Meetings Law (ORS 192) and the Oregon Inspection of Public Records Law (ORS 192).

LEGAL REFERENCES

ORS 192
ORS 198
ORS 478

DATE ORIGINATED: May 28, 1996

REVIEWED: February 23, 2021

Board policy is to recognize two functional activities:

A. Policy Making

1. The Board will establish policy, reserving to itself all authority and responsibility not otherwise assigned to the Fire Chief or others.
2. The Board serves as the District's Local Contract Review Board pursuant to ORS 279A.060.
3. The Board will adopt the appropriate ordinance to create a Civil Service Commission pursuant to ORS 242.704.
4. The Board will engage in discussions and reach agreements with recognized employee groups, as required in the Oregon Collective Bargaining Law (ORS 243.650 through 243.806); reserving to itself or its designee(s) the responsibility to negotiate with employee groups.

B. Executive

1. The Board will select a Fire Chief and delegate to said Chief the responsibility for implementing plans and policies.
2. The Board will limit the manner in which it directs the actions of the Chief to one of the following means:
 - a. By formal Board action, i.e., by majority vote of the Board at a regularly scheduled or special Board meeting.
 - b. Through the Board President, as directed by Board action, or for clarification or interpretation of existing Board policies.
 - c. In the absence of existing board policy and under emergent circumstances, the Fire Chief may implement plans and policies if contact with the Board President or Board is not possible. The Board will review any plans or policies created under these circumstances at the earliest possible date.
3. The Board and its members will not direct the actions of individual staff members. Rather, direction shall occur via the Fire Chief in the manner described above.

SECTION 1.3 FUNCTIONS OF THE BOARD (Continued)

4. The Board will provide the financial means to implement Board policies and accomplish organizational goals and objectives as adopted by the Board of Directors.

LEGAL REFERENCES:

ORS 279A.060
ORS 242.704
ORS 243.650 to 243.806

DATE ORIGINATED: August 11, 1997

REVISED: January 26, 2021

REVIEWED: February 23, 2021

A. Cooperating With Board Candidates

The Board, through its staff, shall cooperate impartially with candidates for the Board and provide them with information about Board policies, administrative regulations, and other aspects of the operation of the District.

B. Orientation of New Board Members

The Board and staff shall assist each new member-elect to understand the Board's functions, policies, and procedures before taking office. The following methods shall be employed:

1. The member-elect shall be given selected materials on the Board member's role.
2. The member-elect shall be invited to attend and participate in meetings prior to being sworn in.
3. The Fire Chief shall provide material pertinent to meetings and be responsive to questions regarding said material.
4. The member-elect shall be invited to meet with the Fire Chief and other administrative personnel to discuss the relationship of each position with the Board.
5. The Fire Chief will give each member-elect:
 - a. A copy of Board policies
 - b. A copy of the law relating to fire protection
 - c. A copy of the Attorney General's *Public Records and Meetings Manual*
 - d. Oregon Government Standards and Practices Laws, "A Guide for Public Officials"
 - e. All other pertinent information

DATE ORIGINATED: May 28, 1996

REVIEWED: February 23, 2021

- A. Mechanisms will be established to keep members informed of all pertinent information relative to fire service.
- B. Members shall be provided subscriptions to publications designated by the Board.
- C. Members are encouraged to attend the annual state conference of Special Districts Association of Oregon.
- D. The Fire Chief is to alert members to other conferences, meetings, and publications that may be useful and informative.

DATE ORIGINATED: May 28, 1996

REVISED: January 26, 2021

REVIEWED: February 23, 2021

- A. Pursuant to ORS 198.190, members shall receive \$50 for each day or portion thereof as compensation for services performed as a member of the governing body. Services performed as a member of the governing body for which compensation will be paid are limited to the following:
1. Board meetings or Board work sessions that are meetings subject to the Oregon Public Meetings Law.
 2. Attendance at meetings or events in a Board appointed position on behalf of the Board or District.
 3. Attendance at meetings or events as a Board approved representative.
 4. Attendance at meetings, including meetings with District personnel, which are reasonably required to fulfill obligations as an elected officer of the Board and which the Board or Board Chair has approved as a necessary expense incurred by the member in the performance of official duties.
- In addition, members may request reimbursement for actual and reasonable traveling and other expenses necessarily incurred for their attendance at such meetings.
- B. Reimbursement for mileage will be paid at the then current Internal Revenue Service regulation promulgated rates.
- C. In keeping with Board Education Development (Policy 1.5), members are authorized to travel to activities that benefit the District.
1. Subject to pre-approval of the educational activity by the Board, expenses for educational activities incurred by a member will be reimbursed by the District as provided for in ORS 198.190 and Section 1.6 B, above.
 2. Reimbursement of paid expenses shall be included in the monthly register of paid bills.
 3. Members will report to the Board on the educational substance and value of the meetings for which reimbursement is received.
- D. Members may submit a request for compensation and reimbursement of expenses for services that are other than as described above for approval by the Board on a case by case basis.

ORS 198.190: "A member of the governing body of a district may receive not to exceed \$50.00 for each day or portion thereof as compensation for services performed as a member of the governing body. Such compensation shall not be deemed lucrative. The governing body may provide for reimbursement of a member for actual and responsible traveling and other expenses necessarily incurred by a member in performing official duties."

DATE ORIGINATED: May 28, 1996

REVISED: March 17, 2015

REVIEWED: February 23, 2021

- A. Recognizing the need to delegate authority to staff, the Board will formulate and adopt written policies to assist staff in its discretionary use of said authority.
- B. The Board shall authorize reports and studies it deems necessary to ensure its policies have been properly executed.
- C. Any formal motion or action that amends or supplements existing policy shall be called to the Board's attention before a vote to adopt is taken.
- D. To ensure its policies are flexible, the Board will review its policies bi-annually at regularly scheduled Board meetings; said reviews will be agenda items.
- E. If a policy is found to be in conflict with state or federal law or the rules and regulations of a higher authority, such policy is automatically null and void without Board action and is to be deleted. The Board shall delegate to the Fire Chief the responsibility to develop the administrative regulations governing the District, with said regulations being provided to each Board member.
- F. In the event of disagreement over the application, extent, or interpretation of a policy, the conflict will be decided by a majority of the Board.
- G. Board rules, designed to explain, detail, or otherwise organize the application of a policy, once adopted, are considered to be a part of the policy.
- H. Proposals to adopt, change, delete, add to, or repeal a policy may originate from several sources including a Board member, Fire Chief, taxpayer, employee, employee organization, consultant, civic group, etc.
- I. Proposed new policies will be reviewed in draft form by the Fire Chief, and other interested parties as the Fire Chief may determine, before Board action.
- J. Adoption of new policies, changes, additions to, deletions from, and repeal of established policies require a two-step procedure separated by no less than 15 days.
 - 1. Included in the public agenda with introduction, discussion, and deliberation and initial vote at one meeting.
 - 2. Included in the public agenda with further deliberation and second vote and approval to be held at a second meeting.
 - a. In the event of an emergency, with said emergency being recorded in the official minutes and agreed to by at least four Board members, a policy can be adopted, changed, or suspended in a single meeting.

SECTION 1.7 FORMULATION OF POLICIES (Continued)

- b. An emergency is defined as an unforeseen circumstance(s) requiring immediate action to prevent diminishment of the District.
3. Adoption of new policies and amendments to existing policies shall be made by motion of the Board.

DATE ORIGINATED: May 28, 1996

REVISED: January 26, 2021

REVIEWED: February 23, 2021

SECTION 1.8 MEETINGS

ORS 478.250 Board Meetings. *"The district board shall hold meetings at such time and place within the district as it determines. It shall hold at least one regular meeting in each month on a day fixed by the board, and may hold special meetings under such rules as it may make."*

See ORS 192.610 et. seq.

Regular Meetings
Special Meetings
Emergency Meetings
Executive Meetings

DATE ORIGINATED: May 28, 1996

REVISED: January 26, 2021

REVIEWED: February 23, 2021

SECTION 1.9 BOARD MEETING AGENDA

The Fire Chief shall draft the agenda after conferring with the President of the Board following the general order below:

- A. Consent Agenda (including approval of the minutes of the previous Board meeting(s)).
- B. Recognition
- C. Citizen participation (testimony from citizens)
- D. Staff presentation
- E. Finance report
- F. Correspondence
- G. Old business
- H. New business
- I Chief's report
- J. Directors' Report
- K. Items not listed on the agenda
- L. Executive Session (if necessary)

DATE ORIGINATED: May 28, 1996

REVISED: April 23, 2019

REVIEWED: February 23, 2021

- A. The agenda, check register, and financial report shall be given to each member at least three (3) days prior to Board meetings.
- B. At the same time, the Fire Chief shall provide members with detailed information relative to the agenda, including existing Board policy pertinent to agenda items.
- C. The proposed agenda will be simultaneously distributed to all TVF&R employees via the District's internal communication system.

DATE ORIGINATED: May 28, 1996

REVISED: January 26, 2021

REVIEWED: February 23, 2021

- A. Except as otherwise provided by State Law and/or Board policy, the rules of parliamentary procedure comprised in "Roberts Rules of Order" (Revised) shall govern the Board in its deliberations. Provided, however, such Rules are intended to provide guidance and may be amended at any meeting by majority vote. The order of business may be suspended at any meeting by a majority vote of those present.
- B. Minutes of the Board shall be kept in accordance with the requirements of ORS Chapter 192 and the Districts Record Retention Schedule. The Secretary of the Board shall maintain the minutes and make them available for examination by the public and employees by posting them on a location accessible from the District Internet page. Board meeting recordings will be kept for a time period in accordance with the District's Record Retention Schedule.
- C. The Board President shall preside over board meetings, and may establish time limits for public comments at the Board President's reasonable discretion. Votes will be recorded. Any member may request a vote be changed if such request is made prior to consideration of the next order of business.
- D. Three members shall constitute a quorum. If only a quorum is present, a unanimous vote is required to approve a motion.
- E. Members may request a roll call vote.
- F. Members may append to the record, at the time of voting, a statement indicating the reason for their vote or the reason for abstaining.
- G. In accordance with ORS Chapter 244, members having an actual or potential conflict of interest must declare it. If the conflict of interest is actual, the member must abstain from voting. If the member's vote is necessary to meet the minimum number of votes to take official action, and the issue is emergent to the District, the member may vote, but not participate in any discussion or debate on the issue related to the actual conflict of interest.
- H. The meeting will be adjourned by a majority vote.

LEGAL REFERENCE

ORS 192

ORS 244

DATE ORIGINATED: May 28, 1996

REVISED: January 26, 2021

REVIEWED: February 23, 2021

SECTION 1.12 MEMBERSHIP IN FIRE ASSOCIATIONS

It is Board policy to maintain active membership in the Special Districts Association of Oregon, and other associations as approved by the Board.

DATE ORIGINATED: May 28, 1996

REVISED: January 26, 2021

REVIEWED: February 23, 2021

- A. The following serves as general policy concerning annexations. Regardless of the policy articulated below, however, each annexation shall be individually reviewed and scrutinized for economic, community, and operational impact.
- B. The Board will only approve the annexation of whole jurisdictions when such annexations enhance the long-term financial solvency of the District and benefits or enhances the District's provision of services and resources to existing residents.

While the Board recognizes that other factors may influence a decision to annex smaller parcels, this policy shall generally apply to all annexations.

- C. Where the District is party to an urban service agreement that includes an annexation plan consistent with ORS 195, the Board will not oppose annexations consistent with that plan.

Pending adoption of an annexation plan consistent with ORS 195, the Board will not oppose annexations by the City of Portland within Multnomah County. The Board will not oppose annexations where the annexing entity enters an agreement with the District (or should other extenuating circumstances prevail) for long-term continuation of District services within the territory proposed for annexation.

- D. The Board may oppose annexations that are not consistent with the aforementioned provisions, are detrimental to the economic or operational integrity of the District, or are opposed by the affected taxpayers.
- E. The Board supports the concept of cooperatively providing services with adjoining governmental entities providing fire protection and emergency medical services.
- F. The Board supports the concepts of cooperative service agreements that may entail loaned Executives, loaned Chief Officers, and full administrative oversight of another fire service entity when such cooperative service is presented in the form of an Intergovernmental Agreement, and benefits the District and the fire service entity and/or community being served.

LEGAL REFERENCES

ORS 195

DATE ORIGINATED: May 28, 1996

REVISED: December 20, 2011

REVIEWED: February 23, 2021

- A. The following serves as general policy concerning individual property contracts for fire protection. Regardless of the policy articulated below, however, each contract shall be individually reviewed and scrutinized for economic and operational impact.
- B. Because the Board prefers annexation over contracts, contracts will only be considered when staff determines that annexation is neither timely nor practical given the petitioner's and/or the District's circumstances at the time.
- C. Contracts for fire protection shall be for terms of not more than one year during which the petitioner must reasonably pursue annexation of the affected territory to the District.
- D. Territory being considered for contract must be either contiguous with the District's jurisdictional boundaries or within such proximity as to ensure reasonable emergency response times given the presumed availability of the District's closest company.
- E. The cost of contracts for fire protection services will be the District's current combined tax rate applied to the real market value of the subject property in addition to a reasonable processing fee to be established by staff.
- F. All fire protection contracts for individual property owners shall be approved by the Board.

LEGAL REFERENCE: ORS 478.310

DATE ORIGINATED: May 28, 1996

REVISED: January 26, 2021

REVIEWED: February 23, 2021

- A. The following serves as general policy relating to urban renewal districts and tax increment financing. Regardless of the policy articulated below, however, the proposed creation of each urban renewal district, or proposed amendments to existing urban renewal plans that increase the maximum indebtedness, shall be individually reviewed and scrutinized by staff for economic and operational impact.
- B. ORS 457.089(2)(a) requires that urban renewal agencies "shall consult and confer" with each affected taxing district prior to presenting an urban renewal plan for approval, but does not require consultation with such districts during a plan's development. Therefore, TVF&R shall monitor municipalities within its jurisdiction for activity relating to urban renewal districts and plan amendments and notify such municipalities of the District's desire for early consultation and involvement.
- C. ORS 457.089(2)(b) provides that any written recommendations of the governing body of a taxing district affected by a proposed urban renewal plan shall be accepted, rejected or modified by the governing body of the municipality in adopting the plan. Accordingly, it shall be the policy of this Board to specify to the governing body of the municipality approving the plan, in writing, any of its recommendations that are not included in the proposed plan.
- D. ORS 457.089(3)(a)-(e) provides that an urban renewal plan that includes a public building project requires the concurrence of at least three of the four taxing districts that are estimated to forgo the most property tax revenue as computed in the report accompanying the proposed plan. If TVF&R is one of those four taxing districts, the Board shall, by written resolution, concur or decline to concur in the inclusion of the public building project within 45 days after receiving the plan and report.
- E. Staff shall evaluate each proposed urban renewal plan and plan amendment that increases maximum indebtedness, for its short-term and long-term economic costs and benefits, and for its operational impact on TVF&R. Such evaluation shall compare the costs and benefits with and without the urban renewal plan or amendment, as appropriate.
- F. In supporting our municipal partners' efforts to create jobs and promote economic development, the Board believes that properly-constructed urban renewal plans that attract private investment, alleviate blighted areas and increase assessed value can ultimately benefit all public service providers.
- G. Believing that upon reaching a plan's maximum indebtedness urban renewal plans should be retired, the Board shall generally oppose plan amendments which seek to increase maximum indebtedness.
- H. Upon review of staff's evaluation and report on a proposed urban renewal plan or plan amendment the Board may:

SECTION 1.15 URBAN RENEWAL/TAX INCREMENT FINANCING POLICY (continued)

1. Support the proposed urban renewal plan or plan amendment when the use of tax increment finance (TIF) is limited, generally, to the types of projects which are proven to encourage private investment, thereby increasing assessed value.
2. Support the proposed urban renewal plan or plan amendment when the urban renewal plan does not rely exclusively on TIF but, rather, includes other funding sources such as general fund revenues, general obligation bonds or grants.
3. Oppose approval of the proposed urban renewal plan or plan amendment when TIF is used to fund public amenities which are not proven to encourage private investment.
4. Oppose approval of the urban renewal plan or plan amendment when the use of TIF is proposed to fund improvements which are either outside of the urban renewal area or, to the extent that such improvements serve identified needs which are outside of the urban renewal area, is disproportionate to the relationship (assessed value or territory) or the urban renewal area to the balance of the jurisdiction.
5. Oppose approval of the urban renewal plan or plan amendment when existing or anticipated District resources are insufficient to meet the anticipated demand caused by proposed plan-supported development.

LEGAL REFERENCE
ORS 457.089

DATE ORIGINATED: May 28, 2002

REVISED: July 27, 2021

REVIEWED: August 24, 2021

- A. The Board shall not endorse candidates for public office unless it determines the District has a fundamental interest in doing so.
- B. The Board shall not, under any circumstances, endorse candidates for positions on the District Board of Directors.
- C. The Board may, by majority vote, endorse statewide or local measures provided it first determines the District has a fundamental interest in doing so.
- D. District staff, including the Fire Chief, acting in the official capacity of agents of the District, shall not endorse candidates or measures placed on the ballot, including District measures or measures supported by the Board.
- E. Notwithstanding the permitted use of public funds to conduct impartial “informational” campaigns, under no circumstances shall District funds be used to support or oppose a measure or a candidate for office.
- F. Nothing in this policy is intended to restrict an individual’s right to free speech, provided it is clear that such rights are being exercised by that individual as an individual, not during on the job working hours, and not in the individual’s official capacity as an agent of the District. It is not a violation of this policy for an elected official’s working title or elected position to be included in campaign publications or in an editorial letter, or to identify as a board member at public or private meetings or social events
- G. No public employee shall solicit any money, influence, service or other thing of value or otherwise promote or oppose any political committee or promote or oppose the nomination or election of a candidate, the gather of signatures on an initiative, referendum or recall petition, the adoption of a measure or the recall of a public office holder while on the job during working hours. However, this does not restrict the right of a public employee to express personal political views. Nothing in this section is intended to infringe upon a District’s employees’ rights as allowed by law.
- H. No person, including a member of the Board or the Fire Chief, shall attempt to, or actually, coerce, command or require a public employee to influence or give money, service or other thing of value to promote or oppose any political committee, the nomination or election of a candidate, the gathering of signatures on an initiative, referendum, or recall petition, the adoption of a measure, or the recall of a public office holder.

SECTION 1.16 POLITICAL ENDORSEMENT POLICY (continued)

- I. As elected officials, Board members are not considered District employees for purposes of this Section 1.16 and may engage in political activity during work time. However, a Board member's opinion piece, letter, or speech advocating a political position may not be published in the District's newsletter or other publication produced or distributed by District employees.

LEGAL REFERENCES
ORS 260.432

DATE ORIGINATED: September 24, 2002

REVISED: January 26, 2021

REVIEWED: February 23, 2021

- A. The following serves as policy relating to Board approval of tax exemption programs for affordable housing as authorized under ORS 307.540 through 307.548. Generally, the Board approves the District's participation in Nonprofit Corporation Low Income Housing programs and adopts the provisions of ORS 307.540 to ORS 307.548; provided, however, the criteria for approval of specific programs will meet the requirements of this policy.
- B. In order for a city or county to grant tax exemptions for affordable housing under ORS 307.540 through 307.548, they must obtain approval of a minimum portion of the impacted taxing districts such that the combined taxation rate of the city/county and authorizing taxing districts equals 51% or more of the total combined rate of taxation on the property. When the 51% combined tax rate approval threshold is reached, a city/county may apply the tax limitation to all taxing districts, whether or not they approved the limitation.
- C. When approval is requested by a city / county for an affordable tax exemption program under ORS 307.540 through 307.548, it must be approved by the governing board of the taxing district.
- D. Staff shall evaluate each request for approval of a program, its short-term and long-term economic costs and benefits, and work with the requesting body to ensure the program will meet the criteria identified in this policy. Staff will present the request and a recommendation to the Board for consideration.
- E. The Board supports our municipal partners' efforts to provide affordable housing within the region, and the Board believes that properly-constructed affordable housing tax exemption programs will benefit the taxpayers of the District if they include the criteria of this policy.
- F. As a condition of approval of a tax exemption program, the city/county shall agree, in addition to meeting the criteria for exemption set forth in ORS 307.541, to support fire and emergency services and call reduction efforts by requiring the following criteria for each property approved within the program:
1. Participation by property management or staff in TVF&R's landlord training program.
 2. Smoke and carbon monoxide detectors are provided as required by state law, inspected annually, and replaced as needed.
 3. Actions are taken to help reduce falls by providing grab bars and other safety improvements in units provided for tenants who have a need for such improvements.
 4. When requested by TVF&R, actions are taken too minimize false alarms or other frequent calls for service at affected properties.

SECTION 1.17 AFFORDABLE HOUSING TAX EXEMPT POLICY (Continued)

- G. Upon review of staff's evaluation and report on a request for Board approval of an affordable housing tax exemption program or amendment, the Board may:
 - 1. Approve the proposed tax exemption program or amendment when such program meets the criteria identified in this policy. Such approval shall be in the form of a Board Resolution.
 - 2. Not approve the proposed tax exemption program where the criteria identified in this policy cannot be met, or the Board believes the loss of tax revenue and the benefits to the District are more than the benefits to the taxpayers of TVF&R.
- H. Where a Board Resolution is approved, the term of the resolution shall be on a tax year basis, automatically renewing each year for the duration of the city / county program, unless subsequent Board action is taken to end the approval of the program, which may be done at any time. The Board may also terminate its approval of the exemption at any time for a specific property that does not continue to meet the criteria of this policy.
- I. When the Board approves a tax exemption program under this policy, the city / county requesting such approval shall be requested to provide an annual report to TVF&R summarizing the usage of the program, the specific properties exempted, and the lost tax revenue per taxing district.

LEGAL REFERENCE
ORS 307.540 to 307.548

DATE ORIGINATED: August 23, 2016

REVIEWED: February 23, 2021

- A. The Board recognizes that the manner in which Board members conduct themselves has an impact on the community in general and on the District and its employees.
- B. It is expected that Board members exhibit a high degree of responsibility and conduct themselves in a professional manner at all times.
- C. The District places high value on the inclusion and respect of all individuals and prohibits harassment of any individual for any reason. Board members support a respectful workplace free of subtle and obvious forms of harassment, discrimination, intimidation, retaliation and inappropriate workplace conduct. Conduct that is not unlawful or prohibited by some legal principle, but that has the effect of creating a hostile, disrespectful, or harmful work environment or negatively impacts internal and external working relationships is also prohibited.
- D. Board members shall be expected to:
 - 1. Understand that the members' conduct reflects on the District at all times, even when the member is not acting in an official capacity.
 - 2. Maintain and cultivate positive relationships with the public and with strategic public and private community members.
 - 3. Distinguish between personal views and those of the District to avoid misrepresentation of the District.
 - 4. Refrain from disseminating or disclosing confidential, proprietary, or sensitive information received in the Board member's official capacity.
 - 5. Follow appropriate channels of communication by discussing matters of concern relating to the operation of the District with the Fire Chief's Office as stated in Sections 1.3 and 4.12.
 - 6. Practice civility, professionalism, and decorum in all discussions and debate with other Board members, District employees and volunteers, other public agency employees and volunteers, and members of the public.

SECTION 1.18 BOARD MEMBER CONDUCT AND RESPONSIBILITY (Continued)

- E. The District is required to abide by federal and state non-discrimination laws, but expects its Board members to comply with the higher standards set forth in this policy. The Board President and/or designee shall develop standardized written rules and procedures, which shall serve as a guideline for investigating and addressing any reported violations of this Board Member Conduct and Responsibility policy.

DATE ORIGINATED: March 17, 2015

REVISED: March 19, 2019

REVIEWED: February 23, 2021

SECTION 1.19 POLICY APPROVAL

This is to certify that District Board Operations, Section 1, policies 1.1 – 1.18, were duly adopted and approved by Board action on:

Randy J. Lauer, President of the Board

Justin J. Dillingham, Secretary of the Board

APPROVED: August 24, 2021

TUALATIN VALLEY FIRE AND RESCUE
STANDARD OPERATING GUIDELINE
NUMBER 8.5.1

ORIGINATED AND APPROVED: 08-01-89
LAST REVISED: 01-27-20

SUBJECT: GROOMING STANDARDS

PURPOSE: To set minimum standards for personal grooming and uniforms of all personnel. All personnel must present themselves in such a way as to generate trust, confidence, and respect from the public and the residents we serve. For uniformed personnel, regulations stress that personal appearance must be commensurate with the high standards associated with the fire service.

