

Montgomery County Emergency Medical Service



Standard Operating Guidelines

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Montgomery County Emergency Medical Services Standard Operating Guidelines

In order to effectively operate Montgomery County Emergency Medical Services, the Standard Operating Guidelines contained herein have been adopted.

It is recognized that future changes in operating practices and other policies may necessitate amending or modifying these procedures occasionally.

Therefore, all members of the Emergency Medical Services are hereby ordered and directed to comply fully with the Standard Operating Guidelines contained herein. The Chief, Deputy Chief, Office Manager, Training and Quality Assurance Officer, Captains and Lieutenants in charge of said members by signing below are hereby charged with the responsibility of enforcing compliance.

The guidelines and regulations contained herein are effective on this 22nd day of August, two thousand and six.

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Montgomery County Emergency Medical Service Standard Operating Guidelines



Section I

Organizational Information

Welcome to our Organization

We are happy to welcome you to Montgomery County Emergency Medical Service. Our organization is devoted to helping others and we need caring and compassionate team members to further our mission of service. We want you to feel that your association with Montgomery County Emergency Medical Service will be beneficial to both you and the organization.

You have joined an organization that has established an outstanding reputation for high quality patient care and medical transportation services. Maintaining this reputation is a responsibility of all of our personnel. We hope you will find satisfaction and take pride in the organization and your involvement here.

This Handbook provides answers to many of the questions you may have about your work here. This includes our responsibilities to you as an organization, as well as your responsibilities to Montgomery County Emergency Medical Service as a staff member. If anything is unclear, please discuss the matter with the appropriate supervisory or management staff person.

You are responsible for reading and understanding this Handbook, and your performance evaluations may reflect your adherence to our Policies, including those outlined in this Handbook. You will be asked to sign an acknowledgment statement indicating your receipt of this Handbook. Please complete and return the acknowledgment to your supervisor as soon as possible. In addition to clarifying responsibilities, we hope this Personnel Handbook also gives you an indication of Montgomery County Emergency Medical Service's interest in the welfare of all who work for or belong to this organization.

While Montgomery County Emergency Medical Service follows these Policies, you should understand that this Handbook is not an express or implied "contract" or guarantee of continued employment in the organization. Management has the right, in its sole discretion, to change, modify, delete or revise any Policies, including this entire Handbook, at any time and for any reason with or without notice.

Compensation and personal satisfaction gained from helping others and in doing a job well are only some of the reasons most people work for Montgomery County Emergency Medical Service. Most likely, many other factors count among your reasons for joining Montgomery County Emergency Medical Service: pleasant relationships, good working conditions, the chance to help the community, career development, and promotion opportunities are just a few. Montgomery County Emergency Medical Service is committed to doing its part to help assure you of a satisfying experience whether you are an employee or a patient.

We extend to you our best wishes for your success at Montgomery County Emergency Medical Service!

Introduction to this Handbook

As a new staff member, you will be going through a period of adjustment at Montgomery County Emergency Medical Service. You may have questions about Montgomery County Emergency Medical Service, such as your day-to-day duties, benefits, and what you can expect from us and what we can expect from you. This Handbook has been prepared as a guide to answer many of your questions. Each of the Policies in this Handbook is important in providing the structure, rules, and guidance related to your involvement with Montgomery County Emergency Medical Service. Please read it carefully and keep it handy to use as a reference tool.

If you cannot find an answer in the Handbook, then your supervisor will be your major source of information. Supervisors expect questions and will do their best to give you a prompt response. Many of the policies included in this Personnel Handbook reference other policies within our organization. You are encouraged to review and be familiar with all Montgomery County policies during your service here.

Montgomery County Emergency Medical Service may, from time-to-time, make deletions, changes or additions to this Personnel Handbook. When this occurs, you will receive updates as soon as possible. Nothing contained in this Handbook is to be considered an employment contract, and any employment relationship is deemed to be at the will of either the organization or you as an employee.

In addition to your supervisor and after following your chain of command, you can direct any questions you may have regarding our policies to the Human Resources Director.

Expectations

The successful operation of Montgomery County Emergency Medical Service depends on the professionalism, courtesy, and competency of all personnel. It is our intent to rely on the best personnel to fulfill our mission of public service. In return for your contribution to the success of Montgomery County Emergency Medical Service, we will make a concerted effort to provide you with a meaningful and rewarding experience here. You can further expect respect for your individual rights, honest and fair treatment by management, high quality equipment, a safe and pleasant work environment, and conditions that are consistent with state-of-the-art EMS organizations.

At all times, we expect high quality performance along with cooperation and respect for the patient, the public, fellow staff members, and management. Professional appearance and behavior are crucial to our success and all personnel are expected to be courteous, loyal, honest, and to respect and comply with Montgomery County Emergency Medical Service rules, regulations, and policies. The strength of Montgomery County Emergency Medical Service is its personnel, and we invite you to provide input and suggestions for continued enhancement of our activities.

We are a “people” business. That means we all must do our very best to effectively communicate with others, especially the patients who rely so much on our service. Most of the calls we respond to do not involve “life or death” situations. The most frequent attribute you will need to rely upon is your interpersonal communication skills and your compassion for others. Many of our patients will be elderly and may need the emotional and psychological support that comes from a caring attitude in all that you do. We expect that all patients will be treated with utmost dignity. Please remember our overriding philosophy – treat others in the same way that you would want to be treated. If you follow this simple philosophy in every encounter with a patient, family member, the public, or fellow staff members, you will feel good about yourself and the service you provide, and you will enhance our position and reputation in the community.

The Role of Your Supervisor

Your supervisor is a very vital part of our management team. Your supervisor will be your main “go to” person when you have questions or concerns. Your supervisor is directly responsible for overseeing daily operations, planning the work schedule, monitoring the quality of your work, and providing you with whatever assistance you may need. Your supervisor will introduce you to your fellow personnel, show you where things are, and advise you on where you can improve your performance.

An important part of your supervisor’s responsibilities is to answer questions, listen to your concerns, help you explore alternatives for resolving those problems, and take action where appropriate. Your supervisor is there not only to supervise, but also to make your concerns known to upper management. Feel free to discuss any issues with him or her and give your supervisor your cooperation.

Our entire management team prides itself on an “open door policy,” and you are encouraged to approach any member of management with thoughts, problems, or other ideas for improving our organization.

Communications

Open communication is essential to the overall success of the organization. We encourage open and positive communication between management and staff. Periodic management staff meetings as well as general staff meetings may be held in order to help maintain our strong lines of communication throughout the organization.

Experience has shown that concerns can very often be resolved by getting them out in the open as quickly as possible. You should communicate any problem situations or concerns you have directly to your immediate supervisor. We encourage the management team to be effective problem solvers. They should be able to answer most of your questions or resolve any issues or concerns that you raise in a prompt fashion, in most cases. If you are

not satisfied with the resolution of your concern, or, if for some reason, you do not wish to discuss it with your supervisor directly, you may discuss the matter with any member of the management team. If the problem is of a personal nature, feel free to voluntarily schedule an appointment with a senior manager. We will make every effort to keep these discussions confidential if they involve sensitive issues.

Montgomery County Emergency Medical Service has a strong focus on compliance. We must comply with all applicable laws and regulations that govern the highly regulated EMS and medical transportation field. We strive to meet the expectations of the regulatory bodies and our patients and customers. If at any time you feel that we are not being fully compliant with the law or regulations, we encourage you to express your concerns to a member of the management team.

Statement of Employment at Will

Employment with Montgomery County Emergency Medical Service is “at will,” meaning that both you and the organization remain free to terminate the relationship at any time, for any reason, with or without advance notice. Nothing in this Handbook shall be construed to alter the at-will nature of employment status within the organization, and nothing in this handbook shall be construed to create a contractual relationship between Montgomery County Emergency Medical Service and any employee where such a relationship does not otherwise exist.

More specifically, none of the following alters the at-will nature of employment status within the organization:

1. Oral or written statements or representations, whether before or after your hiring, except an express written contract that is signed by you and an authorized representative of the Montgomery County.
2. Practices or procedures of the Montgomery County or its supervisory personnel.
3. Any written materials including recruitment materials, employment applications, policies, rules, guidelines, descriptions of benefits, and this employment Handbook.
4. Completion of an “Introductory Period,” “Orientation Program” or conferral of “regular” employee status for which benefits begin to accrue.

Regardless of your status as an employee, our goal is to ensure fairness in all decisions related to your employment with Montgomery County Emergency Medical Service. In the event there is need for corrective or disciplinary action, you can expect fair

and consistent treatment by management with a focus on fully investigating any workplace issue before corrective action is taken.

Personnel File & Updating Personal Information

It is important that Montgomery County Emergency Medical Service maintain complete and accurate personnel records for all employees and members. It is equally important to have certain information about all personnel on file. In order to keep these records up-to-date for operational, emergency and insurance purposes, it is essential that **you notify the Montgomery County immediately if there is any change to any of the following items:**

- a. Legal name.
- b. Home address.
- c. Home telephone number.
- d. Person to contact in an emergency.
- e. Number of dependents.
- f. Marital status.
- g. Change of beneficiary.
- h. Driving record or status of driver's license.
- i. Military status.
- j. Exemptions on your W-4 tax form.
- k. Certifications, recognitions, expiration dates, identification numbers, etc.
- l. I-9 immigration forms.

Since we refer to your personnel file when making decisions in connection with promotions, transfers, corrective counseling and other important events, it is to your benefit (and at times required of you) to be sure your personnel file includes all relevant information about you. Completion of educational or training courses, outside civic activities, and documentation of areas of interest and skills that may not be part of your current position requirements may have an impact on future assignments, promotions, etc. The personnel file will also retain work related information gathered about you during your involvement with our organization, including both positive and negative occurrences.

Montgomery County Emergency Medical Service reserves the right to keep records related to investigations of possible criminal offenses, reference letters, documents prepared for criminal, civil, or grievance procedures, and materials used for other operations. This includes the results of criminal background checks, driving history, and medical examinations performed as part of employment. To the extent possible, these records will be kept confidential and no information will be given to anyone outside County Government unless you provide consent or required by law.

Personnel may inspect the contents of his or her personnel file at Human Resources during normal business hours.

Medical Examination

We are a safety-sensitive operation and lives depend on our ability to physically and mentally deal with a wide range of situations. All applicants for employment are required to undergo a medical examination and alcohol and drug screening prior to the rendering of any services on behalf of Montgomery County Emergency Medical Service. Pre-Hospital health care providers will also be required to undergo tuberculosis and HIV testing by the Montgomery County Health Department prior to the rendering of any services on behalf of Montgomery County Emergency Medical Service. The cost of the exam and the testing will be covered by the organization. Continued employment with Montgomery County Emergency Medical Service is dependent upon the satisfactory completion of this medical examination and a determination that you are capable of performing the essential functions of the position, with or without reasonable accommodation for any disabilities that may affect your ability to function in a safe and effective manner. All physical examination requirements will be completed in compliance with all applicable workers' compensation and disability discrimination laws.

As a condition of continued relationship with Montgomery County Emergency Medical Service, personnel may also be required to undergo annual medical examinations, and routine and/or random illegal substance screening, consistent with policies further outlined in this Handbook.

Non-Discrimination Commitment/Equal Employment Opportunity

Montgomery County Emergency Medical Service follows a strict Policy that we do not discriminate in providing services and care to the patients we serve, or in the terms and conditions of employment for our staff. We will not discriminate on the basis of race, color, national origin, ancestry, religion, sex, age, non-job related disability, political belief, military service, or any other protected class. It is at all times, the intent of Montgomery County Emergency Medical Service to comply with State Human Relations Act provisions, as well as all federal discrimination and employment laws.

All personnel are encouraged to report to his or her supervisor or other member of management any incident in which he or she feels that there has been discrimination on the basis of race, color, national origin, ancestry, religion, sex, age, non-job related disability, political belief, military service, or any other protected class.

Additionally, in compliance with all hiring, promotion, discipline and workplace accommodation decisions shall occur on a non-discriminatory basis, with reasonable accommodations being made where possible, to the extent that essential job functions can be properly performed.

Immigration Law Compliance

Montgomery County Emergency Medical Service is committed to employing only United States citizens and aliens who are authorized to work in the United States. We will not unlawfully discriminate on the basis of citizenship or national origin. In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 form within the past three years, or if their previous I-9 form is no longer retained or valid.