POLICY: Personnel are expected to maintain acceptable personal hygiene standards at all time. Personnel are expected to take pride in their appearance, maintain a positive public image, and enhance personal safety through the grooming standards outlined in this policy. The standards outlined are a job requirement. All standards and rules that pertain to personal grooming apply to all uniformed line and non-line personnel anytime they are in uniform and to non-uniformed personnel any time they are on duty or representing the District.

AUTHORITY & RESPONSIBILITY: Individuals are ultimately responsible for meeting the standards specified in this policy. Supervisors are responsible for ensuring their personnel conform to these standards and informing their personnel of the necessary corrections needed for compliance when the appearance of their personnel violates these standards.

PROCEDURE:

I. GENERAL

- A. In cases of extreme violations or safety hazards, supervisors must ensure personnel are not permitted to be on duty until the correction has been made.
- B. Personnel who refuse to comply with these standards and directives may be subject to disciplinary action up to and including discharge.
- C. Grooming is an appropriate subject for consideration in performance evaluation, work assignment, and promotional eligibility.

II. TATTOOS, BRANDING, SCARRING OR OTHER FORMS OF BODY ART

- A. Personnel are prohibited from having visible tattoos or any other form of body art such as branding and/or scarring on the face, head, and neck while at work or on duty. Exempt from this is tattooed make-up giving the appearance of natural color and style.

- B. Personnel are prohibited from showing tattoos or body art containing obscene, profane, racist, sexual, violent, discriminatory, or objectionable words, symbols, or imagery which may bring discredit to the District.
- C. Prohibited tattoos or body art must be covered.
- D. The decision as to the appropriateness of a tattoo or body art is made by the Fire Chief. Exceptions to the above tattoo and body art standards must be approved by the Fire Chief.

III. UNIFORMED LINE PERSONNEL

- A. Necklaces, pendants, and medallions may not be worn exposed while on duty.
- B. Wrist watches, rings (one per hand), and medical related bracelets may be worn if the article does not interfere with performing assigned duties, and not subject to catching or snagging due to being loose on the wrists or fingers.
- C. Ears are the only accepted visible body piercing. When worn, earrings must be small posts which will not interfere with performing assigned duties. Piercing holes larger than a standard 18-gauge piercing are not allowed and must be closed or covered while on duty and/or in uniform.
- D. Articles such as wallets, watch chains or fobs, personal jewelry, handkerchiefs, combs, cigars, tobacco cans, cigarettes, and pipes are prohibited from being attached to or visible on the uniform.
- E. Sunglasses and frames must be of neutral tones (e.g., black, brown, tan) and not ornate.
- F. Fingernails must be of moderate length and kept neat.
- G. Hair (including facial hair) and articles of clothing must never interfere with use of personal protective equipment (PPE), including helmets and SCBA masks.
- H. Hair:
 - 1. Hair must be neat, clean, and conservatively groomed. Hair length, style, and bulk must permit safe and effective use of all required PPE.
 - 2. Hair may be dyed, tinted, or frosted any color that naturally occurs in human hair. Any stripes, spots, or dying of colors other than natural tones is prohibited.
 - 3. Hair decorations are prohibited, except hair clips, bands, or pins matching hair color.
 - 4. Shorter hair may be combed over the ears, but may not extend below the top one-half of the ears, nor more than two inches (2") in front of the ears.

Hair that is styled or combed forward must be no lower on the forehead than three-quarters of an inch (3/4") above the high point of the eyebrows.

5. Hair must be worn so that it does not extend below the bottom of the uniform collar. Hair longer than the uniform collar must be pinned up or secured at all times while on duty and must not interfere with the effective use of all required PPE. Braiding of hair is considered an acceptable means of securing it. If the braid gets in the way of a person's ability to perform their duties, it must be modified.

I. Facial Hair

1. Beards are prohibited, except soul patches (a small tuft of hair centered under the lower lip). Soul patches must not connect to mustaches or extend lower than one inch (1") below the corners of the mouth.
2. Mustaches must not interfere with the seal of a mask and must be kept neatly trimmed. Mustaches may not exceed more than one inch (1") beyond or one inch (1") below the corner of the mouth.
3. Sideburns may not extend below the bottom of the earlobe, nor exceed one and one-half inch (1-1/2") at the widest point or extend to a point that interferes with the seal of the SCBA mask.

IV. NON-UNIFORMED AND UNIFORMED NON-LINE PERSONNEL

- A. The ears and nostrils are the only accepted visible body piercings. Piercings must not interfere with performing assigned duties. Piercings to the nose septum or other parts of the nose are not allowed. Piercing holes larger than a standard 18-gauge piercing are not allowed and must be closed or covered while on duty or representing the District.
- B. Hair must be neat, clean, and conservatively groomed. Hair length, style, and bulk must permit safe and effective use of all required equipment and/or PPE. Hair may be dyed, tinted, or frosted any color that naturally occurs in human hair. Any stripes, spots, or dying of colors other than natural tones is prohibited.
- C. Business casual or business professional dress is required except for Fridays and during inclement weather (e.g., significant snow or ice). On these days, jeans of any color are permitted. Jeans must be clean and in good condition without holes, frays, etc. Jeans are not permitted when personnel are notified of a special event or have a business meeting.

APPROVED:

DERIC WEISS
FIRE CHIEF

TUALATIN VALLEY FIRE AND RESCUE
STANDARD OPERATING GUIDELINE
NUMBER 8.5.1

ORIGINATED AND APPROVED: 08-01-89
LAST REVISED: 01-27-20

SUBJECT: GROOMING STANDARDS

PURPOSE: To set minimum standards for personal grooming and uniforms of all personnel. All personnel must present themselves in such a way as to generate trust, confidence, and respect from the public and the residents we serve. For uniformed personnel, regulations stress that personal appearance must be commensurate with the high standards associated with the fire service.

POLICY: Personnel are expected to maintain acceptable personal hygiene standards at all time. Personnel are expected to take pride in their appearance, maintain a positive public image, and enhance personal safety through the grooming standards outlined in this policy. The standards outlined are a job requirement. All standards and rules that pertain to personal grooming apply to all uniformed line and non-line personnel anytime they are in uniform and to non-uniformed personnel any time they are on duty or representing the District.

AUTHORITY & RESPONSIBILITY: Individuals are ultimately responsible for meeting the standards specified in this policy. Supervisors are responsible for ensuring their personnel conform to these standards and informing their personnel of the necessary corrections needed for compliance when the appearance of their personnel violates these standards.

PROCEDURE:

I. GENERAL

- A. In cases of extreme violations or safety hazards, supervisors must ensure personnel are not permitted to be on duty until the correction has been made.
- B. Personnel who refuse to comply with these standards and directives may be subject to disciplinary action up to and including discharge.
- C. Grooming is an appropriate subject for consideration in performance evaluation, work assignment, and promotional eligibility.

II. TATTOOS, BRANDING, SCARRING OR OTHER FORMS OF BODY ART

- A. Personnel are prohibited from having visible tattoos or any other form of body art such as branding and/or scarring on the face, head, and neck while at work or on duty. Exempt from this is tattooed make-up giving the appearance of natural color and style.

- B. Personnel are prohibited from showing tattoos or body art containing obscene, profane, racist, sexual, violent, discriminatory, or objectionable words, symbols, or imagery which may bring discredit to the District.
- C. Prohibited tattoos or body art must be covered.
- D. The decision as to the appropriateness of a tattoo or body art is made by the Fire Chief. Exceptions to the above tattoo and body art standards must be approved by the Fire Chief.

III. UNIFORMED LINE PERSONNEL

- A. Necklaces, pendants, and medallions may not be worn exposed while on duty.
- B. Wrist watches, rings (one per hand), and medical related bracelets may be worn if the article does not interfere with performing assigned duties, and not subject to catching or snagging due to being loose on the wrists or fingers.
- C. Ears are the only accepted visible body piercing. When worn, earrings must be small posts which will not interfere with performing assigned duties. Piercing holes larger than a standard 18-gauge piercing are not allowed and must be closed or covered while on duty and/or in uniform.
- D. Articles such as wallets, watch chains or fobs, personal jewelry, handkerchiefs, combs, cigars, tobacco cans, cigarettes, and pipes are prohibited from being attached to or visible on the uniform.
- E. Sunglasses and frames must be of neutral tones (e.g., black, brown, tan) and not ornate.
- F. Fingernails must be of moderate length and kept neat.
- G. Hair (including facial hair) and articles of clothing must never interfere with use of personal protective equipment (PPE), including helmets and SCBA masks.
- H. Hair:
 - 1. Hair must be neat, clean, and conservatively groomed. Hair length, style, and bulk must permit safe and effective use of all required PPE.
 - 2. Hair may be dyed, tinted, or frosted any color that naturally occurs in human hair. Any stripes, spots, or dying of colors other than natural tones is prohibited.
 - 3. Hair decorations are prohibited, except hair clips, bands, or pins matching hair color.
 - 4. Shorter hair may be combed over the ears, but may not extend below the top one-half of the ears, nor more than two inches (2") in front of the ears.

Hair that is styled or combed forward must be no lower on the forehead than three-quarters of an inch (3/4") above the high point of the eyebrows.

5. Hair must be worn so that it does not extend below the bottom of the uniform collar. Hair longer than the uniform collar must be pinned up or secured at all times while on duty and must not interfere with the effective use of all required PPE. Braiding of hair is considered an acceptable means of securing it. If the braid gets in the way of a person's ability to perform their duties, it must be modified.

I. Facial Hair

1. Beards are prohibited, except soul patches (a small tuft of hair centered under the lower lip). Soul patches must not connect to mustaches or extend lower than one inch (1") below the corners of the mouth.
2. Mustaches must not interfere with the seal of a mask and must be kept neatly trimmed. Mustaches may not exceed more than one inch (1") beyond or one inch (1") below the corner of the mouth.
3. Sideburns may not extend below the bottom of the earlobe, nor exceed one and one-half inch (1-1/2") at the widest point or extend to a point that interferes with the seal of the SCBA mask.

IV. NON-UNIFORMED AND UNIFORMED NON-LINE PERSONNEL

- A. The ears and nostrils are the only accepted visible body piercings. Piercings must not interfere with performing assigned duties. Piercings to the nose septum or other parts of the nose are not allowed. Piercing holes larger than a standard 18-gauge piercing are not allowed and must be closed or covered while on duty or representing the District.
- B. Hair must be neat, clean, and conservatively groomed. Hair length, style, and bulk must permit safe and effective use of all required equipment and/or PPE. Hair may be dyed, tinted, or frosted any color that naturally occurs in human hair. Any stripes, spots, or dying of colors other than natural tones is prohibited.
- C. Business casual or business professional dress is required except for Fridays and during inclement weather (e.g., significant snow or ice). On these days, jeans of any color are permitted. Jeans must be clean and in good condition without holes, frays, etc. Jeans are not permitted when personnel are notified of a special event or have a business meeting.

APPROVED:

DERIC WEISS
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Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

Section 100 - Management & Administration

General Rules & Administration - 100.00		
S.O.P. # 100.08	Professional Appearance Standard	PAGE: 1 OF 3
EFFECTIVE: 06/2004	Authorized: John Filer, Chief	
REVISED: 02/2016	Authorized: William Stephens, Director	

100.08.01 Purpose

The purpose of this SOP is to establish a policy that outlines a professional standard for all personnel of the Department of Emergency Services. The overriding concern of this policy is two-fold, project a professional appearance to the public and insure the safety and well-being of our employees.

100.08.02 Policy

1. This policy is binding to all sworn uniformed and non-sworn personnel.
2. Supervisors will advise those within their command of this professional standard and will assure conformity.
3. Personnel shall report for duty clean, tidy, well groomed (in compliance with this policy) and cleanly shaven.
4. It shall be the duty of the responsible supervisor to assure that personal grooming shall not interfere with the wearing of safety headgear, protective facemasks, or other related equipment.
5. It shall be the duty of the responsible supervisor to assure that personal grooming shall not interfere with the proper fit, function and seal of a protective facemask of any sort.
6. Any employee with a medical condition that precludes conformance to these standards shall notify their chain of command and may obtain an exception from the Division Chief or their designee in conjunction with the concurrence of the County Safety Officer.
7. Personnel not conforming to the professional appearance standards outlined in this policy will be subject to the disciplinary process as outlined in the *Charles County Policy and Procedure Manual*.

100.08.03 Standards

1. General Cleanliness
 - a. All personnel will strive to maintain cleanliness at all times.
 - b. All personnel are expected to shower and bath prior to the beginning of their shift.
 - c. Personal deodorant use is required, unless a physician's letter directs otherwise.
 - d. All personnel will present to the general public with a clean, tidy and well kempt uniform at all times.
 - e. In order to maintain a professional standard it may be necessary for an employee to shower and redress into a clean uniform while on duty.



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2. Facial Hair

- a. Mustaches and goatees are the only permitted facial hair.
- b. Mustaches and goatees shall be kept neatly trimmed at all times.
- c. No mustache and/or goatee shall be waxed or twisted at the ends, or pulled to a point in any manner.
- d. If a question arises as to the professionalism projected by an employee's mustache or goatee, the appropriate Command Staff Officer shall make the final determination.
- e. If a question arises as to the safety of an employee's mustache or goatee, the employee must pass quantitative fit test using their issued protective masks. Personal grooming that hinders the passing of quantitative fit test is not in compliance with this policy.

3. Sideburns

- a. Sideburns will not extend below the bottom of the earlobe.
- b. Sideburns shall be kept neatly trimmed at all times.
- c. Mutton chops or bushy sideburns are strictly prohibited.

4. Hair

- a. Both men's and women's hair shall be neatly trimmed and groomed, without reference to style, except that all hairstyles must be consistent with a professional appearance.
- b. Mohawks or reverse Mohawk hair styles are prohibited.
- c. If a question arises as to the professionalism or safety of an employee's hairstyle, color or cut, the appropriate command Staff Officer shall make the final determination.

i. Men

- a) Men's hair must be neatly brushed and combed at all times unless covered by an issued hat or winter beanie.
- b) Men's hair may cover part, but not the entire ear.
- c) The length on the back shall not be longer than one (1) inch past the top of the uniform short collar when standing at attention, unless pulled neatly into a pony tail.

ii. Women

- a) Women's hair must be neatly brushed or combed at all times unless covered by an issued hat or winter beanie.
- b) Women's hair length must be such that it may be managed and completely covered by a protective hood, and must not interfere with the donning of SCBA and wearing of a face piece and/or helmet.



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5. Tattoos & Piercings

- a. All tattoos displaying inappropriate content or vulgarity must be covered while on duty.
- b. The display facial tattoos are prohibited while on duty.
- c. The display of facial piercings is prohibited while on duty.
- d. If a question arises as to the appropriateness of an employee's tattoos or piercings, the appropriate Command Staff Officer shall make the final determination.

INVOLVEMENT IN THE COMMUNITY

Objective: *The agency (a) will offer a robust array of public education courses and other training, (b) will assist in planning health fairs, (c) is a champion for a healthy community, (d) is an active partner with other public safety organizations, and (e) is seen as a leader for community health and well-being.*



The agency is at Step 1 when 911 emergency calls and inter-facility transports are responded to but no public education courses are offered.



To move to Step 2:

- ✓ *Assure the agency has members who are certified as instructors in basic public education courses (e.g., CPR/AED and first aid training).*
- ✓ *Assure the agency has members who are certified as instructors in basic public education courses who are interested in and willing to serve as instructors for public classes.*
- ✓ *If necessary, secure training for agency members so they are trained as instructors in basic public education courses.*
- ✓ *Schedule and provide basic public education courses (e.g., CPR/AED and first aid training).*
- ✓ *Determine what basic public education courses should be taught.*
- ✓ *Schedule and present basic public education courses.*
- ✓ *Maintain records of all classes presented*

Scoring a “1” for this attribute reflects a historical role EMS agencies have filled. It is increasingly necessary to engage in more non-traditional ways to promote the well-being of the community while further establishing the value and credibility of the agency within the community.

Entering the arena of providing public education is the focus of this first step. The agency can readily provide education to the public with certified instructors on their staff, materials and equipment to do the training and a classroom.

If the agency has no members that are certified as CPR/AED and/or first aid instructors, it should provide opportunities for members who are interested in receiving such training. The agency can then use the member’s skills to train the public who attend certification training. The agency should fund the training for their members. Once certified, the instructors will have access to

necessary class materials and equipment through the certifying institution. It is possible that the agency has such support materials in its inventory or will plan for its future addition. A location to conduct the course can be a classroom or some other similar room at the agency's facility, a community center, church, school, business or other suitable location.

With proper, effective and inexpensive advertising – possibly in the form of public service announcements in the local newspaper or electronic media, the agency can begin the effort of providing public education courses. For certified courses, upon completion of each class, the instructor will need to submit a roster of class members to the certifying agency. These rosters can also serve as documentation demonstrating the agency's efforts.



The agency is at Step 2 when occasional basic public education courses, like CPR/AED and first aid training are offered.

Indicator

Documentation that the agency provides occasional basic public education courses, such as CPR/AED and first aid training.



To move to Step 3:

- ✓ *Establish a means to provide basic public education courses on a recurring, scheduled basis*
- ✓ *Develop and present custom-designed classes for specific public groups*
- ✓ *Increase the number of classes provided by the agency per unit of time*

The agency can increase its score for this attribute by moving from providing occasional basic public education classes to frequent classes of the same type and by adding other EMS-related training.

To increase from occasional to frequent the agency will begin to conduct basic courses for the public, such as CPR/AED, on a regular, ongoing scheduled basis. This could happen, for example, by becoming involved in local adult education efforts through a community education program. The agency may be able to arrange to have the courses included as part of a schedule, which is made available to adults in the community. This would result in the classes being repeated each quarter. Alternately, the agency could set its own recurring schedule and maintain full responsibility for the administrative detail of advertising for the course and handling class registrations. Either way, the agency needs to have a public calendar showing the frequent, recurring classes being offered that is readily available in print and electronically to those who are interested.

The second part of this step requires the agency to expand the type of classes offered to the public. Perhaps an agency class on what to do in the minutes between calling 911 and the arrival of the ambulance would be a good class to start with. This would provide the agency opportunity to introduce the public to the skills, abilities and equipment the agency brings to the patient's side while at the same time providing critical information on how the public can maintain an open airway or control bleeding without the rigors of a full certified course. These classes can be custom designed to meet time constraints of businesses, social groups, neighborhood groups, etc. To document these classes, the agency can develop a schedule with the class particulars and the name of the member who taught the class.



The agency is at Step 3 when frequent basic public education courses like CPR/AED and first aid training, plus other EMS-related training

Indicator

Frequent basic public training / education such as CPR/AED and first aid training, and other EMS-related training provided and documented by the agency.



To move to Step 4:

- ✓ *Become increasingly active in community promotions and activities*
- ✓ *Maintain accurate records of involvement in community promotions and activities*

At this point, the agency will continue the public education it has developed in the previous steps and build its value in the community by becoming increasingly active in community promotions at events. The agency fulfills this by promoting itself as an integral part of the community while at the same time promoting community functions.

Promoting itself will require that the agency have a defined plan to communicate the value of the agency to the community. This effort compliments, builds on, and in many ways overlaps with the work done in Section 14, *“Public Information, Education, and Relations.”*

Similarly, the agency will invest effort in supporting community efforts as a strong member of the business community. Opportunities to do this, using the strengths of the agency, may include providing EMS standby at events involving the community such as outings for elderly from assisted living homes, chamber of commerce events, public charity events, and a variety of other such events. The cost to the agency will be the small incremental costs associated with vehicles and equipment and the direct costs of members paid to staff the events. The value to the agency will be an increased dependency on and appreciation for the agency by the broader community. Event records showing the details of the event, what agency equipment and members were at the event and roles filled at the event will serve as documentation of the agency’s involvement in the events.



The agency is at Step 4 when a robust array of public education courses and other training are offered and the EMS agency is active in community promotions at various events.

Indicators

*(1) continued and increasing offering of public education courses and other training, and
(2) involvement by the agency in community promotions at a variety of events.*



To move to Step 5:

- ✓ *Identify opportunities to be seen as a champion for a healthy community*
- ✓ *Join efforts with other community organizations to deliver information on community health and well-being*
- ✓ *Participate in community health fairs and wellness events*

While maintaining and expanding efforts established in previous steps, the agency will now invest in building its reputation as a champion for a healthy community. This will establish the agency as an active partner with other safety organizations, so the agency will be recognized as a leader for community health and well-being. This means the agency will invest heavily in efforts that are within reach but perhaps at the outer reach of the things the agency has done historically.

The agency should be continually looking for custom-built classes related to EMS and community health and well-being which it might organize to meet the needs of groups within the community, even those small niche groups that have specific needs. Generally, these classes are not laborious to design. Often, the expertise exists within the agency’s membership. Delivery of the classes can be accomplished in one class period that can be of a length designed to meet the group’s time constraints. Once a few classes like this are conducted, the agency will begin building a resourceful library of classes which can be used in the future with minor modifications for other groups. While presenting these classes, the agency members will have an opportunity to identify other needs that may be addressed in the future. These perspectives can generate significant insights into community health and emergency preparedness needs.

Recognizing needs in the community opens opportunities to partner with other community health and public safety organizations to conduct events (health fairs, etc.) to address the needs. By identifying the needs discovered within the community, the agency can be involved in developing solutions and public events to address those needs. This will prompt others to see the agency as a leader in recognizing and addressing issues to improve the overall community health. As recommended in Section 14, *“Public Information, Education and Relations,”* using social media to bring developing ideas to the public will assist in putting the agency in the public eye as a champion for a healthy community.

This type of collaboration will demonstrate the powerful commitment the agency has to being part of the community. It will also result in the community being healthier and recognizing the value of the agency.



The agency is at a Step 5 when the agency offers a robust array of public education courses and other training, organizes or assists in planning health fairs, is a champion for a healthy community, is an active partner with other public safety organizations, and seen as a leader for community health and well-being.

Indicators

Documentation demonstrating (1) how the agency has functioned as a champion for a healthy community, (2) how the agency organizes or assists in planning health fairs, (3) how the agency is an active partner with other public safety organizations, and (4) how the agency is seen as a leader for community health and well-being.

TUALATIN VALLEY FIRE AND RESCUE
STANDARD OPERATING GUIDELINE
NUMBER 3.2.2

ORIGINATED AND APPROVED: 08-01-89
LAST REVISED: 05-30-18

SUBJECT: COMMUNITY EVENTS

PURPOSE: To provide an opportunity for the public to learn about fire and life safety, and to increase public awareness of the District's mission, activities, and programs.

POLICY: To the extent possible, Tualatin Valley Fire & Rescue will participate in community events where fire and life safety information can be shared.

AUTHORITY & RESPONSIBILITY: It will be the responsibility of the Integrated Operation Centers and the Public Education Chief to ensure that coordination occurs with the appropriate personnel and that any physical display or program content is developed and utilized.

PROCEDURE

- I. Assigned personnel will consult with the Public Education Chief Officer or the Integrated Operations Center Public Affairs Officer (PAO) to determine whether the community event warrants the resources and costs required for participation.
- II. Factors to consider in evaluating the merits of an event request include:
 - A. Intent of the event (should conform with the District's stated mission and goals)
 - B. Size and nature of target audience
 - C. Resource availability
 - D. Cost associated with the event (including staffing)
- III. If there are conflicting requests, preference should be given to local governments, community service groups, and other non-profit groups.
- IV. The assigned personnel will determine whether the event warrants publicity and will work with the respective PAO or Public Affairs Coordinator.
- V. The assigned staff person will add the event to the Community Events calendar, and inform and coordinate with other personnel working the event.

APPROVED

MICHAEL R. DUYCK
FIRE CHIEF



Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

Section 100 - Management & Administration

Human Resources - 101.00		
S.O.P. # 101.04	Service Awards Program	PAGE: 1 OF 7
Effective: 05/18/2005	Authorized: John Filer, Chief	
Revised: 11/27/2019	Authorized: William Stephens, Director	

101.04.01 Purpose

To establish policies and procedures for the recognition of outstanding acts by civilians and first responders serving our community.

101.04.02 Applicability

Any career or volunteer first responder may be recognized for outstanding and exemplary performance in this Service Awards Program. Non-first responders may be recognized for life saving efforts through the County’s Civilian Life Safety Award.