Personnel Medical Records

All medical records we receive about staff members are retained in a confidential manner to the fullest extent possible. Generally, only those persons within Montgomery County Emergency Medical Service with a need to know the information will have access to such records. And, even then, such persons will only have access to as much information as is minimally necessary for the legitimate Montgomery County-related use of the medical records. All staff member medical information will be kept in a locked office or a locked file cabinet, and will be maintained separate from personnel files. Medical information in electronic form will only be accessed by management personnel authorized and permitted under the law to access that information.

In accordance with laws concerning disability discrimination, all medical records of personnel will be kept in separate files, apart from the general personnel file. These records will be secured and be treated as confidential, except that, in accordance with the law, management must have limited access to learn about information regarding necessary restrictions on the work or duties of the employee and reasonable accommodations that may have to be made.

In accordance with the Privacy Rule of the Health Insurance Portability and Accountabilities Act (HIPAA), employment records are not considered to be protected health information (PHI), subject to HIPAA safeguards. This includes certain medical records that may be retained by Montgomery County Emergency Medical Service as your employer. While HIPAA's privacy Rule is not applicable to employment records, general state and federal privacy laws remain applicable. In the interest of privacy and confidentiality, Montgomery County Emergency Medical Service will treat your medical records with utmost respect, privacy, and security to the greatest extent possible.

Mission & Values Statements

The mission of Montgomery County Emergency Medical Service is to provide outstanding emergency medical services and patient transportation services. We provide these services in a professional manner while maintaining the dignity of those we serve.

Our staff continuously strives to learn, improve and grow in enhancing the delivery of emergency medical services to those we serve.

Montgomery County Emergency Medical Service adheres to the following values:

Commitment to Service

We treat persons with illness and injury in our community with care and compassion, utilizing effective principles and practices of patient care, and we strive for excellence through ongoing evaluation and improvement.

Respect

We recognize the dignity of others and communicate with others in a respectful manner.

Integrity

We serve with honesty, loyalty and dedication.

Accountability

We are responsible for our actions, both positive and negative.

Teamwork

We practice teamwork through communication and cooperation to achieve common goals.

Fair Treatment

We do not discriminate against patients or personnel on the basis of race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other legally protected characteristic.

Communication Group Meetings

Montgomery County Emergency Medical Service prides itself on its ability to provide high quality patient care and maintain an environment that is and safe for all employees. To best achieve those goals, we have implemented a program of periodic and informal communication meetings between management and staff. The purpose of these meetings is to obtain the input of individual personnel, through discussions between small groups of personnel and members of management.

The meetings will occur periodically, and will involve personnel for participation in each meeting. Several personnel each month will have the opportunity to talk directly to a member of management at one of these meetings in order to voice concerns and make suggestions for improving the organization.

Personnel should not feel pressured to participate, but should remember that their individual input is important and will be greatly appreciated. Thoughts and ideas on patient care issues, work conditions, and other terms of employment can greatly improve the quality of patient care and the work environment. Individual concerns will not be attributed to individual participants directly, and those that do participate will not face any retribution or retaliation for any complaints or concerns that are raised in this constructive format.

All personnel are always welcome to approach any member of management with additional concerns at any time, and for any purpose. The use of an informal, social, low pressure setting that exists with the communication group is often a way for Montgomery County Emergency Medical Service to obtain useful information to improve our operations and our relationship with our staff.

The Communication Group Meetings are also a great way for “front line” personnel and management to interact in a relaxed and informal setting. Mutual respect, equality, and individual attention to everyone’s concerns are of utmost concern. Efforts will be made to answer any concerns, or resolve any problems as quickly as possible. A short written summary of the meeting identifying the key issues and the management response to those issues will be provided shortly after the meeting, and be distributed to all personnel and management. As discussed above, individual suggestions will not be attributed to the person making the comment. At times, we may even solicit anonymous comments, in order to better assure confidentiality when sensitive issues are raised. Personnel offering suggestions or complaints will face no retribution or retaliation for raising their good faith concerns or suggestions.

Organizational Structure and Authority

- A. The **Chief** of Montgomery County Emergency Medical Services shall be in charge of the department.
- B. The **Deputy Chief** of Montgomery County Emergency Medical Services shall work directly with the Chief and assume complete responsibilities in the Chief's absence.
- C. The **Compliance and Education Officer** of Montgomery County Emergency Medical Services shall assume responsibility for ensuring total compliance in all areas of the service, coordinating educational, safety, and quality assurance programs, setting and enforcing medical care standards, evaluates patient care and safety issues throughout the service, provides counseling, remedial training and disciplinary or other personnel actions as needed and work directly with the Deputy Chief and Chief.
- D. The **Director of Administration** shall oversee the administration of the business office and work directly with the Chief.
- E. **Captain and Lieutenants:** The Emergency Medical Services shall be divided into three shifts: A, B, and C. A **Captain** shall be in charge of each shift with a **Lieutenant** and a **2nd Lieutenant** to assist with supervisory duties. Captains and lieutenants are assigned to each shift.
- F. The **ERT Commander** of Montgomery County Emergency Medical Services shall be in charge of ANY and ALL Emergency Responses that include rescues and/or recoveries that are beyond the norm (i.e.: Any high angle, water, trench, etc type rescues) The on duty Captain or Lieutenant **MUST** notify the ERT Commander of all situations that involve or will potentially involve ERT resources immediately. **NO EXCEPTIONS to this policy will be tolerated.**
- G. The County Mayor and an advisory board comprised of county commissioners and the service's Medical Director meet monthly to review the operations of the department.
- H. Hours of Work:
 - A. Pre-hospital Personnel
 - 1. Full-time personnel shall work a twenty-four (24) hour tour of duty then off duty for forty-eight (48) hours.
 - a. **Shift assignments are made by the Chief and can change at any time.**
 - b. **All personnel must have at least eight (8) hours of rest prior to reporting for duty. No employee will be allowed to leave another place of employment prior to reporting for duty.**
 - 2. Relief time shall be 0700 hours each morning. Failure to report for duty at this time will be considered as tardiness. Personnel will be considered as AWOL if he or she fails to notify the immediate supervisor of his or her inability to report for duty as early as possible prior to the start of the shift.
 - a. All off-going personnel shall arise 30 minutes prior to shift change (0630 hours) to give a proper report to oncoming personnel.

- b. If in the event an employee feels exhausted or too tired to safely drive home, he or she will notify their immediate supervisor, who will assist in making arrangements as needed. If an employee decides they would rather rest prior to driving home, he or she must notify their immediate supervisor to obtain permission to sleep in the station quarters. Once the employee has received permission to sleep, he or she will not respond to any calls.
3. Part-time personnel shall work varied shifts as scheduled by a shift captain or lieutenant.
4. All personnel will conduct map class of city and county roads, geographical areas and landmarks daily between the hours of 1300 to 1400.

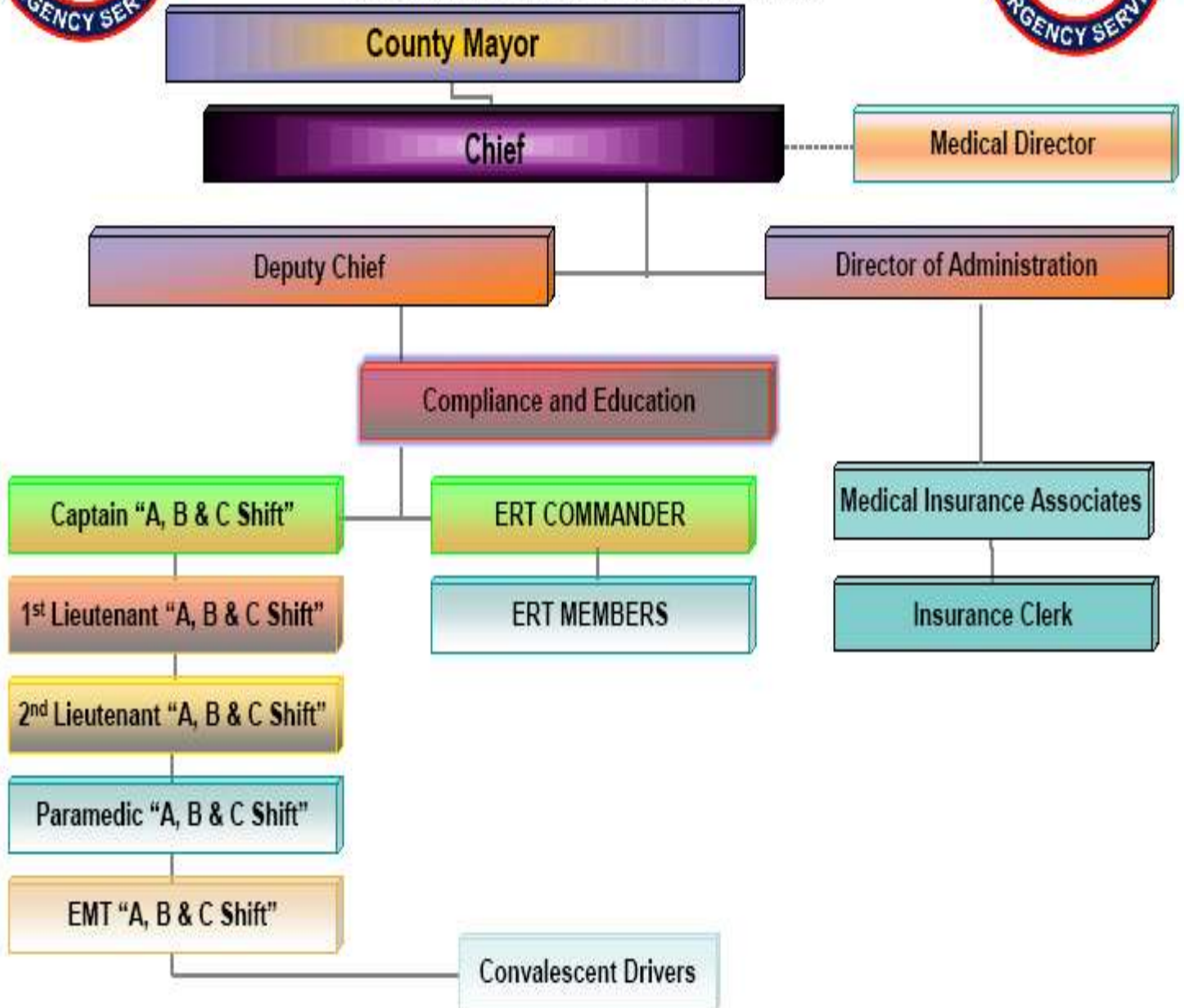
B. Office Staff

1. Business office personnel work eight (8) hour shifts Monday through Friday as assigned by the Director of Administration. Failure to report for duty at the designated start of the work day will be considered as tardiness. Personnel will be considered as AWOL if he or she fails to notify the Director of Administration of his or her inability to report for duty as early as possible prior to the start of the work day.
 - a. Work above and beyond this schedule, must be prior approved by the Director of Administration or Chief.

- I. **All requests for scheduled annual, holiday or sick leave must be presented in writing to the employee's immediate supervisor at the earliest possible time to allow for proper scheduling. Time allotted for leave will be granted upon the discretion of immediate supervisor or Chief. Scheduled leave may be canceled in instances where there are scheduling problems due to sick or injured employees or in the event of a disaster or major emergency. Annual and holiday leave will not be granted during the following major holiday weekends: New Years, Memorial Day, Independence Day (July 4th), Labor Day and Thanksgiving. Exceptions may be made at the discretion of the Chief or Deputy Chief.**



Montgomery County E.M.S. Command Structure



Compliance

Montgomery County Emergency Medical Service is committed to adhering to all local, state and federal laws that relate to the operation of our organization. As a staff member of Montgomery County Emergency Medical Service, we expect you, too, to adhere to all these requirements. Such compliance will ensure proper patient care, and help make for a better work environment. Montgomery County Emergency Medical Service may be required to report certain violations of law to appropriate oversight authorities. Be aware that inappropriate actions, not in compliance with the law, may subject you to discipline or corrective counseling.

HIPAA COMPLIANCE

The United States Congress has enacted new national patient privacy standards known as HIPAA, Health Insurance Portability and Accountability Act of 1996. Effective April 14, 2003, this law guarantees patients access to their medical records and protects all private health information maintained by health care providers, hospitals, health plans and insurance companies. As required by law, our service has developed the following policies and procedures to reasonably minimize the amount of protected health information used, disclosed and requested.

Patient information obtained during treatment by pre-hospital care providers is protected under HIPAA. Therefore, all information gathered shall be closely guarded. Pre-hospital personnel may not share this information with anyone except law enforcement officials, First Responders and staff members of the receiving medical facility as they are acting within the official capacity of their duties. All other requests for this information shall be denied. Discussion of patient treatment outside the service is strictly prohibited except when required by law.

Documentation of patient care is submitted to the business office in either written or electronic form as run reports. These reports are used to collect revenue from patients and/or their insurance companies. Effective April 14, 2003, office personnel may freely disclose any patient information as needed to obtain insurance reimbursement without prior authorization from the patient. All run reports, insurance release forms, insurance claims and written authorizations are maintained inside the business office, which is secured from the general public during normal business hours. After normal business hours, the office is locked and protected by an alarm system.

Patient records may be accessed by office personnel or administration for the purposes of quality assurance, training, licensing, public health purposes, health care fraud and abuse detection and legal subpoenas as permitted within HIPAA regulations. When necessary, these records may be used by Credit Bureau Systems of Clarksville for debt collection purposes as allowed by HIPAA and the Fair Debt Collection Practices Act.

In non-routine circumstances, patients will be asked to sign a special authorization form before EMS can use or disclose their personal information. This form shall be written in plain language with a description of the information to be disclosed, the identification of the persons making and receiving the disclosure, an expiration or event date and explanation of purpose. The form will include instructions on the patients' ability to revoke their authorization, a statement that treatment or payment may not be conditioned upon receiving their permission for disclosure and a statement regarding the potential for the information to be disclosed by the recipient. All patients will have the right to refuse to sign any authorization form. All authorization forms shall be retained by the business office for record keeping purposes. Authorizations requested by patients will include the phrase "at the request of the individual."

Effective April 14, 2003 before all transports, patients will be asked to sign a written notice of the service's privacy practices and the rights afford to them under HIPAA. Pre-hospital care providers shall not be required to obtain patients' signatures in emergency treatment situations only. These patients will be mailed a copy of the form and requested to return the signed notice. All refusals to sign the policy must be documented to show our service made a good faith attempt to notify patients of their rights. Copies of the acknowledgments shall be kept on file by the business office for six years as required by law.

Patients may obtain a copy of their protected health information from 8 a.m. to 4 p.m. Mondays through Fridays. Patients will be required to present two forms of identification before their information will be accessed. Patients can obtained their records at no cost once a year. A charge of \$20 will be assessed for additional copies or legal requests submitted by attorneys. Parents of children under the age of 18 are allowed the same rights as normally afforded to adult patients.

Under HIPAA, the law acknowledges that uses or disclosures that are incidental may occur. Such incidental uses or disclosures are not considered as a violation of the rule provided our service has met reasonable safeguards and the necessary requirements.

Section II

General Policies – All Personnel

Alcohol and Substance Abuse & Testing

Purpose: In 1988, Congress and two federal agencies, the Defense Department and the Transportation Department, passed the Drug Free Work Place Act. As a result of this act, Montgomery County has a legal and moral obligation to take whatever steps necessary to provide a safe “Drug-Free Work Environment” for all employees.

Policy: Montgomery County Emergency Medical Service will not tolerate personnel under the influence of alcohol or illegal drugs or those who use alcohol or illegal drugs (or misuse legal drugs) while on duty, while operating Montgomery County vehicles, or while representing Montgomery County Emergency Medical Service.

The County’s policy on this subject is as follows:

1. Alcoholism, problem drinking and drug dependence are illnesses and should be treated as such.
2. Alcoholism, problem drinking, and drug dependence can be successfully treated. The County will assist employees in seeking proper treatment.
3. The County recognizes that certain drugs, although they can be prescribed and taken legally, are also potential detriments to job performance and health.
4. The decision to seek diagnosis and treatment for any suspected illness or abuse is the responsibility of the employee.

Procedure:

I. Definition of Terms.

- a. **Legal Drug:** A prescribed drug or over-the-counter drug that has been legally obtained and is being used for the purpose for which it was prescribed or manufactured.
- b. **Illegal Drug:** Any drug which cannot be legally obtained (e.g. marijuana, hallucinogens, etc.) or which, although legal:
 1. Has been illegally obtained or prescribed.
 2. Is not being used for its prescribed purposes.
 3. Is being used in larger doses than recommended.
- c. **Premises:** Used in its broadest sense, it includes all land (including leaseholds, easements, and other job sites), property, buildings and other structures, vehicles owned by, or leased to, Montgomery County Emergency Medical Service.

- d. **Reasonable Suspicion**: Aberrant or unusual behavior of personnel who exhibit any of the following:
 - 1. Symptoms that are commonly associated with intoxication or impairment caused by illegal drugs or alcohol.
 - 2. Behaving in a manner that is not reasonably explained as resulting from causes other than the use of controlled substances.
 - 3. Observed using or in the possession of illegal drugs or alcohol. All such observations must be made by a supervisor of management, and must be documented in writing by the observer(s).

II. Prohibited Acts.

- a. The unlawful manufacture, use, possession, sale or distribution of unauthorized illegal drugs or alcohol on the premises, or being under the influence of alcohol or illegal drugs while performing Montgomery County Emergency Medical Service duties, while representing Montgomery County Emergency Medical Service or while acting in any capacity as a Montgomery County employee, is prohibited at all times and will be considered sufficient reason for termination of employment.
- b. Conviction for the manufacture, use, possession, sale or distribution of unauthorized illegal drugs or alcohol on or off County property will be considered sufficient reason for termination of employment.
- c. The County **MUST** be notified by the employee within five (5) days of ANY alcohol or drug related charge.
- d. Personnel should be aware that the use of some prescriptions or over-the-counter drugs might also affect their ability to properly perform their job duties. Therefore, you have the responsibility to report such use of legal drugs that may have side-effects to your supervisor immediately, prior to beginning your work day, when you are aware of potentially adverse effects on performance or in the safe operation of Montgomery County equipment.
- e. You may continue to work even though you may be taking a legal drug (such as over the counter cold medications), as long as such use does not pose a threat to your safety or the safety of other personnel or patients and you can safely perform the duties of your position.
- f. Any employee – whose judgment, behavior or job performance is impaired to the point that removal from the job is required, will be required to be sent to a medical facility for an alcohol test and/or drug screen. A medical confirmation of recent use of illegal or controlled drugs and/or alcohol will be considered sufficient reason for termination of employment.

- g. Depending upon the severity of the situation, personnel who violate this Policy may be offered the opportunity for appropriate treatment and rehabilitation through any Employee Assistance Program (EAP), which may be available through health insurance coverage or an appropriate treatment source of the staff member's choice. Referral for assistance does not preclude corrective discipline for violation of rules or Policies. Personnel failing or refusing appropriate treatment or testing shall be subject to corrective discipline up to and including termination. Failure to successfully complete the program or intentional violations of the program will result in termination of employment.
- h. **As a condition to employment, all employees MUST agree to abide by the terms of this policy statement.**

III. Drug Testing.

Montgomery County EMS actively participates in a drug prevention and testing program in accordance with all applicable federal, state and local guidelines. Due to the high profile occupation of EMS, this is necessary to provide and maintain a Drug Free Workplace for co-workers and the public that we serve. All employees will be subject to participate in this program.

- a. This Policy, regulating the use, possession, and testing for presence of alcohol and drugs shall be administered fairly and consistently to all personnel.
- b. Pre-employment screening shall be performed.

Additionally:

- 1. All applicants will be requested to sign an authorization and release agreeing to submit to a drug screen. Applicants who refuse to sign the authorization or to submit to the drug screen will not be considered for employment.
- 2. An applicant who fails the drug screening test will be advised to consult with a physician or a counseling center. A new application may be submitted for employment ninety (90) days from the date of the last conditional offer of employment if the applicant provides medical evidence that a physician has found no sign of alcohol or drug abuse or that the applicant had undergone prescribed treatment.
- c. Routine testing of personnel may occur.
 - 1. Personnel may be required to submit to drug testing under the following circumstances:

- A. Where state or federal regulations require such testing.
 - B. Where Montgomery County Emergency Medical Service has reasonable suspicion of:
 - 1. Recent use of controlled substance(s) or abuse of alcohol.
 - 2. Engaging in illegal drug activities.
 - 3. Use or possession of illegal drugs or alcohol on Montgomery County property.
 - 4. An employee exhibiting unusual or aberrant behavior.
 - 5. Employee behavior that may involve a failure of performance that contributes to an accident involving injury or death, significant damage to property or equipment, or near miss incident that had the potential for serious consequences.
 - C. Random Testing: This may be completed by random shift or service wide.
 - D. Where a staff member has been referred to treatment for alcohol and/or drug abuse, in which event the personnel shall be subject to random testing for one (1) year after he or she has returned to work. Personnel will also be required to furnish Montgomery County Emergency Medical Service with a copy of the treatment facility's prescribed after care program and proper verification of the staff member's compliance with the after care program or revisions thereto.
 - E. Anytime following a motor vehicle accident, however minor, in which the staff member was the operator of the vehicle.
- 2. Personnel required to submit to drug testing shall be informed of the reason for such testing. In the case of "reasonable suspicion" testing, personnel shall be given a copy of the written order from the supervisor(s) involved, including documentation of the specific objective facts constituting "reasonable suspicion" in accordance with this policy. The staff member will be requested to sign an acknowledgment that testing has been requested and that he or she consents to such testing.
 - 3. Personnel who refuse to sign a requested testing agreement or who refuse to submit to testing after signing the agreement shall be immediately suspended, and an investigation shall occur to determine whether the refusal was reasonable. If the refusal is found to be

unreasonable, it will be treated as an intentional violation of this Policy, and will be terminated.

4. Testing procedures shall conform to accepted practices, and the Montgomery County Emergency Medical Service may utilize an outside or contracted person or organization for this purpose.
- d. Test results shall be communicated to Montgomery County Emergency Medical Service as soon as possible upon receipt of the results from the testing facility. Further:
1. Copies of all documents including test results, computer printouts, graphs, interpretations and chain of custody forms may be given, at the discretion of management, to personnel upon request.
 2. Any staff member who, as a result of testing is found to have alcohol or illegal drugs in his or her system will be considered in violation of this policy.
 3. If any detectable amounts of drugs or alcohol are found a second test will be performed on the same specimen.
 4. All records and information obtained by Montgomery County Emergency Medical Service regarding drug testing, requests for testing, the test results, and treatment of personnel for chemical dependency will be confidentially maintained by Montgomery County Emergency Medical Service as fully as possible, and will be used in accordance with the law. Test results may need to be shared with designated management personnel, or others on a "need to know" basis.
 5. Follow-up testing and medical evaluation are required for employees who are returning to work after a confirmed positive test result. **Any confirmed positive result on a follow-up test will result in immediate termination.**

Background Checks

Purpose: To follow state and federal laws, and to ensure the highest degree of safety for our personnel and patients by adequately screening the background of our personnel.

Policy: Montgomery County Emergency Medical Service shall perform all necessary background checks, including criminal history, child or elder abuse history, driving record, and other required background checks prior to any service performed by a potential employee or volunteer. Each employee must satisfactorily complete the background check process prior to performing any services.

Procedure:

I. Criminal History Record Background Checks.

- a. Each applicant for employment must provide necessary information required for the necessary county, state or federal criminal background check form. Each applicant shall also complete a background check authorization form.
- b. Montgomery County Emergency Medical Service will submit the necessary federal or state background check form on behalf of each applicant to the relevant state or federal agency. The applicant will ordinarily not be permitted to perform services until the results of the background check are received. All cost incurred will be covered by Montgomery County Emergency Medical Services.
 1. If a criminal history record check indicates that a potential employee has been convicted (including a plea of “no contest”) of any crime that is relevant when considering employment, he or she may not be eligible for employment. Additionally, any employee who is later convicted of a crime may be subject to immediate termination of employment. (Convictions for offenses will not necessarily preclude employment, but will be considered in making employment decisions based on the relevance of the conviction to the work performed).
 2. If the criminal background check returns with no record of conviction, the applicant may be permitted to perform services and may be hired.
 3. If the criminal background check returns with a record of a conviction that is relevant to preclude employment, the applicant will receive notice that he or she is precluded from employment because of the results of the criminal background check.
- c. Any applicant who does not cooperate with the criminal history records check process will not be considered for employment.