101.04.03 General

The Service Awards Program has three distinct elements that were developed to provide recognition to individuals, teams and units that have made/or make significant contributions to the Charles County Department of Emergency Services and/or the residents of Charles County through their service. The first element of the program are the annual/specialty ribbons, the second element are the lifesaving/life delivering and merit-based awards, and the third element being awards given for valor.

101.04.04 Policy

1. Annual and specialty team/position ribbons are earned through years of service or participation on specialty teams/positions. They do not require recommendation but are earned through longevity and commitment of service.
2. Academy Merit Awards are earned in the academy based off the cadet’s individual performance and competencies.
3. It is the responsibility of the frontline supervisor to recognize the exemplary service of their direct reports.
4. Recommendations for service award/s must be submitted by the employee’s immediate supervisor and then forwarded through the chain of command to the Division Chief via an interdepartmental memo.



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5. Submitted service award recommendations will be reviewed by the Department's Service Award Review Committee.
6. The Service Award Review Committee will meet twice a year and should be comprised of the following personnel:
 - a. A representative from the 911 Communications Center,
 - b. A representative from each platoon;
 - c. A representative from Operations;
 - d. A volunteer representative if volunteer personnel are involved;
 - e. And a representative from senior management.
7. Award recommendations that come out of committee will be forwarded to the Director for final approval consideration.
8. When possible, personnel should be recognized for their accomplishments in a public setting or in the presence of their peers.
9. Copies of any service awards will be placed in the recipients personnel file for future reference.

101.04.05 Procedures

1. Nominations for life safety, life delivery, merit, and valor related service awards must be properly documented and submitted by the potential candidate/s immediate supervisor through the chain of command via an interdepartmental memo and contain the following:
 - a. Date,
 - b. Time;
 - c. Incident Number;
 - d. Location;
 - e. Names of personnel involved;
 - f. A complete narrative of the incident to include the actions of each person being nominated;
 - g. Other pertinent information related to the award nomination;
 - h. Patient outcome if known.
2. Narratives for award nominations should be clear, concise and articulate the performance of each person nominated and their role in the incident.
3. The Service Award Review Committee reserves the right to reject and/or request additional clarification/information for those award nominations deemed incomplete or unsatisfactory.



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4. Life safety, life delivery, merit, and valor related award nominees will be rated on the following performance qualities and criteria:
 - a. Job performance,
 - b. Customer service;
 - c. Quality of life saving initiatives;
 - d. Accomplishments;
 - e. Technical competence;
 - f. Initiative;
 - g. Resourcefulness;
 - h. Safety;
 - i. Patient outcome.
5. The Service Award Review Committee will review all service award nominations passed to them through the proper chain of command.
6. Once a consensus has been obtained, all approved award nominations will be forwarded to the Director via an inter-departmental memorandum for final consideration.
7. The Director will levy final approval consideration for all recommended award nominations that come out of committee.
8. Administration will announce approved awards and notify staff via an inter-departmental memorandum.
9. Presentation of awards will be arranged through Administration.

101.04.06 Annual and Specialty Team/Position Ribbons

1. **Length of Service Ribbon:** Length of Service Ribbons will be issued upon completion of the following service years with the Department of Emergency Services:
 - a. 5 Years - black ribbon with three (3) stripes at each end, the outer most strips red, the middle strips blue and the innermost strips gold with a gold star in the center of the ribbon.
 - b. 10 Years - the 5 Year ribbon with two (2) gold stars.
 - c. 15 Years - the 5 Year ribbon with three (3) gold stars.
 - d. 20 Years - the 5 Year ribbon with four (4) gold stars.
 - e. 25 Years - the 5 Year ribbon with a circular cluster of five (5) gold stars.
 - f. 30 Years - the 5 Year ribbon with a circular cluster of six (6) gold stars.





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2. **Most Valuable Provider (MVP):** This designation ribbon is bestowed upon the clinician with the most service responses in a calendar year. In the event of a tie, there may be more than one recipient.



3. **Specialty Team/Position Ribbons:** Acknowledgment given to those personnel who earn a position on a specialty team. These team ribbons include:
 - a. **Hazardous Materials Team Ribbon**
 - i. Counterterrorism Operations Citation
 - ii. Presidential Inauguration Citation
 - b. **Tactical EMS Team Wings**
 - i. Counterterrorism Operations Citation
 - ii. Physical Fitness Excellence Citation
 - c. **Marine Unit Ribbon**
 - i. Counterterrorism Operations Citation
 - d. **Ambulance Strike Team Ribbon**
 - i. Hurricane Deployment Citation
 - ii. Presidential Inauguration Citation
 - e. **Unmanned Ariel Vehicles Team Ribbon**
 - f. **Critical Incident Stress Management Team Ribbon**
 - g. **Incident Management Team Ribbon**
 - h. **Field Training Officer Ribbon**
 - i. **Safety Committee Member Ribbon**
 - j. **Training Unit Ribbon**



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101.04.07 Life Safety, Life Delivering & Merit Based Awards

1. **Merit Award:** This award honors units, teams or individual/s whose outstanding job performance and professionalism on an incident or day-to-day basis exceeds those above and beyond the normal duty requirements. An additional star (max 3) is added to the service award for every meritorious act recognized after the initial award.



2. **Academy Award - Academic Excellence:** This award is given to the cadet graduating with the highest-grade point average.



3. **Academy Award - Fitness Award:** This award is given to the cadet/s graduating with the highest display of, or improvement in the area of physical performance and team spirit.



4. **Academy Award - Leadership Award:** This award is given to the graduating cadet who has displayed outstanding leadership attributes throughout the entire academy. This award recipient is chosen by the class peers.





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- Life Safety Award:** This award honors teams or individual/s whose heroic performance results in a positive lifesaving effort. The patient must survive the incident and be discharged from the hospital. An additional star (max 3) is added to the service award for every recognized life saved after the initial award.



- Life Delivery Award:** This award honors teams or individual/s whose competent performance results in the delivery of a child/children. The patient/s must survive the incident and be discharged from the hospital.



- Agency Injury Citation:** This award is presented to individuals who have been heroically injured or sustained an injury in the line of duty. The injury must be of such severity that it is deemed compensable through Worker's Compensation and require medical intervention.



101.04.08 Valor Awards

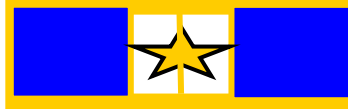
- Bronze Medal of Valor:** The Bronze Medal of Valor is the third-highest decoration that can be awarded to a member of the Charles County public safety community. This award is presented to an individual/s who have provided unparalleled service and gallantry to the community of Charles County, and in doing so, their actions have distinguished themselves above all others but not those of the Silver Medal of Valor or the Gold Medal of Valor.





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- Silver Medal of Valor:** This is the Department's second highest honor. The Silver Medal of Valor is presented to those personnel who have directly placed their life and/or limb in direct jeopardy in an effort to save that of another living person or creature.



- Gold Medal of Valor:** This is the Department's highest honor. The Gold Medal of Valor is reserved for those personnel who have directly placed their life and or limb in direct jeopardy in an effort to save that of another living person/creature. Those actions executed distinguish themselves through conspicuous gallantry and intrepidity at the risk of life above and beyond the call of duty.



101.04.09 Civilian Life Safety Award

This award honors non-public safety individual/s whose heroic performance results in a positive lifesaving effort. The patient must survive the incident and be discharged from the hospital. This award is presented to the recipient/s by the County Commissioners in a public forum.

TUALATIN VALLEY FIRE AND RESCUE
STANDARD OPERATING GUIDELINE
NUMBER 3.4.4

ORIGINATED AND APPROVED: 02-01-98
LAST REVISED: 04-16-21

SUBJECT: NEWS MEDIA RELATIONS

PURPOSE: To establish guidelines for the release of information by Tualatin Valley Fire and Rescue (TVF&R) personnel. To facilitate media participation in District events and notice requirements for public meetings and executive sessions hosted by TVF&R.

POLICY: It is the policy of TVF&R to proactively engage and work with the news media, within the guidelines of the Health Insurance Portability and Accountability Act (HIPAA), Oregon Public Records Law, and the procedures set forth in this Standard Operating Guideline. As a matter of policy, the District will provide information to the fullest extent possible without compromising patient privacy rights, investigations, or public safety.

AUTHORITY & RESPONSIBILITY: The public affairs chief is responsible for ensuring that there is a TVF&R Public Information Officer (PIO) on call at all times to respond to incidents and media inquiries. In addition, the District will maintain quality relationships with local news media and other PIOs throughout the region.

PROCEDURE

I. PIO Notification:

A. PIO staff will be automatically notified about the following situations:

- § Single alarm and greater fire incidents
- § Activation/response of TVF&R's specialty teams
- § Second alarm medical incidents
- § Major transportation crashes or incidents, such as aircraft or rail

B. The Duty PIO may also be notified as deemed necessary by an incident commander or dispatch for a/an fire fatality, injury to an on-duty member, incident at a major commercial establishment, out-of-District taskforce mobilization, or any incident drawing the attention of news media or response of the news media to a scene.

II. PIO Responsibilities:

- A. A fatal fire requires a PIO response, by either the on-duty PIO or an appropriate designee. The PIO will respond to other incidents deemed newsworthy and/or prompting a news media response.
- B. Once at a scene, the PIO is expected to work closely with the incident commander, first-in unit(s), and/or fire investigator to confirm the details of the incident.
- C. The PIO and incident commander should confer on whether the incident merits notification of local officials (e.g., city manager, mayor); notification should be performed by the PIO unless the incident commander specifically decides to handle it directly.
- D. If necessary, the PIO will work with responding law enforcement to establish a media staging area.
- E. The PIO should assist on-scene media with their newsgathering efforts, while limiting interference with District operations and preserving the integrity of an investigation. If the incident involves multiple agencies, the PIO should coordinate the release of information with other agencies to avoid conflicting information.
- F. The PIO should provide periodic briefings to the media and, if the situation allows, encourage the incident commander and/or District members involved in emergency operations to be available to the media for interviews.
- G. During the incident, the PIO is encouraged to post photos and/or details of the incident on the District's social media platforms. At the conclusion of the incident, the PIO should post details of the incident on the District's web site and/or issue a news release.
- H. In cases involving sensitive matters or continuing investigations, the PIO must confirm incident details with the incident commander or fire investigator before releasing information.
- I. Any operational information that the PIO discloses to the media must be in conformance with HIPAA and other applicable public records laws. HIPAA does not permit disclosures of Protected Health Information (PHI) to the media without the express authorization of the patient or their authorized representative. PHI is defined as individually identifiable health information, created or received by the District, that relates to the past, present, or future physical or mental health of a patient, the provision of health care to the patient, or payment for the provision of health care to the patient.

- J. To ensure that there are no inappropriate disclosures or uses of a patient's PHI, only the following information shall be disclosed to media:
- § Actions taken by TVF&R personnel on scene.
 - § Generic details of a patient's condition, age, and gender that cannot be used to identify, the patient(s).
 - § The total number of patients involved in an accident or transported to a hospital, and the name of the hospital.
 - § Unless granted permission from an authorized representative, the PIO will not publicize the name(s) of the deceased. Media should be referred to the involved law enforcement agency or medical examiner.
- K. Additional HIPAA regulations can be found in: SOG 4.1.1, Release of Documents Containing Protected Health Information, and SOG 4.4, Security, Access, Use, and Disclosure of Protected Health Information.

III. Firefighters and Fire Investigators:

- A. In the absence of a PIO, the incident commander or designee may establish a media staging area and/or provide an interview.
- B. Operations personnel conducting media interviews should limit the information released to confirm actions taken upon arrival.
- C. Personnel must not release information of a medical or investigatory nature. Release of specific medical information regarding a named patient may constitute an invasion of personal privacy (HIPAA), and release of information regarding the cause of an incident may compromise an investigation. Cause of death should be released by the investigative authority such as local law enforcement, federal authorities (FAA, FBI, NTSB), or medical examiner.
- D. Photos or video taken at an incident scene remain the property of TVF&R and are not to be distributed by other organizations or posted online without permission from the public affairs chief.

IV. Fire Chief Responsibilities:

Only the fire chief or his designee may release the following information:

- A. Statements about District policies
- B. Employee and organizational changes
- C. Information regarding disciplinary actions

V. News Media at TVF&R Incidents:

- A. The use of scene tape is encouraged to clearly define perimeters for public and media access. Upon arriving on scene, the TVF&R PIO should work with law enforcement to allow media access into the scene as soon as possible.
- B. A private property owner (or legal representative) may choose to restrict access to news media.
- C. Media should be directed to the media staging area or to the PIO.
- D. While mitigation of emergencies remains the District's first priority, all personnel should extend the utmost courtesy to news media. Media vehicles and equipment may be allowed closer to the incident scene than the general public, as long as they do not negatively impact operations.
- E. TVF&R personnel concerned about patient privacy issues during an incident may take precautions to limit what is visible to the news media and public. This includes using tarps or personnel to shield a patient, vehicle, or other equipment, covering a vehicle license plate, etc. Personnel should not confront news media representatives or community members who may be using their cell phone to videotape an incident.

VI. News Media at TVF&R Public Meetings:

- A. Local news media may ask to receive monthly notice and informational packets prepared for board of director meetings.
- B. As with incident coverage, TVF&R personnel should make every effort to respond to media inquiries prior to, and after, board of director meetings and other public sessions sponsored by the District.

VII. News Media at TVF&R Executive Sessions:

- A. Consistent with Oregon Public Meetings Law (ORS 192.660), it is the board's policy that all information discussed or considered in executive sessions shall not be disclosed unless otherwise authorized by the board. Representatives of the news media are specifically directed not to report on any of the deliberations during executive session, except to state the general subject of the session as previously announced (ORS 192.660(4)). This policy extends to all statements made in executive sessions, to all documents considered, and all other information presented or considered, regardless of the format, in executive session. This policy shall apply whether or not persons attending any particular executive session are reminded of the policy. The board, in its sole discretion, may make

exceptions to this policy if the board deems it to be in the public interest to do so, and if the board votes unanimously to do so.

- B. Only recognized media will be allowed to monitor board of directors' executive sessions. Recognized news media includes entities that are organized and operate to broadcast, disseminate, or publish news to the public, and that are committed to compliance with the confidentiality of executive sessions as required under Section VII, A.
- C. Non-recognized media, which operate outside of the parameters described in Section VII, B must provide the District with notice of intent to attend an executive session. Documentation must be received at least 14 working days in advance of the meeting to allow staff time to investigate the applicant and prepare a recommendation to the board. This requirement may be waived if the board, in its sole discretion, recognizes that an applicant qualifies under this policy, or determines that other good cause exists for making an expedited determination.
- D. In determining media participation at executive sessions, the board may consider any information provided by the applicant or District staff or information obtained from other sources. The board may consider and weigh any factors it deems relevant, including, but not limited to, the following:
 - 1. Applicant is a member of a traditional news association
 - 2. Applicant has a well-established structure to ensure compliance with the confidentiality of executive sessions, as required in Section VII, A
 - 3. Regularity of the broadcasts, dissemination, or publication of news
 - 4. Applicant is recognized as a qualified news source for the public
 - 5. Applicant is an advocate for the interest and/or opinions of a special interest group, individual or cause
 - 6. Applicant customarily reports on the activities of TVF&R or issues within TVF&R's scope of interest
- E. If the board has reason to believe that a news media attendee has previously failed to comply with the board's policy, the board may request that the media organization send a different representative to executive sessions, or take other appropriate measures to protect the integrity of its executive sessions.
- F. An applicant that has a direct personal interest in the subject of the executive session that would frustrate the purpose of the executive session may be barred from attending.

- G. Cameras, tape recorders, and other recording devices may not be used in executive sessions, excepting the official executive session recording made by District staff. Postings to an individual's or agency's social media platforms must also adhere to those rules outlined in Section VII, A.
- H. The policies and procedures adopted by this policy apply to all TVF&R boards, commissions, and committees.

APPROVED

DERIC WEISS
FIRE CHIEF

PUBLIC INFORMATION, EDUCATION AND RELATIONS

Objective: *The agency (a) will develop a public information, education, and relations (PIER) plan, (b) will establish funding dedicated to the implementation of the PIER, (c) will identify an individual responsible for the PIER, and (d) will develop a recurring method to evaluate the success of the PIER.*



The agency is at Step 1 when there is no plan for addressing PIER.



To move to Step 2:

- ✓ *Begin discussion within the agency related to the need for engaging in public information, education and relations*
- ✓ *Begin discussion on possible target audiences to receive meaningful*
- ✓ *information or education from the agency*

Wherever EMS is provided, it is common to find a community that expects the EMS agency to be ready whenever someone needs care. Often, though, that community has little knowledge of the agency or the care provided by the members of the service. This can create false perceptions and give credence to poor decisions that could negatively affect the agency, specifically EMS operations. Spontaneous, non-strategic and knee-jerk involvement in public information, education and relations efforts can occur. While they can be effective, employing a thoughtful, planned effort moves the agency from being reactive to proactive. Developing a PIER can help proactively address topics and reduce inaccurate perceptions and understandings of the agency.

This step is intended to engage the agency in thinking about the need for a PIER and who the primary audiences are for stepped-up interaction and exchange of information. The “why” of this will be more effective in building a plan than the “who.” Why the agency wants to engage a particular group will help build the sequence for an effective PIER.

Assessing the “Why”

To help get started, think through and record what are the pressing, important issues for the agency. Why do we want to do this? The simple answer may be to heighten the agency’s community profile. But why? Perhaps funding is tight, perhaps ongoing difficulty exists maintaining critical legislation related to EMS. There may be difficulty getting local businesses to allow employees to leave when needed for an ambulance call. New equipment or a replacement base of operations might be needed. Maybe it is as basic as needing more members. The list could

go on and may include needs related to building awareness of specific medical conditions that show a much better outcome if the agency is called. As the assessment progresses, it is advisable that the agency engage with regional and state EMS organizations to consider initiatives those organizations may recognize as critical and which the agency may have missed. Through this initial review of issues, none should be immediately written off as unimportant.

Identifying the “Who”

Once the “why” is fleshed out, then the question can become, “Who can affect positive responses to the issue we need to address?” That group becomes the “who” and tactics will need to be developed to guide portions of the PIER to connect with that group. The tactics become the “how.”

For example, if the issue is related to STEMI patients not using an ambulance to get to a hospital that can provide the appropriate care, the PIER plan could include a segment to reach what generally would be considered a relatively healthy population who may fit the profile of those in the community who experience STEMIs. Or, if the issue is a threat of regionwide or statewide laws being changed which will negatively affect the agency and other EMS providers, then the PIER plan will need to address the group of elected and non-elected officials who can speak in the decision-making process and provide them with information related to how the change may impact the agency. In both cases, the audiences need to know the value of the service provided and the negative effects of not using the service or changing regulations or laws which will negatively impact the operation of the ambulance service.

During the agency review, simple, initial steps can be taken to begin awareness in some of the high-priority groups identified. Maybe it is as simple as making sure a uniformed member is at the local chamber of commerce meeting when elected officials and regulators are present. Maybe it is having a member available at a community gathering to offer blood pressure checks to the public. In both of those examples, simple publicity pieces could be offered to the audiences. These pieces may be created or obtained from a national association, such as the American Heart Association or the American Red Cross, or other similar associations. Using publicity pieces will enable people in the targeted groups to leave with information about the complexity of operating an ambulance service, for the first group, and perhaps a handout on recognizing signs and symptoms of a heart attack with specific instructions of what to do for the second group in the examples suggested. Establishing and using a presence on social media is an economical and effective way to engage the community.



The agency is at Step 2 when the EMS agency is in the process of developing a PIER plan.

Indicators

- (1) Documentation that discussions have occurred related to a PIER and
- (2) A record of when and where the agency engaged some target audiences.



To move to Step 3:

- ✓ Document ideas on what audience(s) should be targeted and why
- ✓ Develop small and manageable set of strategies and tactics to follow as part of a PIER plan

While a PIER plan must include documentation of the assessment mentioned in Step 2, which identifies the most needed areas of impact, an effective PIER must also have clearly written strategies with accompanying tactics to effectively execute the plan. Strategies can be constructed in the same manner recommended in Section 6 “Recruitment and Retention” with the focus in this section obviously placed on the groups to be engaged.

Example

Using the hypothetical example presented in Step 2 on STEMIs and assuming information on the demographics of the target audience is known, a strategy and supporting tactics could look like this:

Strategy: By (date) we will have engaged 1,000 people between the age of 30-65, offering blood pressure checks and providing written information on recognizing signs and symptoms of a heart attack and the initial steps needed to improve their chances of survival.

- Tactic 1: “By (date) Joe will develop and execute a plan to provide blood pressure screening and American Heart Association cards on heart attacks to members of the PTA and Kiwanis Club.
- Tactic 2: By (date) Brenda and Jill will work with our local hospital to provide blood pressure screening and American Heart Association cards on heart attacks at the quarterly meeting of state and county employees in our town.
- Tactic 3: By (date) Judy and Robert will provide blood pressure screening and American Heart Association cards on heart attacks at the quarterly chamber of commerce meeting.
- Tactic 4: By (date) Jill and Judy will provide blood pressure screening and American Heart Association cards on heart attacks to the parents and coaches of our youth sports association in our community.

Once the documentation of the assessment is completed and tactics are built to accompany strategies agreed upon to address the audiences selected, the agency will have a PIER plan in place. Remember, the strategies and tactics created need to address the agreed upon targets, which are based on the assessment completed, for the plan – which include, distributing

information, providing education and meeting needs to have a spokesperson available when one is needed. This can become a very consuming step as the plan is created. Public information, public education, and public relations can each become an entity on its own, but the three must be closely and seamlessly integrated. It is best to begin small, perhaps focusing on one portion (e.g., public education) and then expanding to public information and public relations as the plan matures.



The agency is at Step 3 when there is a PIER plan, but no funding is dedicated to its implementation.

Indicators

A written PIER plan ready for activation.



To move to Step 4:

- ✓ *Determine the fiscal component of each strategy*
- ✓ *Construct a budget for the PIER plan*
- ✓ *Include the PIER budget in the agency's budget for funding*

The examples used in the previous two steps can likely be executed with minimal cost. Having said that, even with the basic examples provided, there may be costs to purchase the information cards and there may be costs associated with the time the members spend at events. The agency needs to include the expenses anticipated for the PIER plan in its operating budget.

Once the PIER plan is in place, as established in Step 3, the costs of executing each tactic can be determined with a fair amount of accuracy. Knowing how many crew-member hours are needed to execute the tactic, knowing what supplies and incidentals will cost, and knowing of any expenses associated with sponsorship fees – if applicable, etc., will help in building a budget for each tactic. Once this is completed for each tactic, the total projected cost of operating the PIER plan for a defined period of time will be known. Including those expenses in the agency's budget will help assure the plan can be executed as intended.



The agency is at Step 4 when there is a PIER plan that has funding dedicated to its implementation.

Indicators

- (1) The PIER plan created in Step 2 and used in this step, and*
- (2) A budget approved by the agency to fund the PIER plan.*



To move to Step 5:

- ✓ Select an individual to be responsible for leading the PIER plan*
- ✓ Establish a means to evaluate the effectiveness of each tactic implemented*

The final pieces to put in place for complete and full implementation of this attribute are identifying an individual who will be responsible for the PIER plan and putting in place a recurring method of evaluating success of the plan.

Selecting a Leader

One person should be identified to be responsible for the PIER plan. Often, this position is identified as the public information officer (PIO). A job description will need to be constructed to provide clarity to both the EMS agency and the individual on expectations and requirements of that role. It will be helpful if there is an identified work group to help with the various aspects of the plan, from assessment through resource and ongoing evaluation of the plan. However, effectiveness will increase when one person is identified as the owner of this plan. This establishes clear reporting responsibilities and allows the leader to have the ability to move quickly when needed, without getting bogged down in debate and perhaps voting on approval by the entire membership on opportunities needing immediate attention.

Whenever feasible, it is good to have an agency member fill roles such as this. However, it is necessary to recognize specific skills and abilities that are needed for this, as well as other positions. If necessary, rely on expertise from outside the agency if that is best for the plan's execution. A written job description identifying the skills and abilities needed for this position, as well as experience deemed advantageous, should be included in the job description. Experience in planning projects, managing the execution of projects, collaborating with various size groups to gather input and perspective are a few of the necessary skills that need to be possessed by the individual chosen for this position. Clearly defining how much authority the position is given for expending budget funds and making commitments to events and public gatherings needs to be expressed.