- d. In addition to cooperating with the background check, each applicant shall provide a list of all criminal convictions. Convictions will be considered based on factors that relate to suitability for employment in the position applied for, including the type and severity of the crime, and when the conviction occurred.
- e. Montgomery County Emergency Medical Service may periodically request that additional criminal background checks occur throughout the term of employment. Full cooperation with such periodic checks is expected, and failure to cooperate will result in disciplinary action up to or to include termination.
- f. All personnel have an ongoing obligation to disclose to Montgomery County Emergency Medical Service any convictions during their employment. Personnel who fail to make such a disclosure will be subject to appropriate discipline.

II. Driving Record Background Check for All Personnel who's Participation Involves the Operation of a Motor Vehicle.

- a. Individuals with a poor driving record may not be permitted to operate Montgomery County vehicles, and in some cases, may not be considered for employment. Each applicant is required to submit necessary information to Montgomery County Emergency Medical Service to enable Montgomery County Emergency Medical Service to obtain a copy of the driving record from the applicable state agency (e.g., Department of Transportation). Any applicant who does not cooperate with the driver record check process will not be considered for employment.
- b. At all times during employment, personnel must meet the following criteria while operating Montgomery County vehicles:
 - 1. They must have a valid driver's license and also successfully complete an Emergency Vehicle Operator's Course.
 - 2. They must observe all traffic laws.
 - 3. They must not be addicted to, or under the influence of, alcohol or drugs.
 - 4. Seat belts shall be worn at ALL TIMES when the vehicle is in motion. When necessary the attending medic(s) must be unsecured to provide patient care, he or she shall re-secure the seat belt as soon as possible after treatment is given. Personnel are prohibited from riding on tail steps, side steps, running boards or any other "exposed" position.

5. The front seat shall only be occupied by only two people. The driver of the vehicle shall ensure that all passengers are secured before setting the vehicle in motion.
6. They must be free from physical or mental impairments that may adversely affect the person's ability to drive and pose a danger to self or others, if those impairments cannot be reasonably accommodated.
7. Exceptions to the law shall be granted only to those vehicles using the emergency mode. The following are the policies of the Montgomery County Emergency Medical Service in requesting those exceptions:
 - a. **Both lights and siren MUST be in use at all times during emergency traffic.**
 - b. Posted speed limits may be exceeded when the vehicle is operated in the emergency mode. It shall be the policy of Montgomery County Emergency Medical Service that all personnel will at all times drive with regard for the safety of himself or herself and all others involved. Engineering "safe speed" signs and school zones DO NOT APPLY to the posted speed exception. It shall be the policy these special speed zones shall be observed as posted. **Personnel shall take road conditions, inclement weather, poor visibility, congested traffic situations and sharp curves into consideration and immediately slow their vehicle to a safe, controlled speed.**
 - c. At intersections, exceptions to yield or stop signs or mechanical traffic controls shall be taken **ONLY** after slowing the vehicle to a safe, controlled speed or stopping. The unit shall proceed only after the operator is sure that to do so will not create or contribute to a hazardous situation.
 - d. Parking or standing in an authorized zone, proceeding the wrong way on a one way street, moving against traffic flowing on the oncoming side of the street or likewise maybe done only if to do so does not create undue hazard for others or for the ambulance, its crew and passengers. Due regard for the safety of others must be the prime consideration in vehicle operations. Personnel should exercise good sound judgment when positioning their vehicles on emergency scenes so as not to create any additional hazards. Furthermore, medics shall cooperate with law enforcement agencies as necessary.
8. If conditions allow, only EMS employees shall operate ambulances in an emergency mode. In the event it is necessary for both medics to assist with patient(s) care in the back of the ambulance and a designated driver has to be obtained, the designated driver shall be from the following agencies **ONLY**: Clarksville Police Department, Clarksville Fire Department, Montgomery County Sheriff's

Department, Montgomery County Fire Service or Clarksville Montgomery County Rescue Squad. The designated driver should operate the ambulance in accordance to the service's vehicle operational policy. Be aware that these agencies may not be able to spare more than one person from their agency to assist with the transport as needed.

9. Cruise Control SHALL NOT be activated at anytime during the operation of any vehicle, emergency or non-emergency traffic.
10. In an effort to prevent an accident from occurring with children loading or unloading on or off a school bus, the following guideline is issued. When responding to an emergency call and approaching a school bus loading or unloading passengers, you will:
 - Slow or stop the vehicle as necessary to ensure the whereabouts of the children.
 - After looking, you will proceed very slowly past the bus prior to resuming emergency traffic.
 - **When proceeding through a school zone, speed restrictions WILL BE OBSERVED at ALL TIMES whether running emergency or non-emergency traffic. It is the law.**
 - School bus drivers have been notified that you will proceed past their stop sign only at a slow speed and only after checking for the presence of children.
11. The service recognizes that backing ambulances is made hazardous by the fact the driver can not see much of where he or she intends to go. Whenever possible, drivers should avoid backing. **A ground guide SHALL be utilized at ALL times when operating ambulances in the reverse mode, if transporting make every attempt to designate a ground guide from another agency. (Use common sense).**
12. Tobacco products SHALL NOT be used in any Montgomery County Emergency Medical Service vehicle. This includes: dipping, chewing or smoking.
13. During the course of inspecting ambulances each morning, burnt-out bulbs will be replaced. Any bulbs found burnt-out during the shift will be replaced as soon as possible. This problem should not be left for other crews or shifts.
14. Drivers shall maintain a three (3) to Five (5) second safe following distance from other vehicles.

15. At any time an emergency vehicle driver approaches an unguarded rail crossing, he or she shall bring the vehicle to a complete stop before entering the grade crossing. The driver will turn off all sirens and air horns, open the windows and listen for approaching trains that may not be seen from the vehicles position.
 16. Drivers shall use caution and proceed slowly out of all station exits and parking lots. Personnel will observe for pedestrians, bicyclists and other hazards.
 17. Ambulances will be refueled within their assigned zone whenever possible. Units returning from out-of-county transfers may refuel at Station 20 if necessary.
- d. Any changes in a personnel driving record (such as conviction for speeding, or any conviction for a moving traffic violation) must be reported to a supervisor immediately. Failure to do so may result in disciplinary action, up to and including termination.
 - e. Upon being offered a position with Montgomery County Emergency Medical Service that involves driving of Montgomery County Emergency Medical Service vehicles, applicants must successfully completed an EVOC and/or a Driving Course within their introductory period of six (6) months and provide a copy of the certificate of completion to Montgomery County Emergency Medical Service.

III. Review of OIG Exclusions.

- a. The Department of Health and Human Services, Office of Inspector General (OIG) reports those individuals or organizations that have been excluded from participating in federal health care programs. Those on the excluded list are not permitted to provide services that will be billed to a federal health care program (such as treating Medicare/Medicaid patients) and are not permitted to be involved in billing or related functions.
- b. As part of its application process, Montgomery County Emergency Medical Service will research the OIG's database for possible applicant exclusion. Exclusion from any federal health care program constitutes grounds for disqualification of employment/membership.
- c. Montgomery County Emergency Medical Service will conduct periodic re-checks of the OIG exclusion database. In the event that a current employee is found to appear on the exclusion list, termination of employment may be required.

IV. References.

- a. Applicants shall provide a list of references, including past employers. References shall not include family members and social friends.
- b. Montgomery County Emergency Medical Service may contact each named reference to confirm the qualifications, abilities, or character of each applicant.
- c. Any applicant who does not supply references will not be considered for employment.

V. Medical Examination.

- a. All applicants are required to meet the required physical requirements for the applied for position, as established by Montgomery County Emergency Medical Service. All candidates must pass a post offer physical examination, which may also include an assessment of reasonable accommodations that may be requested by the applicant. The employment physical is provided at no cost to the applicant and may include medical history, x-rays, laboratory tests, and a drug screen.
- b. Additional physical examinations may be required periodically as a condition of continued employment to ensure continued ability to perform the physical requirements of the job.

Cellular Phone Use

Purpose: To prevent distractions in the workplace and help ensure the safety of all personnel and the patients we serve.

Policy: Cellular phone use and use of personal digital assistants (PDAs) while on duty shall be limited to necessary work related calls made on work-issued phones. Personal use of cell phones is only permitted during limited times when work responsibilities are not being performed.

Procedure:

I. Personal Cellular Telephones.

- a. Personal cellular telephones are permitted to be carried while on duty, but must be placed on silent mode, and allow voice mail to answer the call. Messages may be checked on "down time" when not actively involved in a call or performing work duties.
- b. Cellular phones may be used for personal purposes, but conversations shall be limited to five (5) minutes, and never be cause for delay in responding to a patient or beginning an assignment.
- c. While attending to a patient or while operating a Montgomery County vehicle, personnel shall not, under any circumstances, respond to (or make) a personal cellular telephone call, send text messages, or check electronic mail on PDAs. The only exception to this policy is if there is required communication with your supervisor or other officers of Montgomery County Emergency Medical Services and/or Medical Control.
- d. In the interest of protecting employee documents, patient confidentiality, and to prevent the capture of inappropriate data, under no circumstances shall any personnel be permitted to carry a cellular telephone or PDA that also serves as a camera. Additionally, no other personal electronic devices, including PDA's, cameras, or other personal computers (not issued or authorized by Montgomery County Emergency Medical Service for patient care purposes) shall be utilized by personnel while on duty.
- e. Personnel are prohibited from using personal cellular telephones or PDAs between the dispatch of a call and the time that the call is cleared. This is to prevent any distractions while engaged in patient care, and to avoid any possible interference with equipment that may occur based upon the cellular activity. The only exception to this policy is if there is required communication with your supervisor or other officers of Montgomery County Emergency Medical Services and/or Medical Control.

II. Montgomery County-Issued Cellular Phones.

- a. Montgomery County-issued cellular phones or PDAs shall be used for Montgomery County business only, including, but not limited to, making contact with dispatch, medical command, or a receiving hospital.
- b. Personnel will not utilize a cellular telephone or PDA while driving. If cellular communication is necessary, the passenger should handle the telephone when possible. The only exception to this policy is if there is required communication with your supervisor or other officers of Montgomery County Emergency Medical Services and/or Medical Control.
- c. Personnel working aboard one-person vehicles will minimize the use of Montgomery County-issued cell phones while operating department vehicles. Where necessary and possible, Montgomery County Emergency Medical Service will install compatible hands-free cellular telephone equipment in one-person vehicles.

Computer, Internet & E-Mail Use

Purpose: To maintain a respectable and ethical work environment as well as ensure the proper use of all electronic equipment.

Policy: Montgomery County Emergency Medical Service permits the proper use of computers, Internet and electronic mail in accordance with these guidelines to ensure appropriate communications and to protect the integrity and security of our information system.

Procedure:

I. Background.

- a. Montgomery County Emergency Medical Service provides select personnel with Internet access including the World Wide Web to encourage the use of this powerful tool for work-related research and fast retrieval of up-to-date information on a wide variety of subjects relevant to our organization's mission.
- b. In many cases, Internet access and use is a necessary function for billing and claim submission purposes.
- c. The Internet is a vast, chaotic, unregulated, unorganized, confusing, and potentially dangerous place. To ensure that Internet access is used in furtherance of appropriate objectives and to provide a measure of control and structure as to its use, Montgomery County Emergency Medical Service applies strict guidelines to Internet access.

II. Permitted Uses of the Internet.

- a. Internet access is a resource involving the use of Montgomery County Emergency Medical Service assets (modems, telecommunications networks, computers and software) and should be used for business purposes only. Non-business use (such as net surfing for personal enjoyment or entertainment, or other non-business purposes) is prohibited.

III. Prohibited Uses of the Internet.

- a. The following uses of the Internet are prohibited:
1. Viewing and accessing sexually explicit or offensive materials, or which may be offensive, hostile or harassing with respect to anyone's race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
 2. Use of the Internet for unlawful purposes such as:
 - A. Downloading or copying information (e.g., sounds, images, documents, etc.) or programs in violation of copyright and software licensing laws.
 - B. Using the Internet for unauthorized access to other computer systems.
 - C. Using the Internet to distribute or receive destructive programs (i.e., viruses and/or self-replicating code), etc.
 3. Use of the Internet for personal commercial or profit-generating activities or for personal advertisements, solicitations, promotions, political material, or any other similar purposes.
 4. The downloading of programs and other executable files (without prior written permission from the Chief), since typical work related Internet research and use should not require the download of any additional programs. Downloading programs without authorization is prohibited.
 5. Other specific violations include, but are not limited to:
 - Sending or posting discriminatory, harassing, or threatening messages or images.
 - Accessing any web sites that are pornographic in nature, including any "adult sites."
 - Using the organization's time and resources for personal use or pleasure without prior authorization.
 - Stealing, using, or disclosing someone else's code or password without authorization.
 - Copying, pirating, or downloading software and electronic files without permission.
 - Sending or posting confidential material, including information about internal Montgomery County Emergency Medical Service matters.
 - Violating copyright law.
 - Failing to observe licensing agreements.

- Engaging in unauthorized transactions that may incur a cost to the organization or initiate unwanted Internet services and transmissions.
- Sending or posting messages or material that could damage Montgomery County Emergency Medical Service's image or reputation.
- Participating in the viewing or exchange of pornography or obscene materials.
- Sending or posting messages that defame or slander other individuals.
- Attempting to break into the computer system of another organization or person.
- Refusing to cooperate with a security investigation.
- Sending or posting chain letters, solicitations, or advertisements not related to Montgomery County Emergency Medical Service's purposes or activities.
- Using the Internet for political causes or activities, religious activities, or any sort of gambling.
- Jeopardizing the security of the Montgomery County Emergency Medical Service's electronic communications system.
- Sending or posting messages that disparage another organization's products or services, including other ambulance companies.
- Passing off personal views as representing those of the organization.
- Sending anonymous e-mail messages (except to the extent that Montgomery County Emergency Medical Service has created an anonymous compliance or complaint e-mail reporting system).
- Engaging in any other illegal activities or assisting others to engage in such activity via the computer equipment, electronic mail or the Internet.
- Sending offensive or sexually explicit messages, or viewing websites with sexually explicit, pornographic, or offensive materials.

IV. E-Mail Use

- a. E-mail is not a private communication system that may be used freely. Personnel shall not use e-mail to send personal information or discuss private matters about anyone, including themselves.
 1. Except as may be specifically permitted under our organization's privacy policies, patient information should not be discussed over e-mail.

2. Any defamatory, insulting, derogatory or sexually offensive remark about any person or group of persons utilizing electronic or other communication is prohibited.
 3. Any member or employee who violates this requirement may be subject to disciplinary action, including termination.
 4. Improper use of e-mail may also expose personnel to criminal charges separate and apart from disciplinary action.
- b. E-Mail use is reserved for business purposes only.
- c. Per Tennessee Code Annotated 10-7-512, "counties who have electronic mail (e-mail) systems are required to have a policy on the monitoring of e-mail." Employees and officials of Montgomery County do not have any right to privacy in any electronic mail (e-mail) that travels over Montgomery County's system is subject at any time to be examined by officials of Montgomery County and their designees. In addition, correspondence of Montgomery County employees and officials in the form of e-mail may be a public record under the public records law and may be subject to public inspection.

V. Access and Security.

- a. Under no circumstances should personnel be logged in under someone else's user name or use any computer on which they have not logged in under their own name.
1. When a member or an employee uses a machine not assigned to him or her, he or she should, out of courtesy, ask the permission of the employee who is assigned to that particular machine.
 2. For security purposes, personnel should log out of the computer system when they will be away from their desk for a prolonged period of time or use an automatic screensaver password to prohibit others from utilizing an unauthorized machine.
- b. Accessing Internet sites may identify to third parties both the user's name and the Montgomery County Emergency Medical Service name. Appropriate caution must be exercised in accessing sites.
1. Disclosing privileged and/or confidential information and offering opinions or advice over the Internet must not occur.
 2. Many Websites have software, which can identify the user accessing the site. When accessing sites, be aware that such access may be

tagged or identified with an identifying name and the Montgomery County Emergency Medical Service name.

3. The intentional access and use of Internet sites in a manner that could compromise Montgomery County Emergency Medical Service in any manner is prohibited.
- c. Montgomery County Emergency Medical Service has the ability to monitor Internet access (all messages sent, sites accessed, and information downloaded). All such information is the property of Montgomery County Emergency Medical Service. Montgomery County Emergency Medical Service reserves the right to review and disclose such records or information with or without prior notice. Computer hard drives will contain a history of sites recently visited and information (such as text and graphics) from those sites.
 - d. Personnel are not permitted to bring in their own computer and use Montgomery County Emergency Medical Service modems, Internet, or E-mail connections to access the Internet, or E-mail systems with such personal devices unless prior written approval is granted. All Internet and E-mail access must be made through Montgomery County Emergency Medical Service equipment.

Conflict Resolution & Problem Solving

Purpose: To provide for an effective working relationship between staff members and to have a mechanism in place to resolve problems as they occur.

Policy: Montgomery County Emergency Medical Service will handle and resolve misunderstandings, conflicts, and complaints that may arise in a systematic and non-discriminatory manner to ensure appropriate resolution.

Procedure:

I. Conflict Resolution.

- a. When a complaint or conflict is apparent, personnel should first discuss the situation with a supervisor or Training/Quality Assurance Officer, preferably immediately following the event or incident.
- b. Complaints received by any personnel coming from non-personnel (e.g. patients, family members, vendors, and business partners, regarding incidents of quality care and poor relations) shall be forwarded to a supervisor or the Training/Quality Assurance Officer as soon as possible.
- c. The nature of the problem or complaint will be documented by the supervisor or Training/Quality Assurance Officer.
- d. The supervisor or the Training/Quality Assurance Officer will conduct an investigation of the problem.
- e. In cases where the problem relates to compliance, HIPAA, or raises a question off federal or state law, appropriate persons shall be notified and involved (including but not limited to, the Privacy Officer, the Compliance Officer, and/or legal counsel).

II. Scope.

- a. Personnel are encouraged to present good faith concerns of any nature to their supervisor, or other manager. Such concerns may pertain to any work-related subject, including the following:
 - 1. Scheduling conflicts.
 - 2. Alleged harassment.
 - 3. Perceived Policy violations.
 - 4. Perceived HIPAA or other compliance issues.
 - 5. Benefit or pay issues.
 - 6. Personal conflicts among co-workers (e.g. incompatibility, or inability to work together).
 - 7. Disciplinary actions.
 - 8. Any perceived violation of the law, or any perceived unethical conduct.
 - 9. Standard of Care issues.

III. Investigation Procedure.

- a. Management engaged in an investigation of any complaint will gather all appropriate information, and interview all persons involved, or believed to be involved. The interviews will be document and/or recorded for record of the conversation. These records will be maintained according to the county archive policies.
- b. Personnel interviewed by management regarding a concern, complaint, suggestion, or conflict are expected to fully cooperate and offer information in a truthful manner.
- c. All attempts will be made to resolve problems in a quick and fair manner. Presenting conflicts, complaints, and suggestions is a useful mechanism to improve working conditions.
- d. Personnel offering complaints, conflicts and problems in good faith will not face retribution or retaliation.

Exposure Control & Education

Purpose: To provide a safe work environment for all personnel, patients, and others by limiting our exposure to infectious disease and to appropriately deal with exposures that do occur.

Policy: Montgomery County Emergency Medical Service expects all personnel to follow the “Exposure Control Plan” that has been developed, as well as all other safety reporting and training standards to minimize or eliminate instances of exposure to blood borne pathogens and other contaminants or diseases and to otherwise prevent injury in the workplace.

Procedure:

I. Exposure Control Plan.

- a. Montgomery County Emergency Medical Service has implemented an “Exposure Control Plan” (“Plan”) that is consistent with Occupational Safety & Health Administration (OSHA) standards. This Plan also includes relevant safety Policies, as required under the Plan.
- b. Relevant exposure and safety areas addressed in the Plan include, but are not limited to:
 - Universal precautions.
 - Sharps disposal (engineering controls).
 - Personal protective equipment.
 - Disposal of regulated waste.
 - Disposal of contaminated linens.
 - Proper use of labels.
 - Exposure reporting requirements.
- c. All personnel shall follow exposure requirements and reporting obligations as outlined in full in the “Exposure Control Plan.”

II. Vaccinations.

- a. Hepatitis B Vaccination.
 1. Montgomery County Emergency Medical Service may make the Hepatitis B vaccination available to personnel at no cost and within 10 days of initial assignment to personnel at risk of blood borne pathogen exposure. Vaccination is encouraged unless:
 - A. Documentation exists that the employee has previously received the vaccination,
 - B. Antibody testing reveals that the employee is immune, or
 - C. Medical evaluation shows that vaccination is contraindicated.
 2. Personnel may choose to decline the vaccination. If personnel choose to decline the vaccination, he or she must sign a refusal form acknowledging the refusal to receive the vaccination. This refusal form can be found at Attachment A.

III. Education and Training.

- a. Montgomery County Emergency Medical Service shall conduct, at the time of hire and annually thereafter, various training and educational sessions regarding blood borne pathogens, contractions of illness, safety and universal precautions procedures, and other such trainings on topics required or recommended by federal and state safety and regulatory agencies.
- b. Montgomery County Emergency Medical Service shall provide important safety and health information (e.g. OSHA updates and state Department of Health findings and publications regarding illness, blood borne pathogens, and infectious disease control) on designated bulletin boards, through personnel publications, and by other means.
- c. Education and training is critical for the safety of all personnel and patients that Montgomery County Emergency Medical Service treats. It is critical that all personnel be involved in the training related to exposure control and proper use and disposal of instruments and gear, to prevent contamination, hazards, or otherwise compromise the health and safety of personnel or patients. Failure to attend mandatory training sessions may lead to disciplinary action and up to termination.

Firearms, Weapons & Explosives

Purpose: To maintain a safe working environment by prohibiting dangerous weapons and devices in the workplace.

Policy: Personnel are prohibited from carrying firearms, weapons, explosives or other dangerous devices while on duty, or bringing such items to the workplace.

Procedure:

I. Definitions.

- a. For purposes of this Policy, “weapons” include both offensive and defensive weapons, including but not limited to, pepper spray/mace, firearms and explosives including fireworks, TASER/stun gun, black jack, or any night stick or billy club.

II. Standards.

- a. This Policy does not apply to law enforcement officers who are serving in an authorized law enforcement capacity.
- b. This Policy does not apply to legitimate Montgomery County Emergency Medical Service equipment and supplies that may have dangerous potential (e.g. rescue knives, needles), or may have explosive tendencies (e.g. compressed gasses).
- c. All weapons are prohibited from being on Montgomery County Emergency Medical Service property, including lockers, personal backpacks or other carrying cases while on Montgomery County property, and in Montgomery County vehicles.
- d. If you have any question or concern about what may constitute a prohibited weapon under this Policy, you should immediately consult your supervisor.

General Compliance Policy
(Standards of Care, Legal Compliance, Fraud & Abuse, Conflicts of Interest, Business Compliance, Personal Conduct)

Purpose: To remain in compliance with all federal, state, and local rules, laws, and ordinances that relate to the provision of ambulance services.

Policy: Montgomery County Emergency Medical Service expects all personnel to conduct themselves at all times in a manner that is compliant with all laws related to reimbursement, confidentiality, and other areas.

Procedure:

I. General Standards of Care.

- a. Conduct that is dangerous to others, dishonest, immoral, illegal or abusive will not be tolerated. Violation of these standards of conduct will be grounds for disciplinary action, up to and including termination.
- b. Notwithstanding the “Progressive Discipline” Policy, Montgomery County Emergency Medical Service reserves the right to dismiss any employee without warning, progressive discipline, or notice, if we determine that continued employment is not in the best interests of the Montgomery County Emergency Medical Service, other employees or the people we serve. In other words, at all times, employment is “at will.”
- c. Montgomery County Emergency Medical Service reserves the right to suspend an employee as it deems appropriate, as part of its investigation of a staff member’s conduct. Montgomery County Emergency Medical Service reserves the right to take any action, which differs from the progressive disciplinary steps, outlined in this Handbook, including suspension and termination from employment as a first step.