Recurring Evaluation

Using the tactics developed to achieve each strategy will serve well for determining the PIER's success. Using data compiled as each tactic is executed will allow metrics to be used. If the

strategy is to engage 1,000 people as in the example in Step 2, then a review needs to be done to determine if that number was reached. If it was not reached it must be determined why and corrections made in the renewed tactics that will be used for the next cycle. Anecdotal information can also be helpful, especially as it relates to the materials created or purchased and used by the agency as handouts.



The agency is at a Step 5 when there is a PIER plan that has funding dedicated to its implementation, someone identified as responsible for the PIER, and a recurring evaluation of its success.

Indicators

- (1) A leader responsible for the PIER plan is identified, and*
- (2) A recurring evaluation is in place to evaluate and provide a basis for improvement.*

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 1900 Customer Feedback/ Community Relations

Purpose: To provide an environment that understands that patient care and satisfaction are the purpose of Shelby County EMS.

1900.01 **COMMUNITY RELATIONS**

When SCEMS is requested for civic groups, town festivals, community gatherings, news media, and information concerning public safety, the Public Relations Officer will fill out a request form in detail of the event.

1900.02 SCEMS is committed to, and understands the rights of the news media and general public to be accurately informed in all matters concerning public safety. Every effort should be made to channel these request through the Chief or Deputy Chief.

1901.01 **COMMUNITY EDUCATION, HEALTH PROMOTION,& INJURY PREVENTION**

SCEMS will provide pre-hospital care education, health promotions, and injury prevention through history, education, & awareness on request.

1901.02 SCEMS educates the public in pre-hospital care through lectures and hands on demonstrations. SCEMS will provide injury prevention material for schools and safety tip cards for adults. These items will contain community education, health promotions, and injury prevention.

1902.01 **RECEIVING AND REFERRING FACILITIES**

SCEMS will provide transferring and receiving facilities a program to educate them on our capabilities and services provided. These will be conducted through the SCEMS Training Officer. Topics will include:

- Standards
- Capabilities
- Procedures
- Benefits to the patient
- Appropriateness of transfers
- Guidelines

1903.01 **CUSTOMER FEEDBACK**

SCEMS has established a customer feedback program through our Quality Assurance program. Selected patients will receive a phone call asking to do a brief survey on the following.

- Response time
- Bedside manors
- Quality of care
- Transport time

All data gathered will be used for patient improvement.

1904.01 **COMMUNITY SERVICE**

To establish a good working relationship with the community and general public, SCEMS will offer their presence at public events as requested. These requests will be forwarded to the SCEMS Community Relations Officer. Examples include:

- Local parades
- School events
- Fairs
- Community events
- Civic groups

1905.01 **COMMUNITY DIVERSITY**

To ensure that efforts are made to address cultural and language diversity in the community. The following should be attempted when possible.

- Attempt to learn new cultures
- Learn new languages
- Participate in events
- Provide bilingual injury prevention programs

1906.01

COMMUNITY AWARDS

SCEMS also recognizes members of the community who with no obligation or expectation to act do so for the sake of others. The following awards may be bestowed on members of the community;

Citizen's Heroism Award

The Citizen's Heroism Award is awarded for actions by a member of the community other than EMS/Fire taken to assist others at great risk to ones own life.

Citizen's Lifesaving Award

The Citizen's Life Saving Award is awarded for actions which directly result in the saving of a person's life.

Citizen's Service Award

The Citizen's Service Award is awarded for actions by a member of the community other than EMS/Fire taken to assist others in need at emergency scenes

1907.01

MEDIA RELATIONS

SCEMS members will refer all media inquiries to the Chief or Deputy Chief. If SCEMS personnel are approached by the news media they shall make no statements and facilitate the media's contact with the Chief.

1908.01

CONTACTING MEDIA

The Chief or Deputy Chief shall coordinate the release of all general information to the media

1909.01

TRACKING MEDIA COVERAGE

Every attempt to track all media information related to SCEMS will be done. This will be used to determine.

- Accurate information release
- Training Opportunities

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Title:	Public Education
Policy:	601.00
Purpose:	To identify processes that ensure the Okaloosa County Department of Public Safety Public Relations Committee is active in developing and implementing programs to enhance our overall goals of “safeguarding the health, safety and welfare of our community.”

Policy:

The Public Relations Committee is responsible for planning and oversight of all Okaloosa County Department of Public Safety public relations, education, and outreach programs.

Current initiatives will include two components:

1. Public Education.
2. Marketing and awareness activities for OCEMS, Beach Safety, 911 Communications, and Emergency Management

By including both of these components in the initiatives, the public is adequately introduced to and develops a positive relationship with the Department. Second, the public is educated on simple rescue techniques, first aid, pertinent preventative health, and preparedness.

The following are current programs which are in progress or current development:

1. World Heart Day:
2. Childhood Cancer Awareness Month (September)
3. Don't Look Back (Education for high school students)
4. Local Parades (Opportunity for public outreach/education)
5. Local Festivals: (Opportunity for public outreach/education)
6. EMS Week
7. Public Safety Telecommunicators Week
8. Beach Safety Week
9. Storm Ready
10. Other public safety related initiatives


Accountability and Compliance:

1. It is the responsibility of the Public Relations Committee to ensure that all public relations events are scheduled appropriately, properly staffed and carried out in a manner that creates a positive relationship building opportunity for the Department and a learning opportunity for the public.

Policy #: 601.00
CAAS: 105.01.02
Author: Welborn
Reviewed: Leadership
Approved: Leadership
Status: Active
Effective Date: 04/01/2016
Revision Date: 08/23/2016

Parkdale Rural Fire Protection District

Standard Operating Guideline/Policy

Title:	Releasing Information to the Public	
Section:	Rules and Regulations	
SOG #:	2.14	
Authorized By:	Michael L. McCafferty, Fire Chief	

PURPOSE:

To ensure that the release of official documents is limited to individuals who have a legitimate right to the document and the information contained therein.

POLICY:

It shall be the policy of the Parkdale Rural Fire Protection District (PRFPD) to consider all call reports confidential information and are only to be released to the patient or the patients legal guardian (for PCR's), the property owner (for fires and motor vehicle crashes). An attorney representing the patient or property owner must provide written permission or subpoena to receive documents. The State Fire Marshal's Office and State police may also request documents which are released routinely.

AUTHORITY & RESPONSIBILITY:

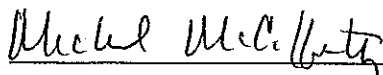
It shall be the responsibility of the Fire Chief to approve the release of any official fire department report. All members of the Department are responsible to help ensure that information is not unnecessarily or improperly released.

PROCEDURE:

Patient care reports (PCR's) and fire call reports are only to be released to the individual(s) directly involved with the incident, attorneys, State Fire Marshal's Office and State Police asking for reports. When a request for a report is received the following should be used:

- Inform the Fire Chief about request and receive approval for the release of the report.
- Document the date, time, and person's name, address, and phone number of the person receiving the official document.
- Check a valid photo I.D. Do NOT release any documents without verifying photo I.D.
- Make copies of the document requested, and then promptly return it to the file.

Adopted: 6 - 14 - 2018



Michael L. McCafferty, Fire Chief

TUALATIN VALLEY FIRE AND RESCUE
STANDARD OPERATING GUIDELINE
NUMBER 3.4.3

ORIGINATED AND APPROVED: 06-20-11
REVISED: 07-09-18

SUBJECT: SOCIAL MEDIA GUIDELINES

PURPOSE: Establish guidelines for the use of social media by employees and volunteers, including, but not limited to, social networking sites, blogs, forums, and news articles. This policy is intended to provide guidance to District employees and volunteers to avoid illegal or damaging actions, loss of public trust, and compromised security related to the use of social media. It is not meant to hinder use of technology, photos and video for legitimate work-related purposes, nor hinder an employee's right to speak out on matters of public concern.

POLICY: When engaging in the use of social media, employees and volunteers must conduct themselves in a manner consistent with SOG 8.7.13, [Code of Ethics and Conduct](#). Only authorized employees are permitted to use social media for business purposes.

AUTHORITY & RESPONSIBILITY: Human Resources and Public Affairs have primary responsibility for interpreting and administering this policy. District employees and volunteers are expected to comply with the guidelines. Supervisors are responsible for ensuring that the conduct, actions, and behavior of their reports fall within the guidelines. Only authorized administrators may post to District social media accounts.

PROCEDURE:

I. DEFINITIONS:

- A. SOCIAL MEDIA: A broad spectrum of internet platforms and websites including, but not limited to, Facebook, YouTube, Twitter, Instagram, forums, blogs, and news media website comment threads.
- B. BUSINESS PURPOSE: Use of social media as a means of communicating official information about the District, including incident information, emergency information and feature stories. Also includes interaction with community members on social media websites.
- C. PERSONAL USE: On-duty use of social media sites by a District employee, including access on personal or District provided computers and smartphones.

II. USE OF SOCIAL MEDIA FOR BUSINESS PURPOSES:

- A. The District seeks to engage the public by using social media tools to promote its mission and share information.
- B. District personnel will not release confidential or HIPAA-protected information without written permission of the involved parties. If HIPAA-protected information is released, the posting will accompany a statement that informs viewers that the consent of the patient was obtained.
- C. ELECTRONIC MEDIA: Electronic media captured by District employees and volunteers acting as agents of the District at the time the media is captured, including photos of an incident or response operation, must be transferred to the [District Media Share](#) in accordance with SOG 1.09, [Electronic Media](#). Under no circumstances may incident photos be posted to any internet or social media website by anyone other than those individuals authorized to do so by the District (see Section IV B). In addition:
 - 1. Photos and videos posted to any internet or social media website must be in compliance with HIPAA regulations regarding patient privacy, e.g. not showing a patient's face, license plate, or other identifying features.
 - 2. Photos and video taken by on-duty employees or volunteers will be done with appropriate discretion and regard for the potential emotional reaction of the victim/patient or the general public and in accordance with the purposes defined in SOG 1.09, [Electronic Media](#).

III. PERSONAL USE OF SOCIAL MEDIA BY EMPLOYEES AND VOLUNTEERS:

- A. The District recognizes that many of its employees and volunteers regularly engage in social media in off-duty hours. District provided Internet access will be used primarily for District business described in SOG 2.1.3, [Internet Access and Usage](#). During work hours, District members may use the Internet for personal use under the terms and conditions described in SOG 8.8.5, [Use of District Owned Property](#).
- B. In general, the law allows public sector employees to speak out on "matters of public concern". The District encourages employees to use good judgment related to their social media activity.
- C. Use of social media by employees and volunteers will be guided by the following:
 - 1. Employees or volunteers must never release confidential or HIPAA protected information.

2. Photos or video taken at an incident or emergency scene must be transferred to the [District Media Share](#) (see SOG 1.09, [Electronic Media](#)). Under no circumstances may an employee post a photo or video of an emergency incident they responded to while on duty on a private social media site or any private website.
3. Any photo taken by an employee or volunteer while training or participating in a District-sponsored event or activity – before being posted on a personal social media site – will be forwarded to the District’s social media administrators for review and/or posting on District’s sites beforehand. Any photograph posted on an official District social media site, can be “liked,” tagged, or copied to a personal site. District-sponsored event or activity includes training drills, meetings, community events, station tours, or any situation in which employees are wearing or using District-issued clothing or equipment.
4. The TVF&R logo will not be used on a non-District site in a manner that implies the District endorses and/or has a relationship with an individual or business without approval by authorized Public Affairs or Human Resources personnel. (Exceptions are sites that automatically associate and display the logo with the organization’s name such as professional networking site LinkedIn.)
5. Employees or volunteers should avoid presenting personal opinions that imply endorsement by the District. If posted material may reasonably be connected to the District or its operations, the material should be accompanied by a disclaimer to the effect: *“The opinions and positions expressed are my own and may not reflect those of TVF&R.”*
6. Employees or volunteers must be aware of the image conveyed by words and pictures on a personal social media site. The following are District policies that all employees and volunteers should keep in mind when participating in social media:
 - a. HIPAA (Health Insurance Portability and Accountability Act)
 - b. [Board Policies](#) 4.12 – *Harassment* and 4.3 – *Employee Conduct and Responsibility*
 - c. Civil Service Rule 11
 - d. SOGs 8.7.6 – [Harassment/Hostile Work Environment](#) and 8.7.13 – [Code of Ethics and Conduct](#)
 - e. TVF&R Personnel Reference Guide
 - f. The Chief’s Bulls-Eye
 - g. SOG 8.3.6 – [Violence Prevention](#)
 - h. SOG 1.09 – [Electronic Media](#)

7. Additionally, employees and volunteers are reminded to keep the following in mind when using a social media site:
 - a. Information posted goes out instantly to thousands – possibly millions – of people around the world and once published, it cannot be undone.
 - b. Information posted on the internet is public. Employees and volunteers are responsible for knowing how to use social network sites, manage information shared on such sites, and ensure that their online profile is one they wish to potentially share with the public.
 - c. Social networking site privacy settings (such as Facebook) should be reviewed and consideration given to changing settings to “Friends Only” to ensure only approved individuals have viewing privileges.
 - d. “Tagged” photos should be regularly reviewed to ensure that they are appropriate. On websites like Facebook, individuals can “tag” someone in a photo without their permission. Employees and volunteers should consider manually searching and removing “tags” on photos that may not reflect positively on themselves or the District.
 - e. Social networking sites can track the origins of traffic to their site and often do so. Reporting systems, such as Google Analytics, can identify computers at specific public or private organizations, e.g., city government offices, newspapers, TV news channels, etc.

- IV. Contractors and/or third parties who violate this policy are subject to denial of access to TVF&R facilities, personnel, and assets, and permission to perform services on TVF&R’s behalf.

APPROVED:

MICHAEL R. DUYCK
FIRE CHIEF



Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

Section 100 - General Rules & Administration

Table with 3 columns: S.O.P. # 100.36, Adverse Events, and PAGE: 1 OF 16. It also includes rows for EFFECTIVE: 10/2016 and REVISED: with corresponding authorized personnel.

100.36.01 Purpose

This policy provides guidelines on how adverse events are to be investigated, how responses to investigation outcomes should be determined and what kind of supportive documentation should be utilized.

- Provides an objective and consistent process for evaluating employee choices.
• Prioritizes the identification of behavioral choices and system designs that contain risk and allows for the development of strategies to manage that risk.
• Targets response to behavioral choices that evaluate for root cause thereby increasing the likelihood that future occurrences will be avoided.
• Creates a system of transparency that allows for employees to be held accountable for their choices but provides them with a sense of fairness and due process.

100.36.02 General Overview

Just Culture@ is a system of shared accountability in which the Charles County Department of Emergency Services is accountable for the system it has designed and for responding to the behavior of its employees in a fair and just manner.

Just Culture is based upon a shared belief in the following principles.

- It is impossible to design a system that is perfect and does not allow for undesirable outcomes.
• All employees at every level will commit errors. It is unavoidable.
• All employees will drift into at-risk behavior as they become more experienced and confident with their jobs.
• The best systems anticipate human error and at-risk behavior and are designed to predict where those failures will occur and to manage them before they can cause harm.
• Just Culture@ philosophy works best in a learning environment that seeks to learn from our mistakes and to share what we learn in an effort to support continued safe choices and system improvements.



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

- The most effective systems productively coach employees around reliable behaviors and recognize when remedial or disciplinary action will best serve the organization.

100.36.03 Definitions

At-Risk Behavior - behavioral choice that increases risk where risk is not recognized, or is mistakenly believed to be justified.

Coaching - a values supportive discussion with the employee on the need to engage in better behavioral choices

Counseling - a first step in disciplinary action; putting the employee on notice that performance is unacceptable

Disciplinary Action - actions beyond remediation, up to and including punitive action or termination

Human Error - inadvertently doing other than what was intended

Knowingly Cause Harm - having knowledge that harm is practically certain to occur

Performance Shaping Factors - attributes that impact the likelihood of human errors or behavioral drift; examples include heavy call volume, reflex time requirements, and irregularly scheduled vehicle maintenance

Personal Performance Shaping Factors - attributes that impact the likelihood of human errors or behavioral drift that are personal in nature; examples include poor health or illness, stress, marital problems and drug/alcohol addiction

Reckless Behavior - behavioral choice to consciously disregard a substantial and unjustifiable risk

Remedial Action - actions taken to aid the employee including education, training and re-assignment

Substantial and Unjustifiable Risk - a behavioral choice where the risk of harm outweighs the social benefit attached to the behavior



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

100.36.04.01 Event Investigation

It is necessary that some type of event investigation occurs for each separate adverse event or trend. But just as every event differs in scope and severity, so will the methodologies employed in each investigation differ to some degree. Some events will dictate rigorous and formal investigations while less serious ones will demand a more informal approach. In any case, however, there are certain steps that may prove beneficial or even essential to each review.

1. Identify the undesirable outcome.
 - a. This may be expressed in terms of harm to person or property or it may be determined that it was a precursor event that held the potential for harm.
 - b. Always look for multiple undesirable outcomes as there may be different causes to each. For example, an accident in which a provider or patient was injured might have two undesirable outcomes - damage to the vehicle and injury to a person. The cause of the vehicle damage might include a failure to stop in time but the injury to the person although attributed to the accident might have resulted more directly from a failure to wear a safety harness.
 - c. All adverse events concerning patient care must be forwarded to the Quality Assurance Officer for handling.
2. Search for causes
 - a. Determine what happened.
 - b. Determine what normally happens.
 - c. Determine how policy, protocols or standards of care might relate to the event.
3. Build a cause and effect diagram. (See Fig. 1)
 - a. Start at the left with the undesirable outcome and work rightward until you have reached what you perceive to be the root cause of the event.
 - b. This process is more appropriate for more formal investigations but may prove useful in the review of more minor issues when root cause is not obvious.
4. Explain all human error, knowing violations or mechanical failures. Each of these events will have a cause.

100.36.04.02 Just Culture Algorithm

1. All adverse events should be evaluated using the appropriate *Just Culture Algorithm*[©] which is designed to evaluate behavioral choices and determine whether an employee's decisions should be attributed to human error, at-risk behavior or reckless behavior.
2. Determine which algorithm to use.
 - a. Did the employee fail to follow a rule designed by the employer? If so, follow the *Duty to Follow a Procedural Rule* algorithm. (fig. 2)
 - b. Did the employee fail to produce an outcome expected by the employer? If so, follow the *Duty to Produce an Outcome* algorithm. (fig. 3)



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

- c. Did an employee put an organizational interest or value in harm's way? Was there harm or potential for harm to person or property? If so, follow the *Duty to Avoid Causing an Unjustifiable Risk or Harm* algorithm. (fig. 4)
3. Responding to the *Just Culture Algorithm* ©
 - a. After conducting an event investigation and applying the *Just Culture Algorithm* © to the employee's behavior and the system's design, you should be able to determine if the employee's behavior was simple error, at-risk or reckless. This determination will dictate your response.
 - b. For human error, you should console the employee and evaluate the error for its root cause.
 - c. For at-risk behavior, you should coach the employee and evaluate the at-risk behavior for its root cause.
 - d. For reckless behavior, you should consider remedial or punitive action.
 - e. Disciplinary Action
 - i. All disciplinary action must be in accordance with Chapter 10 of the Charles County Government Personnel Policy and Procedure Manual.
 - ii. Disciplinary action should begin with counseling in most instances. Although there may be times when proceeding straight to punitive action will be appropriate, it should be the exception and not the norm.
4. Generate solutions
 - a. Evaluate system design and modify system performance shaping factors.
 - b. Evaluate employee behavior and consider remedial action or note personal performance shaping factors.
5. Evaluate repetitive behaviors
 - a. Algorithms exist for evaluating repetitive human errors (fig. 5) and repetitive at-risk behavior (fig. 6) and these should be applied when needed.
 - b. Even when behavior is repetitive, system design and employee choices should be evaluated for identifiable performance shaping factors and action should be taken to modify these factors when possible.
 - c. It is acknowledged that repetitive behavior, even when it is human error, may at times need to be addressed with disciplinary action including possible termination.

100.36.04.03 Documentation

1. Not all behavior or events will be considered significant enough for investigation or for the application of the *Just Culture Algorithm* © It is appropriate to approach the employee in an informal manner when the errors are considered insignificant even at times when the behavior is repetitive. The documentation of mileage on patient care reports for example is a documentation requirement and the failure of an employee to include it in their reporting is a failure to meet that requirement. It would be most appropriate



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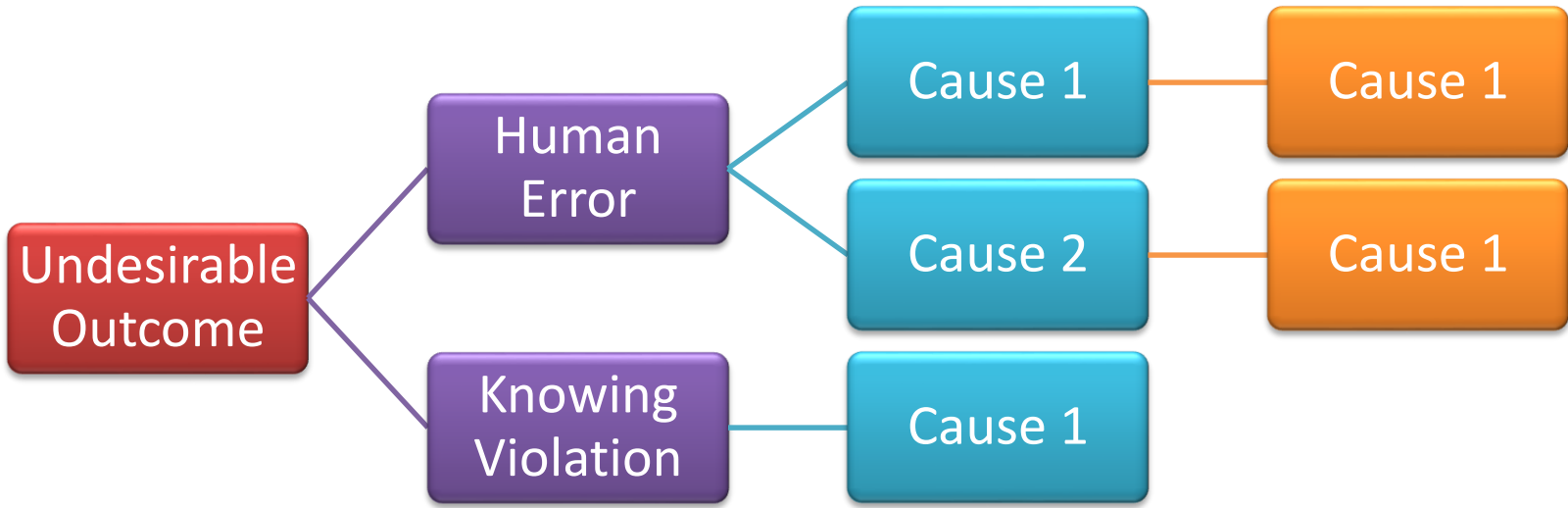
however for supervisors to remind the employee of this requirement perhaps multiple times before deciding to approach the employee in a more formal way. Once you determine that a more formal discussion needs to take place, this is when the *Just Culture Algorithm* © should be applied and this is when documentation *must* take place.

2. Prior to formal documentation, supervisors should be encouraged to make written notes in Staff Files or the eMEDS notification system as needed. These forms of notation serve as important barometers to an employee's behavior and will help you decide when to engage in more formal reviews.
3. When conducting an investigation, the appropriate *Adverse Event Form* must be used. Not all sections should be considered necessary in all instances. For example, you may elect not to use the Cause-and-Effect worksheet when investigating minor events.
4. An *Employee Conference Form* must be completed and signed by the employee when:
 - a. The employee was found to have breached a duty of which they had no knowledge.
 - b. Coaching around at-risk behavior
 - c. Consoling of employee includes plans on how to make better behavioral choices in order to avoid future errors
 - d. Consoling or coaching of employee includes referral to the Employee Assistance Program
 - e. An employee is found to have engaged in Reckless Behavior
 - f. An employee engages in repetitive at-risk behavior or commits repetitive errors, indicates that they understand the risks involved and is unwilling or unable to modify their behavior
5. Any disciplinary action taken or recommended beyond counseling must be documented on a Charles County Government Departmental Memo and should be forwarded to Human Resources through the supervisor's chain of command.



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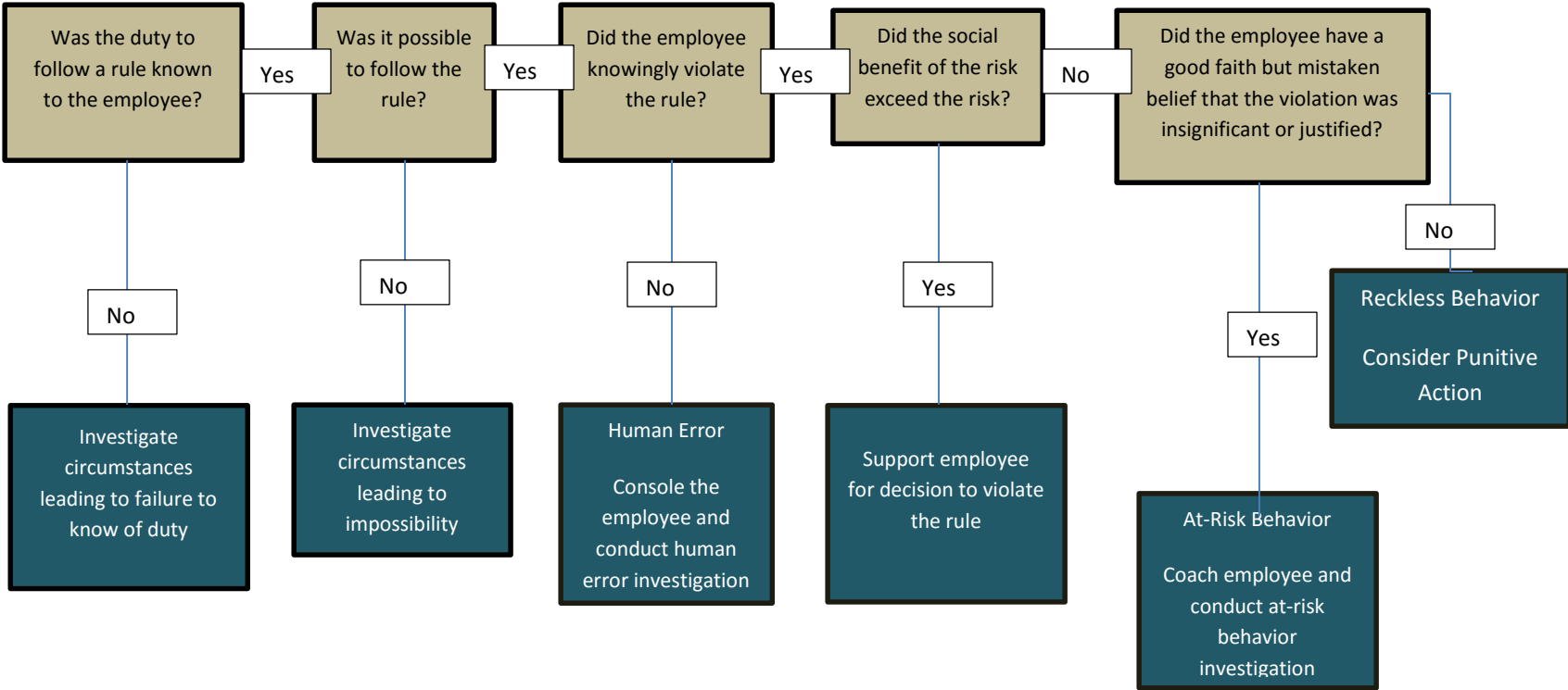
CAUSE AND EFFECT DIAGRAM – Figure 1





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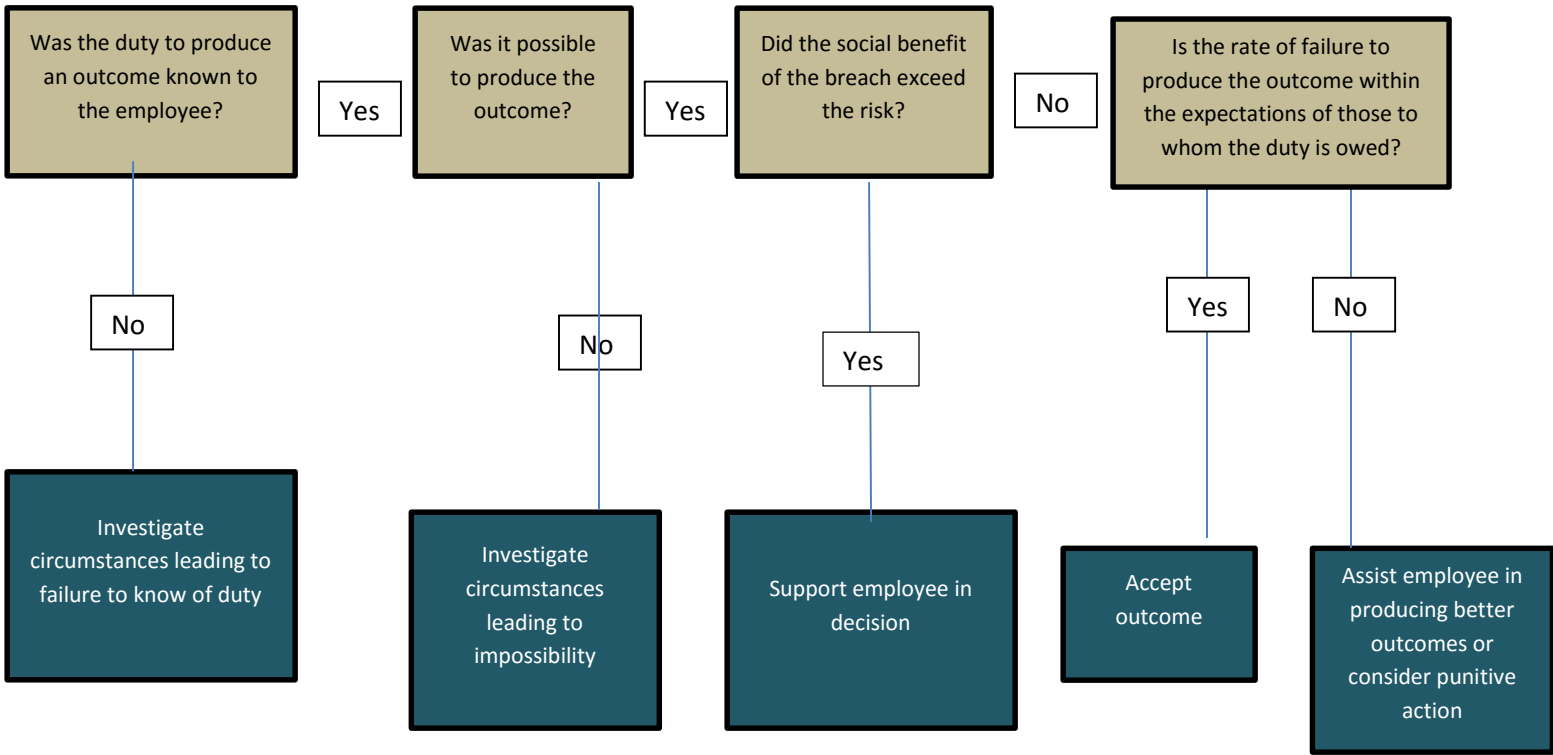
DUTY TO FOLLOW A PROCEDURAL RULE – Figure 2





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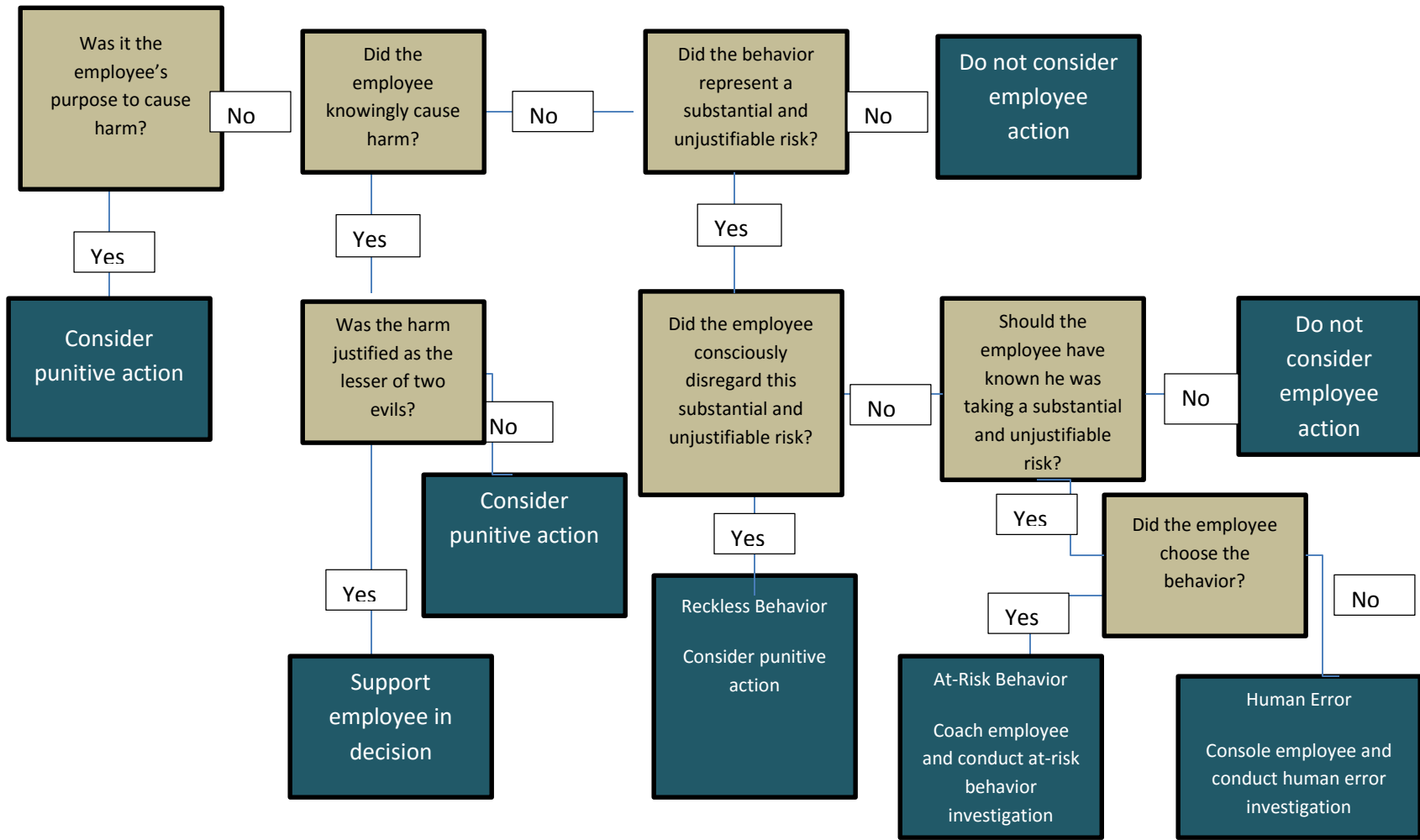
DUTY TO PRODUCE AN OUTCOME – Figure 3





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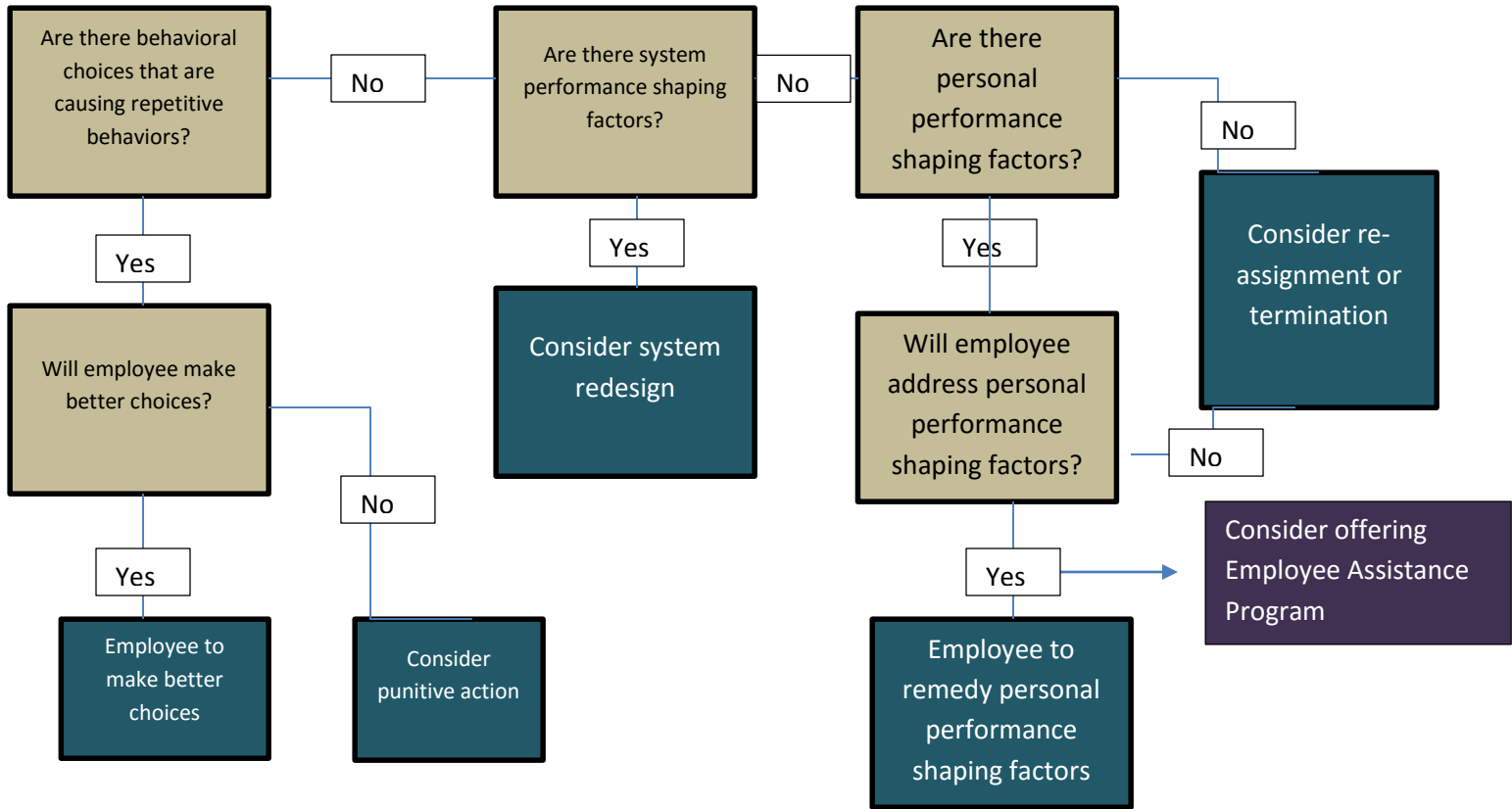
DUTY TO AVOID CAUSING UNJUSTIFIABLE RISK OR HARM – Figure 4





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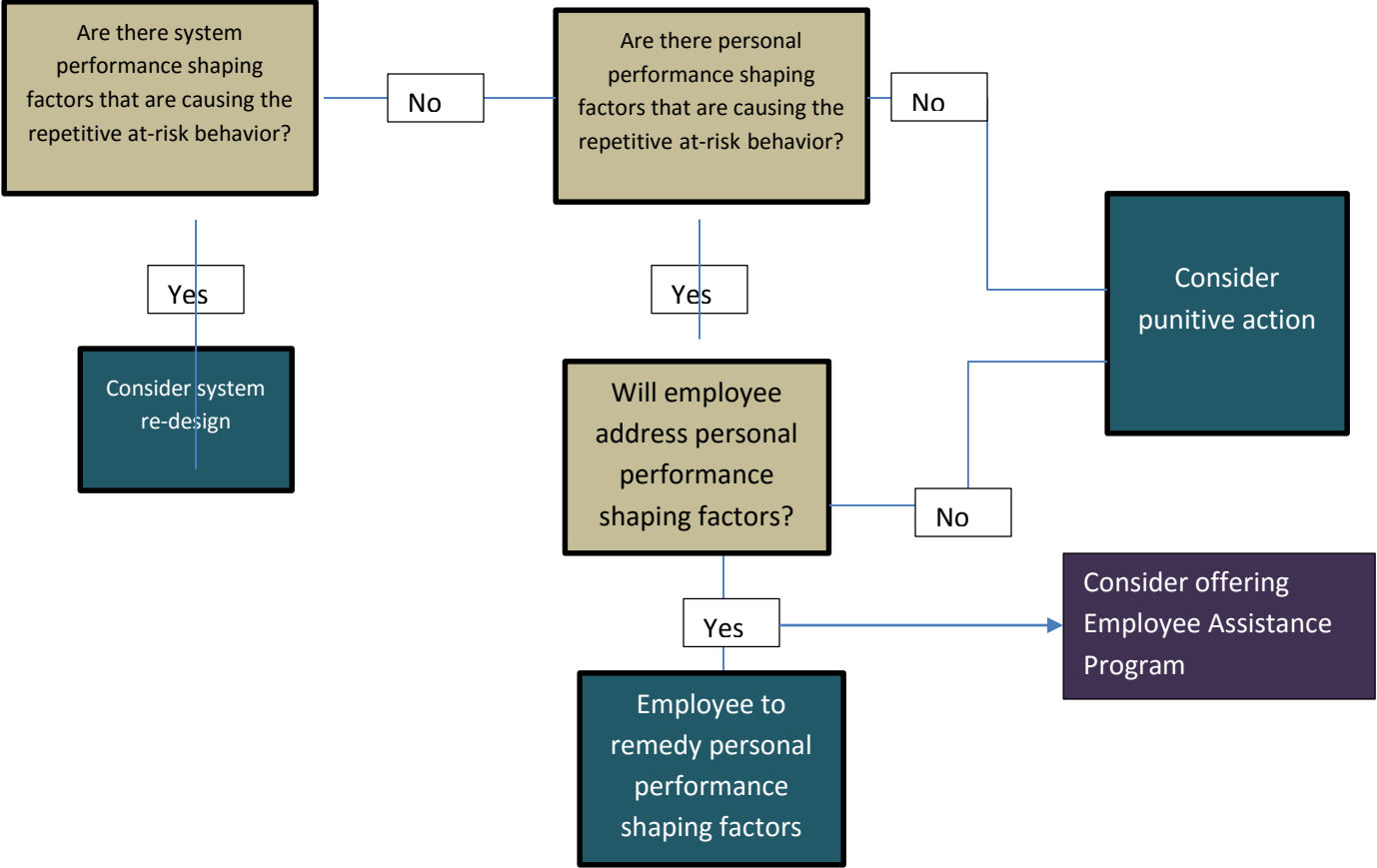
REPETITIVE HUMAN ERRORS – Figure 5





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REPETITIVE AT-RISK BEHAVIORS – Figure 6





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ADVERSE EVENT FORM - Duty to Follow a Procedural Rule

Employee Name		Supervisor Name		
Event Date		Procedure or Policy Violated		
Description of Adverse Event (Brief Description of Adverse Outcome, What Happened and Root Cause)				
Algorithm Analysis				
Question			Yes	No
Was the duty to follow a rule known to the employee?				
Was it possible to follow the rule?				
Did the employee knowingly violate the rule?				
Did the social benefit of the breach exceed the risk?				
Did the employee have a good faith but mistaken belief that the violation was insignificant or justified?				
Type of Behavior <input type="checkbox"/> No Fault (Did not know of procedure, impossible to follow the procedure) <input type="checkbox"/> Human Error <input type="checkbox"/> At-Risk Behavior <input type="checkbox"/> Reckless Behavior		Response to Behavior <input type="checkbox"/> None <input type="checkbox"/> Console <input type="checkbox"/> Coaching <input type="checkbox"/> Counseling <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> EAP Recommended		
System Design – Note any perceived problems with performance shaping factors that exist within the system and recommendations on how to modify these factors for risk reduction.				
Supervisor Comments				



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ADVERSE EVENT FORM - Duty to Produce an Outcome

Employee Name		Supervisor Name	
Event Date		Outcome Expected	
Description of Adverse Event (Brief Description of Adverse Outcome, What Happened and Root Cause)			
Question			Yes
No			
Was the duty to produce an outcome known to the employee?			
Was it possible to produce the outcome?			
Did the social benefit of the breach exceed the risk?			
Is the rate of failure to produce the outcome within the expectations of those to whom the duty is owed?			
Type of Behavior <input type="checkbox"/> No Fault (Did not know of procedure, impossible to follow the procedure) <input type="checkbox"/> Human Error <input type="checkbox"/> At-Risk Behavior <input type="checkbox"/> Reckless Behavior		Response to Behavior <input type="checkbox"/> None <input type="checkbox"/> Console <input type="checkbox"/> Coaching <input type="checkbox"/> Counseling <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> EAP Recommended	
System Design – Note any perceived problems with performance shaping factors that exist within the system and recommendations on how to modify these factors for risk reduction.			
Supervisor Comments			



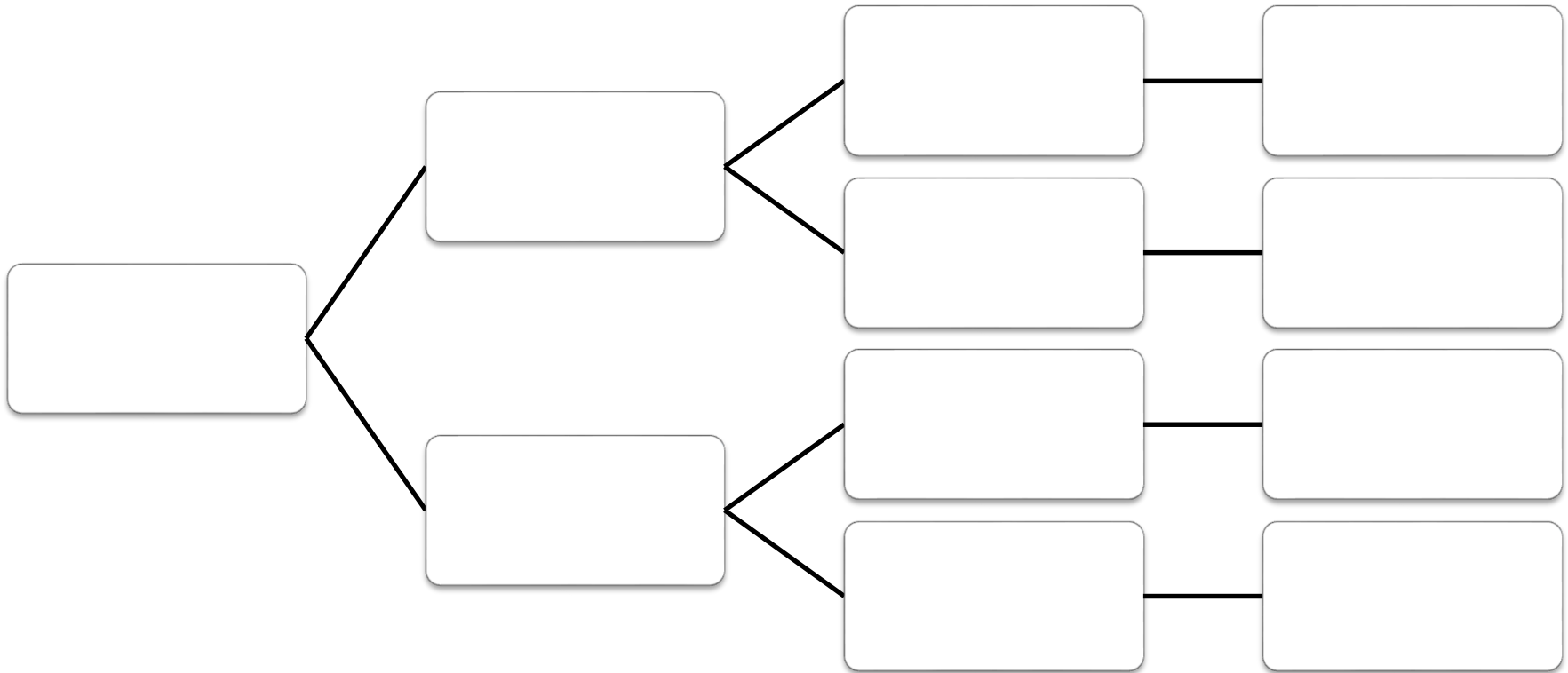
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ADVERSE EVENT FORM - Duty to Avoid Causing Unjustifiable Risk or Harm

Employee Name		Supervisor Name		
Event Date				
Description of Adverse Event (Brief Description of Adverse Outcome, What Happened and Root Cause)				
Question			Yes	No
Was it the employee's purpose to cause harm?				
Did the employee knowingly cause harm?				
Was the harm justified as the lesser of two evils?				
Did the behavior represent a substantial and unjustifiable risk?				
Did the employee consciously disregard this substantial and unjustifiable risk?				
Should the employee have known he was taking a substantial and unjustifiable risk?				
Did the employee choose the behavior?				
Type of Behavior <input type="checkbox"/> No Fault (Did not know of procedure, impossible to follow the procedure) <input type="checkbox"/> Human Error <input type="checkbox"/> At-Risk Behavior <input type="checkbox"/> Reckless Behavior		Response to Behavior <input type="checkbox"/> None <input type="checkbox"/> Console <input type="checkbox"/> Coaching <input type="checkbox"/> Counseling <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> EAP Recommended		
System Design – Note any perceived problems with performance shaping factors that exist within the system and recommendations on how to modify these factors for risk reduction.				
Supervisor Comments				



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Cause and Effect Worksheet



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ADVERSE EVENT FORM - Duty to Follow a Procedural Rule (SAMPLE)

Employee Name	Chuck Brown	Supervisor Name	Stephen Smith	
Event Date	August 2, 2016	Procedure or Policy Violated	401.01 Vehicle Operations – Use spotter while backing	
Description of Adverse Event (Brief Description of Adverse Outcome, What Happened and Root Cause)				
EMT Brown was noted backing up his ambulance at the Chick-Fil-A in La Plata while not using a spotter. When questioned, EMT Brown stated that he typically backs up without a spotter as his ambulance is equipped with a back-up camera and he feels that using a spotter would be redundant.				
Question			Yes	No
Was the duty to follow a rule known to the employee?			X	
Was it possible to follow the rule?			X	
Did the employee knowingly violate the rule?			X	
Did the social benefit of the breach exceed the risk?				X
Did the employee have a good faith but mistaken belief that the violation was insignificant or justified?			X	
Type of Behavior		Response to Behavior		
<input type="checkbox"/> No Fault (Did not know of procedure, impossible to follow the procedure) <input type="checkbox"/> Human Error <input checked="" type="checkbox"/> At-Risk Behavior <input type="checkbox"/> Reckless Behavior		<input type="checkbox"/> None <input type="checkbox"/> Console <input checked="" type="checkbox"/> Coaching <input type="checkbox"/> Counseling <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> EAP Recommended		
System Design – Note any perceived problems with performance shaping factors that exist within the system and recommendations on how to modify these factors for risk reduction.				
Back-up cameras have become more commonplace on the county’s apparatus. Our SOP is not specific to this factor and employees may feel like using a spotter is redundant and may not recognize the limitations of back-up cameras. Recommend that SOP be modified and department-wide PowerDMS memo be circulated advising of risks and limitations to back-up cameras.				
Supervisor Comments				
EMT Brown indicated that he understands the risks associated with backing up without a spotter. He also understands that back-up cameras and are not adequate substitutes for a spotter. EMT Brown is responsive to using a spotter when backing up apparatus. Employee conference form on file.				