II. Legal Compliance.

- a. Montgomery County Emergency Medical Service expects its personnel to refrain from conduct that may violate the federal fraud and abuse laws (i.e. Anti-Kickback Statute; False Claims Act). These laws prohibit:
 1. Direct, indirect, or disguised payments in exchange for the referral of patients.
 2. The submission of false, fraudulent, or misleading claims to any government entity or third party payer, including claims for services not rendered claims which characterize the service differently than the

- service actually rendered, or claims which do not otherwise comply with applicable program or contractual requirements.
3. Making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service.
 4. Submitting false claims to the government by seeking payment by:
 - A. Up-coding (increasing the level of service actually rendered).
 - B. Fabricating transports (billing for transports that did not occur).
 - C. Falsifying claim information (adding false information to demonstrate medical necessity when the original documentation fails to support medical necessity).
- b. All personnel must comply with applicable antitrust and similar laws that regulate competition. Examples of conduct prohibited by these laws include:
1. Agreements to fix prices, bid rigging, collusion (including price sharing) with competitors.
 2. Boycotts or certain exclusive dealing and price discrimination agreements.
 3. Unfair trade practices including bribery, misappropriation of trade secrets, deception, intimidation, and similar unfair practices. Personnel are expected to seek advice from Montgomery County Emergency Medical Service's counsel when confronted with business decisions involving a risk of violation of the antitrust laws.
- c. Personnel are expected to utilize resources appropriately and efficiently, to recycle where possible, and otherwise dispose of all waste in accordance with applicable laws and regulations, and to work cooperatively with the appropriate authorities to remedy any environmental contamination for which Montgomery County Emergency Medical Service may be responsible.
- d. All personnel shall treat all other personnel, patients, family members, vendors, and business partners fairly and equitably. In accordance with the non-discrimination commitment, Montgomery County Emergency Medical Service will treat patients without regard to the race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
- e. All personnel shall be recruited, hired, trained, promoted, assigned, transferred, laid off, recalled and terminated based on ability, achievement, experience and conduct without regard to race, color, national origin,

ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

- f. Personnel shall act in accordance with the "Sexual and Other Harassment" Policy, and any form of harassment or discrimination on the basis of race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class will not be tolerated. Each allegation of harassment or discrimination will be promptly investigated in accordance with applicable Policies.

III. Fraud.

- a. All personnel shall accurately and honestly represent Montgomery County Emergency Medical Service and will not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.
 1. Montgomery County Emergency Medical Service requires candor and honesty from individuals in the performance of their responsibilities and in communication with our attorneys and auditors.
 2. Personnel shall not make false or misleading statements to any patient, person, or entity doing business with Montgomery County Emergency Medical Service about other patients, persons, or entities doing business or competing with Montgomery County Emergency Medical Service, or about the products or services of Montgomery County Emergency Medical Service or its competitors.
- b. Personnel shall not misappropriate confidential or proprietary information belonging to another person or entity, or utilize any publication, document, computer program, information, or product in violation of a third party's interest in such product.
 1. All personnel are responsible to ensure they do not improperly copy for their own use documents or computer programs in violation of applicable copyright laws or licensing agreements.
 2. Personnel shall not utilize confidential business information obtained from competitors (including patient and customer lists, price lists, contracts, or other information in violation of a covenant not to compete or a prior employment agreement) in a manner likely to provide an unfair competitive advantage to Montgomery County Emergency Medical Service.

IV. Conflicts of Interest.

- a. Directors, officers, committee members, employees owe a duty of undivided and unqualified loyalty to Montgomery County Emergency Medical Service.

Persons holding such positions may not use their positions to profit personally or to assist others in profiting in any way at the expense of the organization.

- b. All personnel are expected to regulate their activities to avoid actual impropriety and/or the appearance of impropriety which might arise from the influence of those activities on business decisions or from disclosure or private use of business affairs or plans of Montgomery County Emergency Medical Service.
- c. While not all inclusive, the following will serve as a guide to the types of activities by personnel, or an individual in the immediate family (spouse, child, or parent), which might cause conflicts of interest:
 - 1. Ownership in or employment by any outside entity that does business with Montgomery County Emergency Medical Service.
 - 2. Ownership in, membership in, employment by, in any outside entity that competes with Montgomery County Emergency Medical Service.
 - 3. Conduct of any business, not on behalf of Montgomery County Emergency Medical Service, with any vendor, supplier, contractor, or agency, or any of their officers.
 - 4. Representation of Montgomery County Emergency Medical Service by an employee in any transaction in which he or she, or an immediate family member, has a substantial personal interest.
 - 5. Disclosure or use of confidential, special, or inside information of or about Montgomery County Emergency Medical Service, particularly for personal profit or advantage, of a particular staff member, or an individual in that person's immediate family.
 - 6. Competition with Montgomery County Emergency Medical Service by personnel or an individual in that person's immediate family, directly or indirectly, in the purchase, sale or ownership of property or property rights or interests, or business investment opportunities.
- d. Personnel shall not perform work or render services for any competitor of Montgomery County Emergency Medical Service or for any organization with which it does business or which seeks to do business outside of the normal course of his or her employment or association with Montgomery County Emergency Medical Service without the approval of the person's supervisor and/or the Chief. No employee may be a director, officer, or consultant of such an organization, and he or she shall not permit his or her name to be used in any fashion that would tend to indicate a business connection with such organization.

- e. All personnel are requested to consult with management prior to serving as a member of the Board of Directors of any organization whose interests may conflict with those of Montgomery County Emergency Medical Service. However:
 - 1. Any personnel who is asked, or seeks to serve on the Board of Directors of any organization whose interest would not negatively impact Montgomery County Emergency Medical Service (for example, civic, charitable, fraternal) will not be required to obtain such approval.
 - 2. Montgomery County Emergency Medical Service may prohibit continued employment to anyone who serves as a member on any Board of Directors where such membership might conflict with the best interest of Montgomery County Emergency Medical Service.

- f. Personnel must disclose actual, apparent, or possible conflicts that may arise.
 - 1. Such disclosures shall be made in writing and be delivered to a supervisor or member of management of Montgomery County Emergency Medical Service.
 - 2. Copies of such disclosures will be forwarded to appropriate compliance or ad hoc conflict committees for prompt resolution.
 - 3. All potential conflicts will be initially decided upon by such a committee. Ultimate resolution of such conflicts, and the determination as to whether such a conflict is harmless or must be resolved, shall be decided by a vote of all active personnel. The person involved in the possible conflict shall be excused from participation in any such vote.

V. Business Compliance.

- a. Business transactions with vendors, contractors, and other third parties shall be free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.
- b. The standards set forth below are intended to guide personnel in determining the appropriateness of the listed activities or behaviors within the context of business relationships, including relationships with vendors, providers, contractors, third party payers, and government entities. It is the intent that this Policy be construed broadly to avoid even the appearance of improper activity. If there is any doubt or concern about whether specific conduct or activities are ethical or otherwise appropriate, personnel should contact a supervisor.
 1. Personnel are prohibited from soliciting or accepting tips, personal gratuities, monetary tips, or gifts from patients or family members of patients. If a patient or another individual wishes to present a monetary gift, he or she should be referred to a supervisor.
 2. Personnel are prohibited from soliciting or accepting gifts, favors, services, entertainment or other things of value from outside entities to the extent that decision-making or actions affecting Montgomery County Emergency Medical Service might be influenced. Outside entities include equipment vendors, hospitals, physicians, nursing facilities, dialysis facilities, or other individuals or organizations with which Montgomery County Emergency Medical Service maintains, or could maintain a business relationship, or where either Montgomery County Emergency Medical Service or the outside entity is in a capacity to make referrals to one another. Similarly, the offer or giving of money, services, gifts, or other things of value by Montgomery County Emergency Medical Service personnel with the expectation of influencing the judgment or decision making process of any purchaser, supplier, customer, government official or other person is prohibited.
 3. Notwithstanding #2 above, personnel may receive and offer token gifts or promotional items to and from vendors that have a nominal value. If any member or employee has any concern whether an item should be accepted, the member or employee should consult with his or her supervisor. To the extent possible, these items should be shared with Montgomery County Emergency Medical Service's other employees. Personnel shall not accept excessive gifts, meals, expensive entertainment or other offers of goods or services that have more than a nominal value nor may they solicit gifts from vendors, suppliers, contractors or other persons.

- A. For purposes of this Policy, nominal shall mean less than \$25.
 - B. Such nominal gifts include coffee mugs, T-shirts, pens, flashlights, and other similar “promotional” items.
4. Attendance at local, vendor-sponsored workshops, seminars, and training sessions is permitted, but such attendance should not be offered free of cost when the vendor imposes a charge on other persons or organizations.
- c. Personnel may not utilize “insider” information for any business activity conducted by or on behalf of Montgomery County Emergency Medical Service. All business relations with contractors must be conducted at arm’s length both in fact and in appearance, and in compliance with standard business practices. Personnel must disclose personal relationships and business activities with contractor personnel that may be construed by an impartial observer as influencing the members or employees’ performance or duties.

VI. Personal Conduct.

- a. All personnel shall conduct themselves professionally at all times, with respect for fellow personnel and the public.
 - 1. Inappropriate conduct, including intimate, sexual, affectionate, or other behavior between individual members, employees, or outside persons (as defined in the “Sexual and other Harassment” Policy) while on Montgomery County Emergency Medical Service premises or while engaged in Montgomery County Emergency Medical Service activities is prohibited.
 - 2. Such inappropriate conduct seriously undermines our ability to function and to maintain a cordial and professional atmosphere.
 - 3. If the personal conduct or relationships between personnel causes others to feel uncomfortable or make it difficult for them to function, then the conduct creates a particularly difficult situation for morale, discipline, and the ability to work together as a team. This type of behavior cannot be tolerated.
- b. All policies within this Handbook that relate to personnel conduct shall be followed, including standards contained within this Policy.
- c. The following unprofessional conduct shall not be tolerated. This list is not all inclusive and simply provides examples of prohibited conduct, each of which may be grounds for discipline:

1. Calling someone a derogatory name.
2. Use of profanity.
3. Display of sexually explicit literature, photographs, movies, videotapes or computer images.
4. Use of pornographic material (such as magazines) or use of pornographic devices or paraphernalia on Montgomery County Emergency Medical Service premises or its vehicles.
5. Internet access and viewing of sexually explicit web sites.
6. Sending sexually explicit or offensive e-mail messages, notes or letters.
7. Watching sexually explicit or offensive television programs or videotapes while on Montgomery County Emergency Medical Service premises.
8. Unwelcome physical contact with another person, or purposely detaining or restricting another person's movement.
9. Exhibiting inappropriate outward personal affection of a sexual nature toward another employee, volunteer, member or outside person.
10. Telling jokes or stories that are based on race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
11. Posting sexually explicit or otherwise offensive material on bulletin boards or walls.
12. Violation of the non-discrimination commitment and the "Sexual and Other Harassment" Policy.
13. Wearing inappropriate clothing that is sexually provocative or distracting to others so as to interfere with their ability to function.
14. Tampering with another person's time record, work papers, or personal belongings and/or in any way falsifying personnel records (including time cards, job application or other work records).
15. Falsifying patient records.
16. Removing or discarding records, material, or other property from the premises without permission.
17. Any other type of theft or inappropriate removal or possession of property.
18. Having intimate personal relations with other employees, members, volunteers or any outside person while on Montgomery County Emergency Medical Service premises, in its vehicles, or while engaged in its activities.
19. Fighting with or threatening others.
20. Defacing another person's personal affects.
21. Gambling on Montgomery County Emergency Medical Service property, in its vehicles or at its functions.
22. Possession of weapons on Montgomery County Emergency Medical Service property or in its vehicles (except for approved work knives, or other exception as outlined in the "Firearms, Weapons and Explosives" Policy).