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

Section 100 - Management & Administration

General Rules & Administration - 100.00		
S.O.P. # 100.13	Code of Officer Conduct	PAGE: 1 OF 2
EFFECTIVE: 06-10-16	Approved: John Filer, Chief	
REVISED: 08-30-16	Approved: William Stephens, Director	

100.13.01 Purpose

In fulfilling his/her responsibilities, each officer of the Charles County Department of Emergency Services serves as a moral and ethical agent. Every action, order and decision will affect the health and well-being of the individuals, organizations and communities we serve; therefore, officers must assess the consequences of their decisions and actions and accept responsibility for them. Officers must speak out and strive for the most moral and ethical course of action for themselves, the personnel they command and the community they serve.

100.13.02 Responsibilities to Individuals

The Officer shall:

1. Set an exemplary standard for subordinates and peers to follow,
2. Be courteous and tactful in all interaction;
3. Ensure communication of rights, responsibilities and information are upheld to foster informed decision making;
4. Respect the customs and beliefs of others - consistent with the mission of the organization;
5. Respect the confidentiality of information, except where it is in the public interest or where there is a legal obligation to divulge such information;
6. Promote competence and integrity among individuals associated with the Department.

100.13.03 Responsibilities of the Profession

The Officer shall take a leadership role by:

1. Serving the public interest in a moral, ethical and efficient manner,
2. Striving to provide quality services as defined based on accepted industry standards;
3. Communicating truthfully and avoiding misleading representations that may raise unreasonable expectations in individuals or within the community as a whole;
4. Using sound management practices to ensure the efficient, effective, economical and ethical use of resources and assets;
5. Promoting a broad understanding of public protection and safety services and issues;
6. Conducting inter and intra organizational activities in a cooperative way that improves community well-being and safety;



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

7. Developing and maintaining the required level of physical and mental health to enhance and promote individual quality of life which allows for the proper discharge of duties;
8. Reporting violations of this code of conduct.

100.13.04 Responsibility to the Community and Society

The Officer shall:

1. Contribute to improving the well-being and safety of the general population, including participating in educational programs, dialogue and recommendations to enhance the quality of life and to improve public safety,
2. Strive to identify and meet the needs of the community within the resources available and within the mission of the Department;
3. Consider the effects of management policy decisions on the community and organization and make recommendations based on these considerations.

100.13.05 Conflict of Interest

A conflict of interest exists when the Officer uses his/her position, authority or privileged information to:

- Obtain an improper benefit, tangible or otherwise, either directly or indirectly.
- Obtain an improper benefit for another.
- Make decisions that attempt to, or do, negate the effectiveness or mission of the Department.

The Officer shall:

1. Conduct all relationships in a manner that assures management decisions are not compromised by a perceived or real conflict of interest,
2. Disclose to the appropriate authorities all direct or indirect personal or financial interests, appointment, or elections which might create a conflict of interest whether real or perceived.
3. Neither accept nor offer personal gifts or benefits with the expectation or appearance of influencing the decisions of others.
4. Refrain from using his/her professional influence or position to promote or endorse commercial products or services without the express written permission of Charles County.

ADDITIONAL RESOURCES

- [NASEMSO Fatigue Risk Management Implementation Plan](#)

FORMAL PERSONNEL STANDARDS

Objective: *The agency will have (a) a staffing plan, (b) documented standards for new hires, (c) an official new-hires orientation, (d) systematic job performance reviews, and (e) a process to resolve personnel issues.*



The agency is at Step 1 when there is no official staffing plan or formal process for hiring new personnel (paid and/or volunteer).



To move to Step 2:

- ✓ *Identify needed staffing levels*
- ✓ *Assess adequacy of existing staffing levels*
- ✓ *Review and document requirements by licensing and other regulatory agencies*
- ✓ *Document additional requirements established by the agency*

When there is no staffing plan or formal process for hiring new personnel, stability within the EMS agency will suffer. Uncertainty related to what staffing is needed and who will provide that staffing at any given hour of the day quickly translates into service failures that will be experienced by the EMS agency's patients.

Staffing Plan

One starting point in building a staffing plan is to review data to enable the agency to clearly understand what staffing levels are needed and if existing staffing levels are adequate. Ambulance call volumes in the service area need to be reviewed. This can be accomplished electronically or manually.

If the agency uses electronic reports and if those reports include call times a report can be generated showing calls by time of day and the day of the week. Similarly, if electronic reports are unavailable, the agency can manually review hard copies of either dispatch reports or ambulance runs and record calls by time of day and the day of the week. This will allow the agency to clearly identify when calls occur and those reviewing the call history can determine how many crews the agency needs at any given time.

Questions that can be answered through this effort include: (1) Is one active crew (either on call or on duty) adequate to handle anticipated call volumes in the service area? (2) How often and how long do callers need to wait for an ambulance to be on its way to the location requested? (3)

When an ambulance crew goes on an inter-facility transfer and is gone for several hours, is there a need to back fill that coverage? (4) Are there specific times of the day or night when staffing is more difficult to fill? Some of this is addressed in Section 1, "*Written Call Schedule.*"

Using the information collected, the EMS agency can lay out a simple plan showing how many crews are needed by the day of the week and time of day. This will provide the data needed for creating the agency's staffing plan.

Minimum Standards

The second portion of this attribute requires that minimum standards be established for new agency members. To accomplish this, the agency will need to include all mandated requirements by licensing or other regulatory authorities and create additional requirements that are established by the agency.

State, county and local requirements need to be examined from the source of those requirements. Perhaps a review of information available on a state or county website will provide the input needed. Often, ambulance service members are required to have current state EMT or paramedic certifications. Sometimes having current status as a Nationally Registered Paramedic or Nationally Registered EMT is required. Other certifications, such as but not necessarily limited to CPR, BTLs, ACLS, PALS, etc. may be required, as well as a valid driver's license.

If certain certifications, perhaps some of those listed in the previous section, are not required by the governmental regulatory units, the agency may establish requirements it deems important. In addition to clinical certifications, the agency may include requirements such as availability for call requirements, location of residence, pre-work medical screening, etc. A critical element of pre-employment requirements is a satisfactory background check. In most states, the Department of Public Safety, or its equivalent, can provide these if the forms required by the department are used as they instruct – which generally includes the candidate's signed authorization.



The agency is at Step 2 when there is a staffing plan and documented minimum standards for new hires.

Indicators

*(1) A written staffing plan and
(2) A written document describing (listing) the minimum standards for new members. These documents will be available for verification of meeting this level of the attribute.*



To move to Step 3:

- ✓ *Create list of agency policies and practices to share with new members*
- ✓ *Provide training on agency policies and practices with all new members*
- ✓ *Identify existing members to serve as point-of-contact for new members*

Knowing what staffing is needed by the EMS agency and knowing what the minimum standards new hires need to meet, as established in Step 2, the focus now shifts to preparing those new hires to provide service to the patients.

How new members will contribute to the agency and perform their duties are directly related to how well they are integrated into the agency. Integration into the agency is begun by means of a well-defined orientation process for the new member. The agency is responsible to establish and provide the new member with such an orientation.

Relying on written or known policies and practices which members of the agency follow and apply in operation of the agency, an exhaustive orientation list of all such policies and practices needs to be created. Using that list, it is the agency's responsibility to assure that the new members are introduced to and provided training about the policies and practices so the new members are able to follow and apply them.

Assigning one or two existing members to serve as mentors for the new member is an effective means of accomplishing this and can produce valuable long-lasting benefits. If one or two members cannot be given this assignment, at a minimum the new member needs to know who to work with to move through their time of orientation to the agency, following the orientation list.

If a mentor is not used, at a minimum the agency must formally identify whom the new member is to rely on for guidance on a day-to-day basis as the new member moves through the orientation list. Perhaps the agency will establish a singular orientation officer to work with the new member.

Ideally, the agency will prepare a packet to be given to the new member. In addition to day-to-day operational information, the packet can include other helpful items such as a history of the agency, a copy of the standards, protocols and procedures which are followed by the agency, a

roster listing other members, a clear description of lines of reporting and authority within the agency, a list of locations frequently visited by the agency (hospitals, clinics, schools, etc.), traffic routes used locally and in other areas travelled into, etc. A clear and concise statement from the agency encouraging open communication between the new member and other agency members should be highlighted in the packet. This will help the agency and the new member identify areas in which the new member is unprepared or uncertain of expectations and create an opportunity to provide individual support to the new member.



The agency is at Step 3 when there is a staffing plan, documented minimum standards for new hires, (both completed in Step 2), and an official new-hire orientation.

Indicator

A written, detailed orientation plan for new hires.



To move to Step 4:

- ✓ *Create job performance review policy*
- ✓ *Create standard format for performance reviews*
- ✓ *Identify who will conduct performance reviews*

The work to be done in this step centers around building a mechanism for providing feedback on the job performance of EMS agency members. Providing objective feedback to individual members on their job performance will, in most cases, improve the individual's job performance as well as the agency's collective performance, to the benefit of the patient. Doing so will also provide increased job-related satisfaction to the individual member. The agency will create a policy outlining why, how, and how often job performance reviews will be done. In relation to new members who are moving through orientation, the frequency established for job performance reviews should be provided at shorter intervals, such as 30 days, 60 days, 180 days, and one year. A standard format should be followed for all members of the agency. Examples of various formats can be readily found using electronic resources. Typically, the format will include areas the member meets or exceeds expectations, areas the member should focus on for improvement and an area for specific, measurable goals to be identified to aid in the individual's development. The agency is responsible for gleaning significant information from the reviews and using that information to improve the agency.

Finally, the agency will need to determine who will do the work of assembling information for an individual member's review and meeting with the individual member to review the information. Generally, someone who is in a position of authority within the agency will assume this responsibility. In some examples, a personnel officer is identified for this purpose. Clearly describing who will do the review and what is expected of those who conduct the review needs to be included in the written policy.



The agency is at Step 4 when there is a staffing plan, documented standards for new hires (including background checks), an official new-hire orientation, and systematic performance reviews/work evaluations.

Indicator

A written guideline stating how job performance evaluations will be used in the organization.



To move to Step 5:

- ✓ *Document chain-of-command and agency processes for resolving personnel issues*
- ✓ *Document all personnel issues, how they are addressed, and time to resolution*

Clearly laying out a formal process outlining how the agency and individual members will work to resolve personnel issues will add to the agency's credibility and stability. A written document formally describing the established and practiced chain-of-command within the agency needs to be provided to all agency members. The process being developed should separate and address issues, which are not interpersonal issues (e.g., "the gloves we use don't fit my hand," or, "a specific vehicle seems to be unsafe") from interpersonal issues (e.g., "I can't get Mike to listen to my suggestions when we are on an ambulance call together.")

When an issue is not an interpersonal issue, the affected member should be directed to send an email, or other reliable communication, to the individual within the agency who has been given authority in the involved areas of the operation (e.g., equipment, vehicles, supplies) with a commitment that a response will be provided within a specified length of time.

For interpersonal issues, encouraging attempts to resolve the issue by and between only those involved prior to engaging a supervisor should be encouraged. If that is not successful, the policy should clearly indicate which supervisor or leader the member should bring the issue to. Direct, effective and timely intervention and resolution should be outlined and provided.

In all cases, the members need to know an identified member of the agency who has authority and responsibility to help resolve the issue will be attentive to their issues. Including tracking of performance in addressing these issues in a basic manner will help the agency identify where performance in resolving personnel issues is doing well and where improvement is needed.




The agency is at Step 5 when all of Step 4 is in place and there is a formal process to resolve personnel issues.

Indicator

A written guideline describing how personnel issues will be addressed and resolved.

Parkdale Rural Fire Protection District

Standard Operating Guideline/Policy

Title:	Fit for Duty	
Section:	Rules and Regulations	
SOG #:	2.08	
Authorized By:	Michael L. McCafferty, Fire Chief	

PURPOSE:

To establish a procedure to ensure that all responding personnel are fit for duty and able to perform their duties safely.

POLICY:

It shall be the policy of the Parkdale Rural Fire Protection District (PRFPD), if an individual is perceived to be mentally or physically unfit to perform one (1) or more of the functions of their job, all Parkdale Rural Fire Protection District personnel regardless if paid or volunteer will not respond to emergencies, training sessions, or work shifts.

AUTHORITY & RESPONSIBILITY:

Employees and volunteers will be responsible to not respond if they are in a state whether it be physically, mentally, or emotionally unfit to perform their fire and EMS duties safely. The Fire Chief, Officer(s), or Incident Commander will have the authority to dismiss individuals from the scene that are clearly not fit for duty.

PROCEDURE:

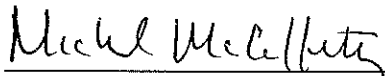
- For the safety and well-being of personnel and their co-workers, an individual is not to respond to any emergency if they:
 - Have consumed any alcoholic beverages within the last eight (8) hours.
 - Have not had adequate rest or sleep.
 - Are seriously ill or impaired.
 - Are suffering from excessive stress that may affect their performance as a firefighter or EMT.
 - Are taking any prescribed or over-the-counter medication that may potentially impair their mental or physical abilities to perform the functions of their job safely and effectively.
 - Are injured or on medical restriction from their doctor.
- All on the job injuries or illness will be dealt with and reported in accordance with SOG #5.05 On-The-Job Injury and Accident Reporting.
- If while at an emergency scene, training session or while during a work shift, any personnel feeling that they are unable to continue working and performing their duties safely they shall

report to the Officer(s) in charge or the Fire Chief and will be replaced, reassigned or dismissed depending on the nature of the problem.

- Any individual observed to be mentally or physically impaired and/or who may be unable to effectively and safely perform one or more essential function(s) of their job may be asked to leave an emergency scene, training session or work shift by the Officer(s) in-charge. Signs of inability to perform a job may include:
 - Apparent weakness
 - Illness
 - Disorientation
 - Memory Loss
 - Erratic Behavior
 - Inability to successfully complete a task
 - Emotional Instability

Adopted: 03-20-2010 Michael McCafferty, Fire Chief

Amended: 6 - 14 - 2018



Michael L. McCafferty, Fire Chief

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 1100 New Member Orientation and EMS Education

Purpose: To assure that newly hired SCEMS members receive quality education and a progressive start to their EMS career.

1100.01 NEW PERSONNEL ORIENTATION

The initial training of new personnel shall be in the form of an organized orientation program conducted over a minimum of sixteen (16) hours. It shall include the following:

1. Orientation Manual
2. Protocol book
3. Ambulance equipment
4. Department procedures and policies

1100.02 New members will report to the EMS training officer upon hire. New members will remain under the direction of the SCEMS Training Officer until completion of the probationary period. This will include all time in education and while riding with an approved preceptor appointed by the EMS Training Officer.

1100.03 Upon successful completion of orientation, the EMS Training Officer will appoint a preceptor to the new member.

The new member will ride as third (3rd) person on the med unit for a minimum of ten (10) patient contacts to be documented on the appropriate sheets. Upon completion of ten (10) patient contacts; The new member will ride as second (2nd) person on the med unit for a total of 120 hours with a qualified preceptor. New paramedics will ride in an EMT slot with a qualified paramedic preceptor.

- 1100.04 Upon completion of the orientation, the preceptor shall submit a letter of recommendation for release from orientation to the Chief, Deputy Chief and the Training Division.
- The new member will be notified of release or additional time requirements no less than 72 hours prior to the last day of orientation.
- All new members that require additional orientation hours must be documented on the training remediation and skills evaluation sheets by the assigned preceptor.
- 1100.05 If at any time during orientation a preceptor feels a member has provided detrimental treatment to a patient, an immediate review of the member will be made with all required documentation submitted to the Chief, Deputy Chief, and the Training Division. If detrimental treatment is believed to have occurred, the new member will be required to work in observation only until a determination is made.
- 1100.06 All new members must meet with the Medical Director prior to release from orientation. The Medical Director will be advised to address any concerns he/she may have in writing to the Chief or Deputy Chief.
- 1100.07 The new member will be required to successfully complete a driver's training course, including a minimum of 3 hours of classroom time, driver's road course, and an obstacle course, meeting the minimal requirements as listed by KAR. This will be completed no longer than 30 days from hire. The member *WILL NOT* be permitted to drive any vehicle of Shelby County EMS until this is completed.
- 1100.08 The new member will be required to successfully complete the National Incident Management System (NIMS) 0700, 0100, and 0200 prior to release from orientation.
- 1100.09 The new member will fill out a daily log and individual patient log on paperwork received on the first day of orientation. This paperwork will be forwarded to the Training Division to be placed in the members training file.
- 1100.10 The QA/QI officer will review all run reports of the new member. If deficiencies are identified, a training remediation form will be submitted to the training division.

1100.11 The Chief of EMS will make the final determination to release the member from probationary status. If a new member is unsuccessful during the six months of probation, the Chief of EMS will make the final determination to release the member from employment after conferring with the Quality Assurance and Training Officers. In this situation, the member will be laid off as an Orientation Member- "Unable to meet the standards of the job".

1101.01 **ONGOING TRAINING POLICY**

As a member of Shelby County EMS, all personnel should make efforts to attend training monthly. The trainings shall be posted no less than three (3) months prior to the course date. The Training Division shall forward documentation of attendance annually to the EMS Deputy Chief of Operations.

1101.02 All members will be required to successfully complete the National Incident Management System (NIMS) 0700, 0100, and 0200. SCEMS will provide additional NIMS mandatory programs for all appropriate personnel as required.

1101.03 Mandatory training, meetings and testing will be conducted as necessary. Mandatory programs will be authorized by the Chief or Deputy Chief. SCEMS will make every effort to give ample notice as well as multiple offerings to facilitate attendance. Failure to attend a mandatory program will result in suspension from operational status until the requirement is completed.

1102.01 **EDUCATION ADVERTISEMENT POLICY**

Shelby County EMS Training Division will announce & advertise in the following manner for all courses lasting more than six (6) classes. The policies for classes that involve more than six (6) classes are as follows:

- Announcements posted at all Shelby County EMS Stations
- Announcement posted on Shelby County website under EMS web page
- Email sent to all emergency agencies in and around Shelby County
- Advertisement in local Shelby County newspaper

The policy for classes less than six (6) classroom sessions is as follows:

- Announcements posted at all Shelby County EMS Stations
- Announcements posted on Shelby County website under EMS link

1103.01 **REMEDIAL TRAINING PROCESS**

If it is found that remedial training is required for any member of Shelby County EMS, the following policy shall be followed:

- A remediation form must be fully completed by the preceptor and Training Division.
- A meeting with the member, the Training Division, and Chief or Deputy Chief.
- The Medical Director must be notified of any detrimental actions by an member.
- Remedial training may vary from review of policy/protocols with member to required classroom on-going education at the discretion of the Training Division, Chief, and Deputy Chief.
- If on-going education is required, a follow-up with the member will be held upon completion of the education.

1104.01 **EDUCATION COMPLAINT AND GRIEVANCE POLICY**

Shelby County EMS will strive to make all educational opportunities a great learning experience. However, we understand that there may be incidents in which students may have complaints about courses or instructors. Therefore, the following complaint and grievance policy has been implemented.

1. Contact the instructor with whom you have a complaint about to try to resolve issue.
2. If an agreement cannot be reached, contact the course coordinator for a scheduled meeting.
3. If no agreement can be reached, the EMS Director of Education will be notified and schedule a meeting with the parties involved and the Chief on Shelby County EMS.
4. Finally, if no agreement can be reached, Kentucky Board of EMS will be contacted and a meeting scheduled with all parties.

5. Complaints regarding inappropriate behavior by EMS Educational staff may by-pass other avenues and report directly to the EMS Director of Education. This includes, but is not limited to sexually related issues, harassment by staff, and inappropriate language by the EMS staff.
6. All complaints must be placed in writing and thoroughly documented. This needs to occur immediately following the incident in question.

If at any time a student feels that they were not treated to the same standard as other participants in a Shelby County EMS training course, you have the right to file a grievance with Shelby County EMS & Shelby County. The following process must be used.

1. A written statement from you stating why you are filing a grievance with dates, times, and locations is applicable. Also include if there are personnel from Shelby County EMS involved in your complaint. In detail, describe your reasoning for filing the grievance and why you feel you were not treated to the same standard as others.
2. Your letter will be forwarded to the Shelby County EMS Chief and Shelby County Human Resources for evaluation. The grievant will be notified by a representative of Shelby County Government if a meeting is necessary or if a decision has been reached.

1105.01 **ANNUAL PERFORMANCE EVALUATION**

All SCEMS members will have a performance evaluation done every year on their anniversary date of hire. This evaluation will cover all areas of their job from skills performance to adherence to policy. The performance evaluation will be done by the individual's immediate supervisor or the Chief or Deputy Chief.

1106.01 **MANAGEMENT TRAINING**

The management team of SCEMS will receive initial and ongoing leadership and management training. Promotional candidates will have completed the SCEMS EMS Officer I program or equivalent. SCEMS Sergeants and Captains will receive annually two hours of continuing education in leadership techniques, management, conflict resolution, etc. The Chief and Deputy Chief will participate in the Leadership Shelby program as availability exists.