23. Abuse, unprofessional behavior, insubordination, or disrespect to patients, family members, or other employees, supervisors, officers, volunteers, or members.
 24. Accepting tips or gratuities (gifts or money) from patients, family members of patients, or vendors.
 25. Solicitation or distribution in violation of the no solicitation and distribution rules.
 26. Unauthorized or careless use or, malicious destruction or damage of property, tools or vehicles.
 27. Unlawful or unauthorized release of confidential patient or proprietary information.
 28. Unlawful or unauthorized manufacture, distribution, dispensation, possession, sale, transfer or use, of any controlled substance or alcohol on Montgomery County Emergency Medical Service property or while performing Montgomery County Emergency Medical Service duties.
 29. Reporting to work or working under the influence of alcohol, illegal drugs or a legal drug that adversely affects safety or job performance.
 30. Poor or unsatisfactory work performance or conduct.
 31. Disorderly conduct or boisterous or disruptive activity such as but not limited to horseplay in the workplace.
 32. Violation of established safety rules (including smoking rules).
 33. Unreported or excessive absenteeism or tardiness.
 34. Gossip about fellow employees or management.
 35. Failure to report a workplace accident or damage to Montgomery County Emergency Medical Service property.
 36. Refusal to accept a job assignment.
 37. Creating unsafe or unsanitary conditions.
 38. Extending breaks or lunch periods beyond time limits.
 39. Use of computer equipment for personal use without permission.
 40. Any other unauthorized use of telephones, mail system, or other Montgomery County Emergency Medical Service-owned equipment.
 41. Violation of personnel policies.
- d. Personnel should exercise care to ensure that intellectual property rights, including patents, trademarks, copyrights, and software are carefully maintained and managed to preserve and protect its value.
- e. Salary, benefits, and other personal information relating to personnel shall be treated as confidential. Personnel Files, payroll information, disciplinary matters, and similar information shall be maintained in a manner designed to ensure confidentiality in accordance with applicable laws. Personnel will exercise due care to prevent the release or sharing of information beyond those persons who may need such information to fulfill their job/position.

VII. Sarbanes-Oxley Compliance.

- a. General Financial Auditing and Accounting Compliance.

1. As a governmental entity, Montgomery County Emergency Medical Service is not subject to the federal Sarbanes-Oxley Act of 2002 (“SOX”), which applies specifically to publicly traded corporations. Nonetheless, Montgomery County Emergency Medical Service adopts the principles of SOX and strives to remain in compliance with portions of SOX, to ensure that management is fully aware and informed as to the operation of the organization. Likewise, for purposes of assuring accurate and honest accounting standards are applied, Montgomery County Emergency Medical Service has adopted several provisions of SOX to ensure honesty and accuracy in accounting of financial records and accounts. Voluntary SOX compliance also makes good business sense, and functions to improve working conditions, overall compliance, and quality of care rendered to patients. In particular:
 - A. All personnel shall avoid inappropriate relationships, including, but not limited to conflicts in interest, or receipt of discounts or gifts.
 - B. Montgomery County Emergency Medical Service, through appropriate personnel, shall provide financial information to auditors or other independent agencies for oversight and review.
 2. Montgomery County Emergency Medical Service is dedicated to keeping abreast of changes in the law, ensuring that all levels of management are aware of the day to day activities of the Montgomery County and its financial status, as well as the compliance efforts of Montgomery County Emergency Medical Service.
- b. Compliance Standards.
1. In accordance with the Corporate and Criminal Fraud Accountability portion of SOX, Montgomery County Emergency Medical Service and its personnel shall:
 - A. Not alter, falsify, destroy, or conceal documents that are the subject of a government investigation.
 - B. Not destroy or alter audit documents.
 - C. Cooperate fully with all government investigations and information requests.
 - D. Not tamper with, interfere with, or adversely affect any government investigation by providing inaccurate, misleading, or false information.

- E. Report to a member of management if any violations of sections A through D occur.
 - F. Not retaliate, harass, intimidate, or otherwise cause financial or personal harm to any person that reports under section E.
 - G. Not participate in criminal and fraudulent conspiracies, including, but not limited to, schemes to defraud the government of reimbursement money (i.e. through filing fraudulent claims), or otherwise fraudulently billing private persons of commercial insurers excessive amounts, or services that were not rendered.
2. Any personnel that violate the requirements of this portion of the Policy shall be subject to immediate discipline, up to and including suspension pending an investigation, and potentially termination or employment or expulsion from membership.
- c. Handling Complaints.
- 1. While not all personnel have access to, or are aware of, accounting efforts, audits, and financial activity, any staff member who has reason to believe that suspicious activity is occurring is asked to report such discrepancies or unusual activity to his or her supervisor, or through Montgomery County Emergency Medical Service compliance reporting procedures.
 - 2. All complaints of suspected financial and/or accounting problems shall be investigated promptly through the Compliance Committee, or through other ad hoc Audit Committees developed at the discretion of Montgomery County Emergency Medical Service or its Compliance Committee.
 - 3. Legal Counsel and officers and EMS committee members may be advised of the complaint and the results of the investigation. Remedial steps (where necessary) will be taken immediately. Personnel found responsible for altering, tampering with, or otherwise affecting corporate financial documents in violation of this Policy, as discovered through an investigation, will face discipline.
 - 4. Any person who complains of suspected unusual activity or financial discrepancy shall not be subject to retaliatory action or retribution, whether the complaint is determined to be legitimate, or results in the finding of no improper activity.

VIII. Monitoring Compliance.

- a. Montgomery County Emergency Medical Service shall monitor itself and all of its personnel to ensure compliance with the applicable state and federal statutes and regulations, including filing reports of improper conduct, where applicable.

Illness in the Workplace

Purpose: To comply with state and federal laws regarding absences and ability to work involving illness of a staff member.

Policy: Montgomery County Emergency Medical Service will permit personnel with certain illness and/or disease to continue to work, so long as their condition does not affect patient care and they can continue to perform the essential functions of the job, with or without reasonable accommodation.

Procedure:

I. Standards.

- a. Personnel with life-threatening illnesses, such as cancer, heart disease, and AIDS, often wish to continue their normal pursuits, including work, to the extent allowed by their condition.
- b. Montgomery County Emergency Medical Service supports these endeavors as long as personnel are able to meet acceptable performance standards, and not affect patient care or jeopardize the well-being of fellow personnel.
- c. As in the case with any disabilities, Montgomery County Emergency Medical Service will make reasonable accommodations in accordance with all legal requirements, to allow qualified personnel with life-threatening illnesses to continue to perform their jobs.
- d. Montgomery County Emergency Medical Service will take reasonable precautions to protect confidential medical information received by personnel concerning their health condition from inappropriate disclosure and/or access. Managers and supervisors have a responsibility to respect and maintain the confidentiality of employee medical information. But it may also be necessary to have the ability to review the information to the extent reasonable accommodations may be made to properly deal with returning to work issues, or to determine if continued service is possible.

II. Inapplicability.

- a. This Policy is not intended to apply to personnel with temporary or minor contagious or communicable diseases (e.g. flu, cold). Persons with such types of infections disease that could easily spread to other personnel or patients should refrain from working until their condition improves.
- b. This Policy is also not intended to cover any illness that is contagious to the extent that patient care or the well-being of other personnel may be jeopardized.

Inclement Weather

Purpose: To ensure adequate emergency response 24 hours a day, 7 days a week, 365 days a year, regardless of weather conditions.

Policy: Montgomery County Emergency Medical Service requires all personnel to report for their scheduled shift no matter what the weather conditions.

Procedure:

I. Standards.

- a. As a public safety service organization, Montgomery County Emergency Medical Service is committed to providing continuous and quality service to our community at **ALL** times.
- b. Unfortunately, weather conditions (snow or ice) or natural disasters (earthquake or hurricane) can make the commute to work difficult and time consuming.
- c. Unless otherwise notified, all personnel are expected to report to work regardless of the weather conditions, and Montgomery County Emergency Medical Service will attempt to operate under our normal work schedules in **ALL** weather conditions.
- d. During inclement weather, personnel should plan ahead and allow sufficient time for a safe trip to work.
- e. Standard call-off procedures and use of Vacation, Sick, or Personal Time will apply in situations where weather affects the ability to get to work. In times of serious weather conditions, at the discretion of management, these requirements may be relaxed, and on-duty employees may be required to remain on duty until replacements can safely arrive at work.

Issuance and Use of Montgomery County Equipment

Purpose: To provide a safe and effective work environment with equipment that remains in good working condition.

Policy: Montgomery County Emergency Medical Service will not tolerate misuse or misappropriation of Montgomery County equipment, as respect for Montgomery County equipment is expected at all times.

Procedure:

I. Montgomery County Emergency Medical Service Property.

- a. Any Montgomery County Emergency Medical Service property issued to personnel, such as keys, fire/extrication protective equipment, pagers, cellular phones, radios, gas cards, or uniforms, must be returned prior to receipt of any final paycheck.
- b. Personnel may be responsible for paying for any lost or damaged items, as well as for any unreturned items at the time of separation from service. "Damaged items" are items damaged beyond what would be expected with normal "wear and tear."
- c. No item purchased or supplied by Montgomery County Emergency Medical Service should be removed from the premises without express written authorization of a supervisor. (This excludes your issued personal protective equipment. Remember, you are responsible for this equipments safe keeping on or off Montgomery County Emergency Medical Services property.)
Further:
 1. All personnel may be subject to random searches as they leave Montgomery County Emergency Medical Service premises, in accordance with the "Workplace Search" Policy.
 2. Personnel found possessing any Montgomery County Emergency Medical Service property without express written authorization may be subject to discipline, up to and including termination.
- d. It is the responsibility of all personnel to understand the equipment needed to perform his or her duties. All personnel must remember that:
 1. Good care of any equipment used during the course of employment, as well as the conservative use of supplies, will benefit Montgomery County Emergency Medical Service.

2. If equipment is not working properly or in any way appears unsafe, or damaged, personnel are to appropriately tag equipment and notify a supervisor immediately so that repairs or adjustments may be made.
 3. Any knowledge of misuse or damage to Montgomery County Emergency Medical Service property shall be promptly reported to a supervisor.
- e. Personnel of Montgomery County Emergency Medical Service work with delicate and expensive equipment. Care must be taken in handling and using such equipment. Personnel will be held responsible for equipment caused by carelessness, misuse, or neglect, and will be responsible for reimbursement for replacement or repair costs, and could be subject to discipline.

II. Controlled Substances and Pharmaceuticals.

- a. Montgomery County Emergency Medical Service has in its control, and has general access to controlled substances, narcotics, and various other drugs that are carried in the ambulances and administered under appropriate circumstances, by approved and licensed personnel.
- b. Under no circumstances shall personnel take from Montgomery County Emergency Medical Service, misappropriate, or otherwise distribute, steal, sell, or inappropriately administer (to self or others) these controlled substances.
- c. Persons found in violation of this provision will be subject to immediate discipline, up to and including termination. Additional penalties may include discipline by the state regulatory agency including loss of licensure certification and money penalties.
- d. A master log of these controlled substances shall be maintained at the main station. This log will document the following:
 - Date of Procurement
 - Time of Procurement
 - Amount Procured
 - Type of Controlled Substance Procured
 - Lot Number
 - Expiration Date
 - Controlled Substance seal Unique Identification Number
 - Paramedic Signature
 - Officers Signature
 - Prescription or a Controlled Drug Administration form with Physician's Signature

- e. These controlled substances **MUST** be double locked in the ambulance. Keys to the locked storage area **MUST** be transferred at shift change with signatures being obtained from both off-going and on-going personnel. The controlled substances shall also be maintained within a sealed box within the double locked compartment. This seal will have a unique identification number on it. This seal will be obtained from the on duty officer at the time your controlled substances are replaced.
- f. Disposal of a partially used vial of controlled substance **MUST** be discarded at the hospital and witnessed by a physician or nurse. A Controlled Drug Administration form shall be completed showing the following:
 - Time of Discard
 - Amount Discarded
 - Lot Number of Discarded Controlled Substance
 - Paramedic's Signatures
 - Physician's or Nurses Signature as witness
- g. If any controlled substance must be disposed at any EMS station it **MUST** be witnessed by the on-duty officer. The disposal must be accompanied with all information listed above.
- h. Controlled substances must be replaced by the paramedic. A receipt should be obtained and placed in Captain's office at the main station.