1107.01 **RETRAINING AFTER LEAVE**

In the event of an extended leave lasting ninety (90) days or more, the following procedure will be utilized to assure a safe and smooth transition back.

- Oral interview with the Medical Director
- Three person preceptorship for appropriate time as determined by the Medical Director, Chief and Training Division. During this time, all appropriate documentation and missed training will be completed.

1108.01 **STUDENTS AND OBSERVERS**

Students and observers are acknowledged to be beneficial to SCEMS as well as the community. EMT/ paramedic programs will have a completed Memorandum of Understanding with SCEMS to conduct ride time. Prior to participating in a ride along shift, the student / observer shall:

- Complete an SCEMS Ride Along Waiver
- Provide proof of Blood Borne Pathogens and HIPPA training if applicable.
- Provide proof of completion of the EMT or paramedic program if applicable.
- Provide proof of vaccination status if applicable.
- Receive a safety briefing from the SCEMS crew

1108.02 Students and observers will be expected to conduct themselves as representatives of SCEMS. Inappropriate dress or conduct will result in the individual being dismissed from ride time.

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Title:	Performance Improvement Plan (PIP)
Policy:	506.00
Purpose:	At times, command staff may identify serious or recurring performance deficiencies in employees that require a formal plan of action to correct. The Performance Improvement Plan (PIP) is intended to create a deliberate and measurable “roadmap” for employee improvement.

Policy:

The PIP is designed to clearly identify an employee performance issue and provide a written plan to improve performance in that area. The PIP plays an integral role in helping correct performance discrepancies; furthermore, it is a tool to record and measure the deficient work products, processes, behaviors, or performance of a particular employee. The PIP is intended to be used as a formal guide to improve the performance or behavior of EMS employee. A supervisor may elect to utilize a PIP anytime there is a serious or recurring performance deficiency identified in an employee.

When utilizing a PIP, the supervisor will

1. Completely fill out every portion of the PIP.
2. Provide a detailed description of the performance or behavioral problem in the deficiency statement. If more than one specific issue needs to be addressed, each one will be listed in detail.
3. Identify what standards the employee’s performance shall be measured by. Typical measurement standards include, but are not limited to: Okaloosa County Human Resources Policy Manual, Okaloosa County Emergency Medical Services Standard Operating Guidelines, Okaloosa County EMS Protocols, or other standards that would be considered normal or expected for the employee’s position within the Department of Public Safety.
4. Establish measurable, attainable performance goals for the employee. The supervisor will also establish a timetable for required improvement.
5. Develop an action plan which incorporates into the overall employee improvement process.
6. Establish periodic review dates to re-evaluate the employee’s performance and progress.
7. Determine if the required performance improvement was accomplished and make appropriate recommendations to his/her supervisor for any other action on or before the end date of the PIP.
8. Review all PIP information with the employee. The supervisor will stress to the employee:
 - a. Identification of the specific problem(s).
 - b. Identify how the problem or behavior is affecting other employees and the organization.
 - c. Identify what and how the employee has to improve.
 - d. Identify what the consequences are if the employee does not demonstrate the required performance improvement.

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**



Performance Improvement Plan (PIP)

Confidential

TO: (insert employee's name)
FROM: (insert supervisors name)
DATE: (insert date)
RE: Performance Improvement Plan (PIP)

The purpose of this Performance Improvement Plan (PIP) is to define serious areas of concern, gaps in your work performance, reiterate **Okaloosa County Emergency Medical Services** expectations, and allow you the opportunity to demonstrate improvement and commitment.

Areas of Concern:

Bullet point issues and how employee's lack of performance and/or behavior has affected his/her co-workers, the company, and clients/customers.

Observations, Previous Discussions or Counseling:

Recap dates/times you have addressed the issues in the recent/relevant past. Reference previous documents when applicable.

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Step 1: Improvement Goals: These are the goals related to areas of concern to be improved and addressed:

1.	
2.	
3.	

Step 2: Activity Goals: Listed below are activities that will help you reach each goal:

Goal #	Activity	How to Accomplish	Start Date	Projected Completion Date

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Step 3: Resources: Listed below are resources available to you to complete your Improvement activities (may include other people’s time or expertise, funds for training materials and activities, or time away from usual responsibilities.)

1.	
2.	
3.	

Step 4: Expectations: The following performance standards must be accomplished to demonstrate progress towards achievement of each Improvement goal:

1.	
2.	
3.	
4.	
5.	

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Step 5 Progress Checkpoints: The following schedule will be used to evaluate your progress in meeting your Improvement activities.

Goal #	Activity	Checkpoint Date	Type of Follow-up (memo/call/meeting)	Progress Expected	Notes

Follow-up Updates: You will receive feedback on your progress according to the following schedule:

Date Scheduled	Activity	Conducted By	Completion Date
	30-day Update Memo	[Supervisor]	
	45-day [or 60-day] Update Memo	[Supervisor]	
	60-day [or 75, or 90 – Day] Status Memo	[Supervisor]	

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Timeline for Improvement, Consequences & Expectations:

Effective immediately, you are placed on a (insert 60, 75, or 90)-day PIP. During this time, you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations or any display of gross misconduct will result in further disciplinary action up to and including termination. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this PIP, your employment may be terminated prior to (insert 60, 75, or 90) days. Furthermore, failure to maintain performance expectations after the completion of the PIP may result in additional disciplinary action up to and including a meeting with the Chief.

The PIP does not alter the employment-at-will relationship. Additionally, the contents of this PIP are to remain confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with me.

We will meet again on as noted above to discuss your Performance Improvement Plan. Please schedule accordingly.

Signatures:

Print Employee Name: _____

Employee Signature: _____

Date: _____

Print Supervisor/Manager Name: _____

Supervisor/Manager Signature: _____

Date: _____

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Accountability and Compliance:

General

1. The supervisor assigned to write a PIP is responsible to document all portions of this form and review the process with the employee involved.
2. Upon designated review dates the supervisor will ensure all steps have been completed. Any steps not completed will result in further discipline and meeting with the Chief.

Field Training

1. A Performance Improvement Plan will accompany all requests for extensions in the Field Training program

Driving

1. A Performance Improvement Plan will accompany any accident that is deemed preventable.

Medical Errors

2. A Performance Improvement Plan will accompany any gross medical errors (wrong medication's, protocol violations), along with a formal QA with command staff and the medical director.

Policy #: 506.00
CAAS: 201.06.01
Author: Bailey
Reviewed: Leadership
Approved: Leadership
Status: Active
Effective Date: 04/18/16
Revision Date: 04/18/16

ADDITIONAL RESOURCES

- [Civil Service Rules by Tualatin Valley Fire & Rescue, Oregon](#)

AN IDENTIFIED EMS OPERATIONS LEADER WITH A SUCCESSION PLAN

Objective: *The agency will have (a) an identified EMS operations leader, (b) who has comprehensive leadership training, (c) selected through a defined a recruitment process, (d) with major obstacles to full functioning removed and (e) a succession plan in place.*



The agency is at Step 1 when there is an identified EMS operations leader (e.g., chief, director, director of operations, EMS deputy chief or captain with a fire agency) but he/she has not had any leadership training.



To move to Step 2:

- ✓ *Create a list of leadership training to be pursued by leadership*
- ✓ *Agency leadership will complete some formal leadership training*
- ✓ *Begin to construct a list of requirements for future leader selection*

It is rare to find any organization without established leadership. This attribute leads the EMS agency to engage in an effort to improve the scope and quality of leadership that the EMS agency's leader can provide.

In this level of agency maturity, the leader will need to have completed some formal leadership training. Sources of leadership training are varied and may include online leadership courses through professional organizations, regional EMS conferences and seminars, local community colleges, various hospital education departments, among others. Pursuing leadership training is something that should be part of an individual member's personal professional development efforts. Some members may construct a well-documented list of topics that they need and want training in, others may informally and more-or-less randomly see a class they are interested in and take it. Either way, it is necessary that leadership training obtained by the leader and others be well documented. Certificates of attendance, diplomas from courses and transcripts can be used for documenting formal leadership training.

Perhaps the leader was appointed to the position or elected by the membership of the agency or selected due to years of service or anticipated years left of service, or by some similar process. It may be that the leader is exactly the person who should be in the position of leadership. But having standards for the position and a means of recruiting candidates to the position will allow

the agency to measure how individuals meet the standards. Knowing who best meets the standards established will increase the probability of placing an effective leader in the position.



The agency is at Step 2 when there is an identified EMS operations leader with some leadership training, but he/she was not selected by a recruitment process.

Indicator

A collection, electronic or hard copy, of certificates, diplomas and/or transcripts demonstrating the formal leadership training the leader has successfully completed.



To move to Step 3:

- ✓ *Determine and document (write out) desired background and qualifications of the leader*
- ✓ *Determine where the agency should seek to find candidates for the leadership position*
- ✓ *Create a scoring system to rank candidates relative to the requirements created*
- ✓ *Use the background, qualifications, and scoring system to select a leader from the candidates recruited*

A recruitment process must be created and in place. Much of what is included in Section 6, “*Recruitment and Retention Plan*” can be used here, however a clear focus must be established on the special characteristics and attributes desired in a leader. As noted in Section 6, a group needs to be assembled to work through the development of this process. Using a broad-based, highly objective means, consideration should be given to what the leader needs to be prepared for operationally and professionally. One source to use for guidance may be a trade organization in the state or region the agency operates in, or individual members of that trade organization. Other national trade organizations and professional associations will serve as useful sources for such background information.

Once there is a collective and documented understanding of what qualifications and characteristics are desired in the EMS leader, consideration needs to be given to where the agency will actively look for the EMS leader. Qualified internal candidates should always be encouraged to apply. However, it will be to the benefit of the agency if candidates from outside the agency are also encouraged to enter the process. Notifications of the position opening should be posted in places recognized and used by the industry. For example, a posting could be made on EMS websites. If a specific skill set is desired, it may be necessary to target a school or a business group where one would reasonably expect to find those unique skills.

As part of the written plan for recruiting, it may be appropriate to use an empirical scoring system to give a certain number of points to an internal candidate that external candidates will not receive, given the intrinsic value of having someone who is familiar with the agency to lead the agency.



The agency is at Step 3 when there is an identified EMS operations leader with some leadership training and who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding or no succession plan).

Indicator

A documented leadership recruitment process.



To move to Step 4:

- ✓ *Assure the leader has completed comprehensive leadership training (as established in Step 2)*

Comprehensive leadership training for the EMS operations leader is the focus of this step. Several colleges and universities offer two- and four-year degrees, as well as post-graduate degrees, in EMS management. These programs may be called by various names. All of these include general courses, which ultimately assure the student has the acumen to communicate well in a variety of forms, to effectively engage in various problem-solving efforts and to gain understanding of topics and issues specifically related to leading people. In addition, they often provide curriculum related to interactions with oversight boards or entities, supply-chain management, finance management, government and public relations, quality improvement, and topics related to compliance, licensing and similar areas of significance.

Ideally, the candidate will hold a degree or certificate from an accredited school attesting to successful completion of curriculum focused on EMS leadership functions. Short of that, the agency can achieve the level of scoring for this step of the attribute as the EMS leader successfully completes education components in the areas noted above and provides accepted documentation demonstrating successful completion.

Education should be viewed as a lifelong process and the EMS leader should have and continually progress on a personal professional development plan, never ending the process of becoming increasingly prepared and qualified for their EMS leadership role.

Short of a degree or certificate from an accredited school, the group developing the recruitment process for the EMS leader position will need to identify the extent of the minimum training that will be accepted for the position. Using a nationally established standard is always preferable; following or accepting education, which meets or exceeds that of an accredited school as noted above is the gold standard that should be emulated. The National EMS Management Association (NEMSMA) has established “Seven Pillars of EMS Officer Competencies” (<https://www.nemsma.org/index.php/competencies/the-seven-pillars-of-national-ems-officer-competencies>) which can serve as the foundation for EMS leader training.

Even with a leader who has completed comprehensive leadership training and has been selected through an established formal recruitment process, barriers may exist which would deter the efforts of the most effective leaders. Those barriers may be things such as a lack of funding or having no leadership succession plan in place.



The agency is at Step 4 when there is an identified EMS Operations Leader with comprehensive leadership training and who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding, no succession plan).

Indicator

Documentation attesting to the completion of comprehensive leadership training by the leader.



To move to Step 5:

- ✓ *Develop a financial plan to sustain effective leadership*
- ✓ *Develop the framework for future leadership succession*

When planning for any aspect of future operations, consideration must be given in regards to barriers that an effective leader faces. If there are fiscal barriers that prevent execution of the leadership roles desired, those fiscal barriers must be addressed to prevent the agency from deteriorating. Addressing fiscal needs through a mature budget process (as in Section 9, “A Sustainable Budget”) is a key component to sustaining solid leadership.

The EMS leader will work with others who objectively understand and are capable of assessing the needs of the agency to establish reasonable and justifiable expenses related to sustaining agency leadership. These expenses may include purchase of tools to help the leader better plan and execute operational efforts --- maybe a specific type of software or dollars to expend to obtain expert help on an initiative critical to the survival of the agency. Perhaps it is a request for money to erase a knowledge deficit for one or two members of the agency who fit into the leadership succession plan in critical areas. Perhaps it is assuring that funding is available to support necessary components to enable the quality process to assess data related to improvements necessary to address care needed by specific groups of patients. This discussion may seem overwhelming. It is intended to encourage the leader to use the training already obtained to and establish and maintain a panoramic view of the needs of the agency, including potential barriers to the maturation of the agency.

Succession Planning

Planning for the sustained success of an agency can be a major, time-consuming, multi-faceted effort. For the purposes of this specific attribute, the effort will be constrained to identifying key leadership positions and, with confidence, expressing who is ready to fill that particular position. Within any team, members bring interests and capabilities with them to the agency, which can be identified and built upon, leading to a succession plan. An accomplished leader will know the people who make up the agency, including areas of interest that the individual members lean towards. This insight is the result of watching where members naturally excel and noticing which areas of the agency those members enjoy working in and are effective in. A practice which brings value to day-to-day operations and which will also help with the development of a succession plan is knowing with a significant degree of confidence who can step into any functional area that the leader is responsible for. Said another way, knowing the “bench strength” of the team members the leader works with is important and can be documented in a basic and practical way. An example of what that might look like is provided below.

Example

Legend 1: Ready Now 2: Capable, Interested 3: Interested, Needs Considerable Training 4: Not ready	EMS Leader	Public Info	Scheduling	Education	Quality	Safety	Licensing
Joanne	1	1	3	2	2	2	3
Lisa	4	1	1	1	2	3	3
Dave	4	3	4	3	4	2	4
Tom	3	4	2	2	3	1	2
Micah	2	3	1	2	2	1	2

Using a simplistic cross-tab chart such as this one can serve as the backbone for leadership development plans for each agency member aspiring to fill a future leadership position. For example, knowing that Joanne is ready to fill the EMS leader’s role now is good, but knowing what will help her prepare to be an even stronger candidate for that role is powerful. If Joanne does not have the extensive leadership training desired in the EMS chief role, a plan should be written, listing the specific courses she should pursue to address her individual professional shortcomings. Examples of various formats of individual development plans (professional development plans) can be found readily through electronic sources. The format that works best for the agency can be selected and used. Once each of those who have a desire to prepare to serve as a leader have established an individual development plan, progress can be marked and the basic chart above can be updated. At any time, the EMS operations leader, perhaps the oversight advisory board (see Section 2, “Community-Based and Representative Board”), or other entity can readily see the succession plan and strength of the agency.



The agency is at Step 5 when there is an identified EMS operations leader with comprehensive leadership training, who was selected by a recruitment process, and who is fully capable and prepared to effectively lead the service. There is also a succession plan in place to appropriately handle the transition of the leadership role.

Indicator

Documentation showing that present and future leadership related needs are being met through a sustainable budget and a leadership succession plan is in place.

A RECRUITMENT AND RETENTION PLAN

Objective: *The agency will (a) develop a formal written recruitment and retention plan, (b) develop recruitment and retention strategies, (c) have a team identified to deploy recruitment and retention strategies, and (d) have a full roster (e) with a waiting list for membership.*



The agency is at Step 1 when there is no agreed upon plan nor substantive discussions on recruiting and retention.



To move to Step 2:

- ✓ *Measure the magnitude of the need*
 - *Identify number of positions on roster filled/not filled*
 - *Identify number of resignations in past year*
 - *Identify number of crew members needed to meet agency needs*
- ✓ *Identify current recruitment methods*
- ✓ *Identify causes of resignations*

In every area of measured performance, a standard must be established to serve as the goal to be measured against. Having a formal written plan produces a standard by establishing what will be done to achieve the desired results. Once results are achieved and measured, the established formal plan can be reviewed and improved as part of an ongoing effort to improve. The area of recruitment and retention is no different. This section will provide direction for the agency to achieve the objectives in four steps.

An agency may find itself in the position of simply maintaining service provided as best possible with the members available. When this situation exists, it is likely other areas of attributes of successful rural ambulance services will score low because too few members carry a workload too large for the undersized group. Improvement in this area can produce remarkable results in a variety of attributes and some members will have some fun working on this area of improvement.

Substantive discussions will generate insights and understanding needed to build a recruitment and retention plan. Depth of understanding will multiply when factual information accompanies the insights of agency members.

Understanding the Magnitude of the Need

Somewhere within the agency, information exists which will provide data for two foundational points needed to create improvement. The information needed can be encapsulated by filling in two statements: “We have XX positions on our roster and presently YY of those positions are filled by members” as well as, “In the past year we have had AA members resign from membership.” That information is needed to build a recruitment and retention plan that can be measured. With those three numbers, the agency can calculate the percentage of positions filled and the turnover rate for the agency, which will become important improvement metrics.

When evaluating the magnitude of the need, it is recommended that the agency revisit the standard practice for staffing used by the agency. Does the agency staff with two or three (or more) crew members for each ambulance call? Why? Should adjustments be made based on outputs from the quality process (Related to Attribute 5)?

These metrics and outputs all help demonstrate how many members are needed to accomplish the coverage needed by the agency – if you routinely have three crew members respond on each ambulance call, more members will be required on the schedule than if you routinely use two, and subsequently what the total need is for the roster.

Gaining Insights from Members

A second foundational area of assessment is identifying what is being done presently to recruit new members and to identify causes for member resignations. A way to begin this effort is to simply jot down the things your agency is doing to (List 1) recruit new members, and then a separate second list to identify what is being done to (List 2) retain members. This is a good opportunity to get participation from all members. Using time during a meeting to which all members are invited or are expected to attend will harvest a broad range of perspectives and ideas if each member is asked to generate as many answers as possible to each of the questions (1) “What are we doing to recruit new members?” and (2) “What are we doing to retain members?” Often, having the members join in a group and verbally announce their one-word or short answer will generate additional important thoughts. As the ideas flow and the reasons are presented, encourage the group to leave discussion on the merits of each item for another time. Consideration should be given so that the group is not too large. If there are more than 10-14 members in the group, it may be wise to split into separate groups of five to seven members and generate similar lists for all groups followed by combining the lists.

Creating these two lists is the first step. The next step is to critically assess the effectiveness of each. Why did the last five members to leave do so? Did more than one departing member leave for the same reason or reasons? Are there common reasons that seem to point to why members have left?



The agency is at Step 2 when there is no agreed upon plan but there have been substantive discussions on recruitment and retention.

Indicator

(1) Two lists generated from the group related to “what we are doing now to recruit new members and what are we doing to retain members,” and

(2) A list of potential areas of concern related to retention. Both of these will provide valuable perspective in the next steps.



To move to Step 3:

- ✓ *Clearly articulate what type of crew member the agency needs*
- ✓ *Create list of necessary provisions to prevent resignations*
- ✓ *Identify strategies to address identified resignation causes*
- ✓ *Assign specific tasks to crew members*

In this step, an informal plan is agreed upon and individuals are tasked with addressing specific issues related to recruitment and retention. Who are we looking for and why? Addressing issues begins.

What the Agency is Looking For

Indicators to consider when deliberating about what type of candidate the agency is seeking may include availability of the candidate for call, motivation(s) causing the candidate to seek membership, physical ability of the candidate, the candidate’s ability to use the equipment patients require, etc. It is acceptable to recognize that, in some circumstances, the agency simply needs more members. But if your nighttime hours of call are generally covered, the agency may need to find ways to attract new members who can cover call during the daytime hours. One additional consideration – membership candidates who display an intrinsic motivation to serve others and help others work through difficult times will nearly always endure the long-term rigors of being part of the agency better than those who are drawn to serve for personal recognition or a desire to engage in something they see as exciting.

Retaining Current Members

Using the insights obtained in the first portion of this section, members should, by consensus, create a list of those things which are determined to be most necessary to provide for members and those things which need to be eliminated so as not to cause members to leave. Strategies should be created and tactics devised to assure full follow-through on the matters identified. Even in the case of rather lofty goals, goals that seem a long way off, it is acceptable and good for the agency to identify them and lay out strategies and tactics to move towards them, understanding some may take much longer to achieve than many others. Using strategies and tactics, progress can be made and measured even over a period of years.

As strategies are employed and tactics are accomplished, the agency should measure changes in member turnover rates, making note of the specific strategies and tactics that seem to be making a difference and those that may not be making a difference. That information will be useful as the strategies and tactics are re-set at a predetermined time.

Individual Tasks

Initial individual tasks must accompany the informal plan that is agreed upon.



The agency is at Step 3 when there is an informal, agreed upon plan and people have been tasked with addressing the issues of recruiting new members and retaining existing crew members.

Indicators

- 1) Evidence that an informal recruitment and retention plan exists, and
- (2) Brief minute items from notes identifying who will be following up on which items related to the informal plan.



To move to Step 4:

- ✓ Construct a written plan for recruitment and retention
- ✓ Assign crew members to strategies and tactics outlined in the plan
- ✓ Conduct annual review of written plan

The Written Plan

A formal written plan for recruitment and retention can be constructed using a basic format, which includes specific sections and brief summaries for each of the following:

1. Current Status – A section of the plan in which the information found in the assessment of what is currently being done and what is determined on adequacy of current staffing levels and patterns are presented.
2. What the Agency Needs (is looking for) – Here, the greatest needs are clearly articulated. If the biggest need is to find four volunteers who are highly likely to be available for call during specific hours of the day or night, that should be listed in the plan.
3. Finding New Members – In this section, the agency lays out what strategies will be employed to reach potential members and what tactics will support each strategy. Having a written plan that can be reviewed and revised periodically to allow for the changes an agency will experience lays the groundwork for long-term success.
4. Retaining Members – Here, the agency will devise strategies that will be employed to address the negative issues which may have caused former members to leave as well as to address the empowering and engaging ideas generated by the membership to encourage members to remain with the agency.
5. Measurements – This section contains a brief statement on what measures will be monitored over time to observe the course of improvement. Metrics as discussed in Step 1 can be included here.
6. A Bold Statement of Success – In this section, the measure of success for the plan will be clearly laid out: “The overall plan of recruitment and retention will be demonstrated by a full roster for the agency and a list of individuals who desire to be members of the agency.” This lofty-sounding goal is absolutely attainable by a well-organized, successful agency.

Strategically Finding New Members

A second part of building improvement in this attribute is demonstrating active recruitment, following strategies that are constructed.

Once the agency has a shared understanding of what it is looking for in new members (as found in step 2), matching what the agency is looking for with where to look for those members is important to finding the new members the agency needs. Knowing what the agency is looking for will help direct the agency to where it should be looking. If, for example, the agency needs coverage during daytime hours, perhaps employers in the community who may welcome the opportunity to demonstrate their support of the community by releasing an employee from work when need for an ambulance call should be the primary target. Maybe individuals who work from home a day or two a week and may be able to leave for periods of time during those days would be the primary target of the agency's recruiting efforts.

Engaging existing members to fulfill specific roles in recruitment maximizes involvement and often increases members' ownership in an effort. Clearly identifying what will be done (the strategy), and who will do it and the date by which it will be done (the tactic) is critical. Tactics that are clearly written and agreed to by the membership will mobilize the plans the agency decides to advance and will drastically improve the success of the effort. In addition, clearly written strategies and tactics will enable the agency to retrospectively measure the effectiveness of their efforts. Strategies should be re-set annually, tactics quarterly or more frequently as deemed best by the membership. Ideally, all members should have opportunity to participate in the setting and re-setting of strategies and tactics as well as the execution of the tactics.

Example

An example of a strategy with tactics:

Strategy: We will make recruiting presentations at four public events each quarter.

- Tactic #1: "By (date) Joe and Karen will present our need for two additional members who can cover call times on Tuesday and Friday from 6 p.m. to 11 p.m. to the PTA and Kiwanis Club.
- Tactic #2: By (date) Brenda and Jill will present our need for four new members at the quarterly meeting of state and county employees in our town.
- Tactic #3: By (date) Judy and Robert will present our need for four new members to the quarterly chamber of commerce meeting in town.
- Tactic #4: By (date) Jill and Judy will present our need for four new members to the parents and coaches of the softball and soccer associations in our community.

Other strategies could include seeking publicity in a local newspaper or by participating in an interview on a local radio station or in other public forums. Maybe the additional strategies would hinge on an open house, or participation in high-visibility community events allowing the agency

to hand out fliers or brochures telling about the value of being a member. The strategies built would reflect the make-up of the agency and be as unique as the agency is.

A similar strategy/tactic framework can be constructed to address the issues impacting retention, as recorded in Step 2. It is advisable to construct strategies and tactics that are achievable by the group working on them. A tactic to “explore increasing on-call pay to \$5 per hour” is doable; a tactic to “increase on-call pay to \$5 per hour” may not be and is likely a decision, which is arguably very important, which may lie outside the scope of agency members.



The agency is at Step 4 when there is a formal written plan and people have been tasked with recruiting new crew members and strategizing methods to keep current crew members active (such as compensation, recognition and reward program, management of on call time, and adequate training).

Indicators

- (1) A formal written plan for recruitment and retention, and*
- (2) An organized and usable written strategy and tactic summary for both recruitment and retention.*



To move to Step 5:

- ✓ Evaluate implemented strategies and tactics*
- ✓ Revise strategies and tactics as necessary*

The next level of success related to this attribute is the product of the previous steps. This implies that the previous efforts undertaken will need to be kept in motion, continually monitored, improved as necessary and refreshed to maintain effectiveness. Teamwork is critical; pitching in to assure success is at least as important here as in any other step of any attribute. Getting the job done effectively and garnering results is absolutely more important than any individual effort exerted in this area. Each team member needs to be a prime ambassador for the EMS agency and assure all the necessary details of each step of this attribute are tended to, as necessary.

Having a full roster and a waiting list for membership: Unrealistic? Not doable? Way out of grasp for an agency? It is achievable. Using the plan established, monitoring the measurements generated, and reviewing and updating the strategies and tactics periodically will put the agency on a path for continuous improvement in the area of recruitment and retention.



The agency is at a Step 5 when there is a formal written plan and people have been tasked with recruiting new members and retaining existing crew members. There is a full roster with a waiting list for membership.

Indicators

- (1) a copy of the roster with the maximum allowable number of members on the roster and*
- (2) an official list with the names of candidates desiring to join the agency.*

TUALATIN VALLEY FIRE AND RESCUE
STANDARD OPERATING GUIDELINE
NUMBER 8.7.1.1

APPROVED: 10-01-90
REVISED: 10-09-20

SUBJECT: EMPLOYMENT RECRUITMENT, SCREENING, AND INTERVIEWING

PURPOSE: To establish hiring guidelines for District positions.

POLICY: The District hires the best qualified applicant for each available job opening, while providing equal employment opportunity to employees and applicants for employment, regardless of the individual's protected class status. The District will ensure the recruitment and selection process is developed to prevent discrimination in accordance with all applicable state and federal laws, including veteran's preference (see SOG 8.7.1.3, *Veteran's Preference in Employment*), other applicable District policies, and applicable collective bargaining agreements. Current employees found to be qualified by the District may be given consideration for existing vacancies.

AUTHORITY & RESPONSIBILITY: The interpretation and administration of this policy is the responsibility of Human Resources for non-Civil Service positions. Human Resources, Civil Service Chief Examiner and the Fire Chief (or his designee) will oversee the interpretation and administration of this policy for Civil Service positions in accordance with District Civil Service Rules. Human Resources is responsible for recruiting qualified applicants through various methods and sources. Human Resources and the hiring manager are responsible for developing and executing selection procedures.

PROCEDURE:

I. REQUESTS FOR PERSONNEL:

- A. NON-CIVIL SERVICE POSITIONS: The District's applicant tracking system manages the position requisitions, workflow and approvals for vacant positions. Supervisors are responsible for confirming budgetary approval for vacant positions.
- B. CIVIL SERVICE POSITIONS: When a vacancy occurs in a Civil Service position, the department will notify Human Resources in writing. Human Resources will then follow procedures detailed in the District's Civil Service Rules.

II. RECRUITING:

- A. For each recruitment process, the Human Resources representative will meet with the hiring manager to establish a timeline, screen applications, prepare interview questions and develop assessment criteria and tools.
- B. Non-Civil Service positions will be filled through competitive recruitment and selection procedures that comply with applicable laws and District policies regarding equal employment opportunity or by direct appointment. Direct appointments to non-Civil Service positions will be made with the approval of the Fire Chief and consistent with at least two of the following criteria:
 - 1. Where job related ranking measures are not practical or appropriate;
 - 2. When a recent open competitive recruitment results in no suitable candidates as determined and documented by Human Resources and the hiring manager;
 - 3. The position to fill requires special or unique skills; or
 - 4. There are critical timing requirements affecting recruitment, and the individual appointed meets the minimum qualifications of the position.

Clarification of criteria:

- 1. To be considered recent, an open competitive recruitment must have been completed within the previous six months.
 - 2. The suitability of a candidate is determined by the Human Resources Division, hiring manager and Fire Chief and consists of job related factors that are in addition to the minimum qualifications required by the job description.
 - 3. Critical timing requirement affecting recruitment means the position is critical to department operations and there is a demonstrated need to fill the position quickly.
- C. Available vacancies will generally be posted for seven calendar days internally prior to external posting, and internal candidates will be considered. Temporary employees having worked 520 (full-time equivalent of 13 weeks) or more consecutive hours with the District are considered internal candidates. However, if a temporary employee is the only internal applicant, a hiring manager may elect to also recruit externally and evaluate the temporary employee with candidates responding to the external posting.

- D. Human Resources, in conjunction with the hiring manager, will ensure all current qualified employees who pass minimum job requirements receive consideration for available openings consistent with District policy.
 - E. Human Resources will advertise openings in order to obtain a suitable number of qualified candidates from the appropriate job market (local, regional, and/or national). Human Resources will use appropriate external sources available to recruit the best possible candidates for the position.
 - F. Human Resources will coordinate the screening of applicants in conjunction with the hiring manager and also ensure each applicant, regardless of level, completes an employment application within the applicant tracking system.
 - G. Hiring managers and others involved in a hiring process should direct any questions or inquiries from candidates to Human Resources. Human Resources should be considered the sole contact for all applicants during the application, interview, and job offer processes. In the instance that a District representative has contact with a candidate, Human Resources must be informed in order to ensure that appropriate information is delivered, and applicable laws are followed.
- III. EXPENSES: Expenses incurred during recruitment and selection for all positions will be administered by Human Resources and will be charged to the Human Resources or Civil Service budget.
- IV. EMPLOYEE SELECTION:
- A. NON-CIVIL SERVICE POSITIONS:
 - 1. Human Resources, in conjunction with the hiring manager, will evaluate candidates on the basis of job qualifications and required competencies.
 - 2. The hiring manager must coordinate all selection activities (i.e., interviews, development of selection materials, and selection of interview panel members) with Human Resources. All interview and assessment materials must be approved by Human Resources prior to their use.
 - 3. A Human Resources representative will generally be present during evaluation processes to ensure legal compliance and process integrity.
 - 4. Human Resources is solely responsible for developing compensation offers and will do so in accordance with SOG 8.1.1, *Pay Administration Non-Bargaining Unit Employees*.
 - 5. Final approval for selection decisions resides with the Fire Chief.

B. CIVIL SERVICE POSITIONS:

1. Human Resources will ensure compliance with the District's Civil Service rules in regard to certification and appointment of eligibles. When an interview panel is utilized, the Fire Chief (or designee) will identify a selection process lead. The lead will select panelists from a pool of appropriate interviewers. Panel members will utilize their discretion to interview, analyze, evaluate, and provide feedback to the panel lead. The panel lead will make recommendations for selection to the Fire Chief.
2. Final approval for selection decisions resides with the Fire Chief.

V. PRE-EMPLOYMENT BACKGROUND CHECKS: Pre-employment background investigation will occur in compliance with SOG 8.7.2, *Pre-Employment Investigation and Medical Examination*.

VI. NOTIFICATIONS FOR NEW EMPLOYEES:

- A. After a candidate has been selected and a starting salary has been agreed upon, an offer will be extended to the candidate contingent upon passing all facets of the District's employment screening process to the satisfaction of the District.
- B. Offers will be extended and confirmed in writing by Human Resources.
- C. Human Resources will create the offer letter to be signed and returned by the selected candidate(s). Human Resources will also confirm the applicant's understanding of employment conditions, benefits and answers any questions. Questions pertaining to employment will be directed to Human Resources.
- D. When the offer is accepted or rejected, Human Resources will notify the hiring manager.
- E. Human Resources will notify applicants who are not selected for employment, and documents this in accordance with all applicable recordkeeping requirements.

APPROVED

DERIC WEISS
FIRE CHIEF

**SHELBY COUNTY EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines**

Implementation Date 09 /19/ 2011

Review Date __/__/__

By _____

By _____

SOG # 1000 Member Selection

Purpose: To assure that SCEMS acquires the most motivated and talented candidates possible. Also to assure that all candidates receive a fair and consistent application environment and that the appearance of SCEMS remains a highly respected one.

1000.01 **INTERNAL/ EXTERNAL JOB POSTINGS**

Internal Job Posting(s)

SCEMS is dedicated to assisting members to reach their professional goals through internal promotion and/or job opportunities. One of the tools the county makes available to members in managing their career is SCEMS internal job posting. This procedure enables current members to apply for any available position either before or at the same time the position is advertised outside of the service. Internal job opportunities will be posted at every SCEMS station on the bulletin board where all members will have equal and adequate time to view the posting(s). Job opportunities will remain posted for a minimum of 14 calendar days. Internal recruitment efforts will be posted by the Chief or Deputy Chief of SCEMS.

External Job Posting(s)

The goal of SCEMS recruitment is to attract a diverse pool of qualified applicants. Therefore when there is a need to enhance the applicant pool, or there are no internal applicants, external recruitment methods should be utilized. This can be achieved through a variety of methods, including but not limited to, advertising in appropriate publications, posting of internet bulletin boards and through professional organizations, radio, or television outlets. External recruitment efforts will be posted by the Chief or Deputy Chief of SCEMS.

SELECTION PROCESS

SCEMS is committed to equal employment opportunity. It will also continue to take active measures to embrace diversity in the member population, and it will classify positions into a structure that is internally consistent and externally competitive with industry and the regional labor market. To ensure that there is equity and a consistent application of the hiring process, the Chief and Deputy Chief of Operations must evaluate every new and vacant position(s) prior to hiring commitment or budget authorization.

The Director of Human Resources will develop a "Job Description" which properly identifies the responsibilities and qualifications for the position(s). The following information must be included in the Job Description:

- a. Level of knowledge required to meet the objectives of the job.
- b. The essential functions and expectations of the position.
- c. The degree to which the individual is expected to act.
- d. Independence and use personal judgment in the performance of essential functions.

Prior to filling vacant positions at SCEMS a hiring committee will be formed. This committee will be comprised of six appointed members. The committee will include the County Judge Executive, Director of Human Resources, SCEMS Chief of Operations, SCEMS Deputy Chief of Operations, (1) Paramedic, (1) EMT-B. This committee will be appointed by the Chief of Operations. Individuals interested in employment at SCEMS will need to apply via an application form. This form will be available at SCEMS station #1 during normal business hours, the Shelby County Judge Executive's Office or the Shelby County website. Applicants will be responsible for returning the application form by the date presented on the job posting. The application form must be turned into the Shelby County Judge Executive's Office. The job posting will include any additional information that the applicant will need to turn in with the application form.

Basic medical criteria and medical certifications will be checked by the Hiring Committee. The necessary certifications are:

1. EMT
2. EMT-P
3. ACLS
4. PALS
5. CPR


Successful applicants will be notified no later than two business days after closing of the job posting of the date and time for which the cognitive exam and physical agility will be conducted. These all shall be conducted on the same day. Candidates seeking employment will be scored based on the cognitive exam and physical agility. There will be a minimum score needed, predetermined by the SCEMS hiring committee for candidates to be eligible for an oral interview. Successful candidates will then be contacted for oral interviews. Candidates will be given a date and time for an oral interview that will be conducted by the hiring committee. The hiring committee will be responsible for narrowing candidates for employment based on the applicants past experience, test scores, and oral interview. A successful candidate will be chosen by the hiring committee for employment. Candidate(s) chosen for employment shall be required to have an oral interview with the County Judge Executive and SCEMS Medical Director prior to employment. SCEMS Medical Director shall have input on candidates chosen for employment. Candidate(s) will be contacted no later than fourteen business days by the Chief or Deputy Chief of Operations with an employment offer. This offer will be dependent on the successful completion of a pre employment physical exam conducted by Shelby Family Medicine.

ADDITIONAL RESOURCES

- [NAEMT EMS Recruitment and Retention Manual](#)
- [RHHub Recruitment and Retention: Overcoming the Rural EMS Dilemma](#)

Parkdale Rural Fire Protection District

Standard Operating Guideline/Policy

Title:	Retention and Destruction of Records	
Section:	Rules and Regulations	
SOG #:	2.15	
Authorized By:	Michael L. McCafferty, Fire Chief	

PURPOSE:

To provide a guideline on the retention and destruction of HR records, medical records, health information, and incident reports (regardless of the media – paper, electronic, film, etc.) of the Parkdale Rural Fire Protection District (PRFPD) and to ensure that medical records/health information is readily accessible, properly maintained as required for patient care purposes and also to meet legal standards, ensure privacy, optimize the use of space, minimize the cost of record retention and to destroy the medical record/information according to the decided schedule for disposal as per policy.

POLICY:

It shall be the policy of the Parkdale Rural Fire Protection District (PRFPD) to retain, store and destroy all patient care reports (PCR's) and fire department incident reports as described in this policy.

AUTHORITY & RESPONSIBILITY:

It shall be the responsibility of the Fire Chief and his/her designee to ensure that this policy is enforced and that all parties are within compliance.

PROCEDURE:

Retention of Records

- All patient care reports (PCR's) will be retained for a period of ten (10) years. Any PCR involving a person under the age of eighteen (18) must be kept until that individual turns the age twenty-one (21) or for ten (10) years whichever is longer.
- All fire incident reports will be retained for a period of ten (10) years.
- All HR records will be retained for a period of seven (7) years.
- While minimum retention requirements are absolute, there is nothing to prevent a facility from retaining records of periods well beyond the specified minimum.

Record Storage

- All personnel files, PCR's and fire incident reports will be stored utilizing a double lock system. The report files will be stored in a locked filing cabinet behind a locked door with limited access.
- Scanning/other reproduction of reports and off-site storage systems can be adopted as a retention option.
- The off-site storage system should ensure the same level of access, safety and security of the records as the current storage practices.

Disposal and Destruction of Records

The purpose of disposal or destruction is to permanently remove the record from active use, with no possibility of reconstruction the information. The permanent disposal of PCR's and fire incident reports that have been maintained for the prescribed retention period will follow the steps outlined below:

- Records that are scheduled for destruction must be placed in a secure location, to guard against unauthorized or inappropriate access until the destruction of the records takes place.
- Fill out the Records Destruction form (see Forms section), individually listing all records (i.e. every individual patient care report or fire incident report) to be destroyed. The form should include the following information:
 - Patient name and medical record number
 - Destruction method
 - Dates of inclusion and date of destruction
 - Statement that the records were destroyed in the normal course of business
 - The signatures of the individuals supervising and witnessing the destruction.
- Destroy records using one (1) of the following methods:
 - Burning
 - Shredding
 - Pulping
 - Demagnetizing
 - Overwriting
 - Pulverizing
- If a destruction service is contracted, the contract must meet the requirements of the HIPAA privacy rules.

Adopted: 6-14-2018

Amended: 9 - 19 - 2018



Michael L. McCafferty, Fire Chief

A WELLNESS PROGRAM FOR AGENCY STAFF

Objective: *The agency will (a) have a structured wellness program following national recommendations, (b) actively encourage members with fitness choices and food choices at the agency headquarters, and (c) agency-funded participation in disease prevention programs.*



The agency is at Step 1 when there is no wellness program for crew members.



To move to Step 2:

- ✓ *Find sources to obtain information on healthy living*
- ✓ *Provide agency members with information on healthy living*

For more than a decade, concentrated efforts have been focused on improving the health and wellness of EMS staff. Various published reports convey information that EMS workers are failing to do a good job of taking care of themselves. Physical and mental health often suffers as EMS workers engage in a lifestyle that presents barriers to regular sleep patterns, healthy diets and irregular exercise opportunities and patterns. The successful ambulance service will take responsibility to assure its members are provided with information and opportunities to improve and maintain their health.

Written information is readily available and plentiful from a variety of sources. Simple searches of electronic media will quickly point to sources for recommendations on physical activity and fitness standards. The National Association of EMTs provides fitness and wellness suggestions at its website (www.naemt.org). Healthy eating tips can be found at sources including the American Heart Association (www.heart.org) and the federal government (www.fitness.gov). Tobacco cessation recommendations and tips can be found as sites such as the Centers for Disease Control and other government sources. These sources have materials that can be printed and used for posting at the various work locations of the agency and distribution to agency members. The sites and topics listed here are intended as examples only and are representative of what an electronic search can produce.



The agency is at Step 2 when written information is available for crew members regarding physical activity, healthy food options and tobacco cessation.

Indicator

Multiple pieces of written information regarding healthy life choices that are made available to members of the agency.



To move to Step 3:

- ✓ *Provide education to agency members regarding healthy lifestyles*
- ✓ *Provide healthy food options at agency meetings*

To score a “3” for this attribute, in addition to having printed resources available to members of the agency, the agency must provide education to its members related to healthy lifestyles. The agency can develop its own educational program for members regarding healthy lifestyles or it can turn to other sources for help. Webinars, free health and wellness advocate workshops available regionally and nationally, and free online Health and Wellness Guides for Voluntary Emergency Services (published by FEMA and other groups) are available for use. Another source of help is the agency’s “employee assistance provider” (EAP). This last option is based on the premise the agency has an agreement with an EAP provider to support the agency. If the agency is not aligned with an EAP, consideration should be given to pursue an EAP partner. An EAP can serve a significant role in this attribute as well as others, such as Section 18, “*Incident Response and Mental Wellness.*”

In addition to providing education to its members, the agency must develop a clearly written policy supporting healthy food options at agency meetings and functions. This can be a simple but effective policy directing those planning agency functions to include healthy food options if the agency will have food at its functions. Involving those who plan agency functions in developing the written policy will assure a common understanding. Those arranging each function may determine the array of healthy options served. There is little need to restrict or limit the list of healthy options that can be provided.



The agency is at Step 3 when all of Step 2 and occasional educational programming regarding healthy lifestyles is offered and there is policy support for healthy food options at meetings.

Indicator

Delivery of education to members of the agency related to healthy lifestyles and a policy clearly written by the agency supporting provision of healthy food options at agency meetings and functions.



To move to Step 4:

- ✓ *Encourage agency members to engage in healthy lifestyle activities while at work*
- ✓ *Construct a policy to support engaging in healthy lifestyle activities while at work*

Becoming increasingly aware of healthy lifestyles can be reinforced by the agency as it develops a policy encouraging members to engage in healthy lifestyle activities, including activities while at work. The policy to be developed must consider what the workplace tolerance is for use of various equipment or practices in relation to the state of readiness members must maintain. There is a wide variety of activities a member can be involved in while in a work setting that can be identified as activities to support a healthy lifestyle. Trying to list or identify all of them is impractical. A policy should point to types of activities encouraged, as well as discouraged, and leave room for good judgment and variations on each type of activity. As always, while supporting members' need to engage in healthy lifestyle activities, the needs of the patient must be considered. Members need to remain ready to respond and care for the patient that may make some healthy lifestyle activities more appropriate than others. The agency will need to decide if gym-like equipment is conducive to the readiness required or if some lower impact activity is best during work hours.

The policy developed will need to address what personal equipment and activity support items members can bring to and use at work and what the agency will provide for members' use.



The agency is at Step 4 when all of Step 3 is accomplished and there is policy support for healthy lifestyle opportunities during work time.

Indicator

A written policy expressing the agency's position on supporting health lifestyle activities in the workplace.



To move to Step 5:

- ✓ *Develop and/or adopt a structured wellness program*
- ✓ *Establish a budget to allow for agency-funded fitness opportunities*
- ✓ *Establish a budget to allow for agency-funded healthy food choices in the workplace*
- ✓ *Establish a budget to allow for agency-funded disease-prevention programs in the workplace*
- ✓ *Systematically implement the efforts funded by the budget*
- ✓ *Establish a means to review the effectiveness of each effort initiated*

This step requires a significant amount of agency commitment and time to successfully implement. The agency will need to seek out guidance as it constructs or endorses a well-established wellness program that follows national recommendations. If the agency is aligned with an EAP, this may be another area where that program may serve the agency well.

Should the agency need to establish its own wellness program, as advocated in other sections, there is no need to re-invent a program. There are considerable resources available electronically connected with “wellness programs” and specifically “EMS wellness programs” catalogued under reputable, national EMS organizations. Creating a team of interested agency members to research and compile ideas on a wellness program will serve the members and agency well, as important issues related to the agency and members are incorporated into a developing plan.

An integral piece of such a wellness program is to have full, demonstrated support of the program by the agency made well known to all members. Full support will be demonstrated by provision of funding when necessary, development of supporting policies when necessary, providing of direction on availability of healthy food choices at the agency headquarters (e.g., change of vending machine contents, etc.) and agency-funded disease prevention programs for members.

Successful ambulance services will review the effectiveness of the program established by measuring the impact of the program on individual members and identifying program changes that will remove barriers and make the program more effective.



The agency is at Step 5 when there is a structured wellness program, following national recommendations. Crew members are actively encouraged with agency-funded fitness opportunities, healthy food choices, and disease-prevention programs such as tobacco cessation.

Indicators

- (1) A structured wellness program is identified and in place at the agency, and*
- (2) Agency-funded fitness opportunities, healthy food options at the agency headquarters, and disease prevention programs are available to the members.*

ADDITIONAL RESOURCES

- [NAEMT Guide to Building an Effective EMS Wellness and Resilience Program](#)
- [IAFF/IAFC Wellness Fitness Initiative](#) (see page 75 for implementation process)

Works Cited

1. Anderson, P. (2016, October). *Attributes of a Successful Rural Ambulance Service: A Workbook*. Attributes of a Successful Rural Ambulance Service An Assessment Tool for Ambulance Services; Wisconsin Office of Rural Health.
<http://worh.org/sites/default/files/EMS%20Attributes%20of%20Success%20Workbook.pdf>
2. *Critical Incident Stress Debriefing*. (2012, July 20). National Association of Emergency Medical Technicians. <https://www.naemt.org/docs/default-source/ems-health-and-safety-documents/mental-health-grid/critical-incident-stress-debriefing.pdf?sfvrsn=2>
3. *EMS Policy & Procedure Manual*. (n.d.). San Mateo County Health; County of San Mateo. Retrieved February 24, 2022, from <https://www.smchealth.org/general-information/ems-policy-procedure-manual>
4. *EMS Standard Operating Procedures*. (n.d.). Charles County Maryland; Charles County Department of Emergency Services. Retrieved February 24, 2022, from <https://www.charlescountymd.gov/services/emergency-services/emergency-medical-services/ems-standard-operating-procedures>
5. *EMS Standard Operating Procedures*. (2015). Okaloosa County; Okaloosa County, Florida. <https://myokaloosa.com/ps/ems/sop>
6. *Hazardous Materials*. (2022). Responder Resources; Washington County Emergency Medical Services. <https://www.co.washington.or.us/HHS/EMS/Providers/upload/Hazardous-Materials.pdf>
7. *Shelby County Emergency Medical Services Standard Operating Procedures*. (2012, March). Shelby County Emergency Medical Services. <https://shelbycounty.ky.gov/departments/Emergency%20Medical%20Services/EMS%20Standard%20Op%20Guide%203%2020%202012.pdf>