III. Montgomery County Emergency Medical Service Equipment.

- a. Personnel must treat all equipment including vehicles, tools, devices, and other items in ambulances and in the station with respect and care.
- b. Equipment shall only be used for its intended purpose.
- c. "Clowning around" or horseplay with equipment will not be tolerated, as much of the equipment is both expensive and/or dangerous.
- d. Misuse and wasting of equipment and supplies will not be tolerated.
- e. Personnel shall ensure that ambulances are stocked, that equipment is in working order, and that supplies are checked at the beginning of each shift and are replaced at the conclusion of each call.

Disciplinary action may be taken if the inventory check-off has not been completed properly. Annual state inspections conducted the Middle Tennessee Regional EMS Director are unscheduled and may occur at any time. If an ambulance fails the initial inspection because of missing supplies or equipment failure and must be inspected a second time for licensure, the crew assigned to the unit will be held responsible.

Lockers

Purpose: To regulate the use of Montgomery County owned lockers for the safety of staff and to prevent contraband and dangerous materials from entering the workplace.

Policy: Montgomery County Emergency Medical Service may provide lockers for use by staff members under certain conditions, but those lockers may be subject to search to ensure the safety of everyone.

Procedure:

I. Standards.

- a. Lockers may be provided to those staff members who make a request for a locker.
- b. Staff members may use only Montgomery County-provided locks for lockers. Non-Montgomery County-issued locks may be removed by the Montgomery County. Non Montgomery County-issued locks may only be used with the express permission of the Montgomery County, and, in such cases, the staff member must provide a key or the lock combination to Montgomery County.
- c. Lockers must be kept neat and clean. Additionally:
 1. Dirty cloths should be removed for washing as soon as possible.
 2. Food should not be stored in lockers.
 3. Personnel may not hang pictures or other decorations on the inside or the outside of Montgomery County provided lockers.
- d. The Montgomery County reserves the right to inspect lockers without notice for any legitimate business related reason, including searching for contraband, alcohol, drugs, weapons, or organization property that may have been improperly obtained.
- f. Staff is reminded that lockers are Montgomery County property and staff members should have no expectation of privacy when it comes to locker use.

Non-Fraternization

Purpose: To maintain a professional work environment dedicated to providing the highest level of patient care possible with minimal interference from personal relationships.

Policy: Personal relationships among co-workers must not enter the organization in any manner that interferes with work or creates potential conflicts among our staff.

Procedure:

I. Standards.

- a. Personal relationships between employees outside of work can often have an adverse effect on the working relationship. Uncomfortable strain, allegations of sexual harassment, and other workplace distractions are all negative side effects of a personal relationship that may occur among employees outside of the workplace.
- b. Montgomery County Emergency Medical Service recognizes that it cannot specifically dictate how its employees may act outside of the workplace. Montgomery County Emergency Medical Service discourages personal romantic relationships among employees to the extent that such activity has an affect on the workplace.
- c. In the interest of maintaining a professional atmosphere in the workplace, Montgomery County Emergency Medical Service discourages romantic relations among personnel. However, in the event that a romantic relationship exists, the following activities are prohibited:
 1. Dating activities on Montgomery County time or Montgomery County property.
 2. Use of Montgomery County property to arrange dating activities.
 3. Hand holding, kissing, hugging, sexual comments and other behavior generally associated with a dating or romantic relationship on Montgomery County time or Montgomery County property.
 4. Failure to report to management personal relationships involving personnel at different levels of the organizational structure.
- i. To the extent that a dating relationship or romance occurs among two employees, and the relationship interferes with the ability to perform job duties, or leads to a breach of our professional standards or inappropriate

behavior, one or both of the employees involved in the romance may be subject to discipline, or change in scope of job duties.

- e. In general, Montgomery County Emergency Medical Service will not permit two staff members involved in a romantic relationship to work together directly, or for one person to supervise the other person. Exceptions may be made in particular situations where it can be shown that there is no interference in the workplace.

Patient Relations

Purpose: To maintain a positive image and maintain good standing with our patients and the community that we serve.

Policy: All personnel shall be good ambassadors for the goodwill of Montgomery County Emergency Medical Service and treat others with respect and dignity at all times.

Procedure:

I. Standards.

- a. Personnel must act competently and deal with patients and their families in a professional, courteous, and respectful manner. The way we perform our individual jobs presents an image reflective of our entire organization.
- b. Personnel shall communicate pleasantly and respectfully with other personnel, patients, family members, vendors, health care associates and business partners at all times. Positive relations not only enhance the public's perception or image of Montgomery County Emergency Medical Service, but also pay off in loyalty and future service requests.
- c. Personnel are expected to follow-up on orders and questions promptly, provide professional replies to inquiries and requests, and perform all duties in an orderly manner. Serving the best interests and needs of all patients is our ultimate goal.
- d. Personnel should take great pride in the work they do, and to perform at the best level possible. Individual behavior and professionalism, as well as that presented by Montgomery County Emergency Medical Service, is important for all persons with whom we deal.

II. Patient Care.

- a. Personnel must treat all patients equally and without respect to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
- b. Personnel must provide patients, family members, and others with the highest degree of care they are certified to provide and as appropriate to the situation. At no time shall any personnel be expected to perform a service that he or she is not qualified to perform.

- c. Personnel shall follow all relevant patient care procedures. Following these standards helps to assure that the highest level of patient care is provided.

III. Patient Requests and Complaints.

- a. Patient requests and complaints shall be handled in a professional and courteous manner. Nothing is more important than being courteous, friendly, helpful, and prompt in the attention given to patients, since that is the way in which Montgomery County Emergency Medical Service will be judged.
- b. Patient requests for information should be handled in accordance with HIPAA release of information policies.
- c. Patient requests (or refusals) during care and/or transport shall be made in accordance with relevant patient care policies and applicable protocols.
- d. In all cases, HIPAA considerations must be evaluated. When possible, a supervisor or manager should be contacted, who should field the request or complaint. To the extent that a supervisor is not available, the staff member should record the information from the caller, and make sure that the appropriate personnel is notified (e.g. Quality Assurance Officer, HIPAA Privacy Officer, supervisor on duty, HR personnel, etc.).
- e. Efforts should be made to make management aware of such a complaint as soon as possible, so that quick resolution may be made. Additional information on handling patient complaints can also be found as part of the "Conflict Resolution and Problem Solving" Policy.

IV. Patient Bill of Rights.

- a. In dealing with patients and in rendering care, all personnel are expected to respect the patient's rights, and to provide medical care and transportation at all times in accordance with certain rights. Failure to do so is a basis for discipline, up to and including dismissal.
- b. Patients have the following rights:
 - 1. To receive respectful care given by competent personnel.
 - 2. To receive every consideration of his or her privacy concerning medical care. Case discussion, examination and treatment are considered confidential and should be conducted as discretely as possible.
 - 3. To have all records pertaining to medical care treated as confidential, except as otherwise provided by law.

4. To receive quality care and high professional standards that are continually maintained and reviewed.
5. To expect emergency procedures be implemented without delay.
6. To refuse drugs, treatment or procedures offered to the extent permitted by law, and to be informed of the medical consequences of the refusal of any drugs, treatment, or procedure.
7. To receive medically appropriate services without discrimination based upon race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
8. To receive appropriate pre-transport assessment, evaluation and treatment; careful handling, preparation, and monitoring of conditions, including thoughtful regard for those individuals associated with the patient; attention to all medical needs during transport; and a comfortable, safe ride to the acute care facility of their choice and/or the most medically appropriate facility.
9. To be served with state of the art, strictly maintained, and properly functioning emergency medical equipment, including the ambulance, litters, and portable equipment.
10. To receive professional, cheerful and attentive service throughout the course of the transport.

Privacy and Security of Patient Information

Purpose: To remain in compliance with all state and federal laws designed to protect the privacy, confidentiality, and security of patient information.

Policy: All personnel shall maintain the confidentiality of patient and other confidential information in accordance with applicable legal and ethical standards and all Montgomery County Emergency Medical Service Patient Privacy Policies.

Procedure:

I. Background.

- a. Montgomery County Emergency Medical Service and its personnel are in possession of, and have access to, a broad variety of confidential, sensitive, and proprietary information. Inappropriate release of this information could be injurious to individuals, business associates, and Montgomery County Emergency Medical Service itself. All personnel have an obligation to actively protect and safeguard confidential, sensitive, and proprietary information in a manner designed to prevent the unauthorized disclosure of such information.
 1. All personnel have an obligation to conduct themselves in accordance with the Health Insurance Portability and Accountability Act (HIPAA), and Montgomery County Emergency Medical Service Policies that have been enacted to address patient confidentiality. Personnel are advised to consult appropriate HIPAA Policies or the Privacy Officer for additional information.
 2. There shall be periodic training on patient privacy issues and all personnel are expected to become familiar with all patient privacy policies in addition to those contained in the Handbook.

II. Privacy.

- a. Information pertaining to a patient's medical situation may generally only be shared with other health care professionals involved with the treatment of the patient. Information may also be shared for other limited purposes, such as payment activities and health care operations, or other purposes specifically permitted by law, in accordance with Montgomery County Emergency Medical Service policies regarding the privacy of patient information.

III. Security.

- a. Much of the patient information that we collect is maintained on computers, and stored and transmitted electronically. In order to preserve the integrity of that data, and protect the confidentiality and security of this patient information, personnel must follow all applicable computer use and data security policies.

IV. Privacy/Security Officer.

- a. Montgomery County Emergency Medical Service has appointed a Privacy/Security Officer who is responsible for overall Privacy and Security Policies. If you have any questions about the use or release of any patient information, you should contact the Privacy/Security Officer, Deputy Chief Norfleet.

Release of Information to Media

Purpose: To prevent the inappropriate release of confidential patient information and other confidential Montgomery County information to the media, and to ensure a consistent approach to media relations.

Policy: As a general rule, only designated personnel may contact and/or speak with the media or release information to members of the media. All personnel shall refer any media requests for information to the on duty supervisor within the organization to handle media requests.

Procedure:

I. Standards.

- a. Personnel may from time to time, receive media inquiries from various news/media agencies, including:
 1. Newspapers and television stations, for reporting a rescue, accident response, fatality, or reporting on EMS activity, or general coverage of EMS.
 2. Magazines or periodicals, interviewing personnel related to incidents or general EMS issues of interest to the public.
- b. When contacted by the media you must notify the on duty supervisor(s) and/or other administrative officer(s) with general information about the nature of the request and contact information for the reporter/writer. When contacted by the media you should refer the request to the on duty supervisor(s).
- c. Any and All responses to the media SHALL be in writing ONLY. There shall be NO verbal responses given to any media request unless the individual request is directly approved by the Chief or Deputy Chief prior to a response being made.
- d. The officer responding to any media request SHALL complete a written response and send via fax or via e-mail to the appropriate requesting agency. A copy of ALL responses shall be placed in the media response folder in the Administrative office. Any e-mail response shall include the Chief and Deputy Chief being CC'd.

- e. All communication with the media must be approved by the on duty supervisor(s) and/or other administrative officer(s). When approved, personnel may discuss general topics of interest and ambulance and EMS related issues with the media. In talking with the media about non-patient or organization specific issues, all personnel should follow the following guidelines:
1. Refrain from giving an “off the record” comment. Never consider any comment as “off the record.”
 2. The following types of information should NEVER be released:
 - A. Patient-specific information, including names, addresses, assessment of injuries, treatment provided, and history/diagnosis. As a covered entity, we are bound by HIPAA to preserve patient confidentiality. Release of patient-specific information to the media is not permitted.
 - B. Information that may be prejudicial to law enforcement investigations (e.g. “I think the driver that caused the accident was drinking alcohol”).
 - C. Information that is not known for certain such as subjective or your “opinion” (e.g. “The car must have been speeding at the time of the accident”).
 - D. Information that may be an invasion of privacy, such as suicide information, AIDS status, overdose, psychiatric transport, cause of death.
 4. Personnel are encouraged to respond to requests for media interviews to discuss your job, your role as an EMT/Paramedic, and your experiences at Montgomery County Emergency Medical Service. As long as patient information is not discussed, the name of Montgomery County Emergency Medical Service is not placed in a negative light, and confidential business information is not released, such interviews will generally be approved and permitted.
 5. In any situation where an interview becomes uncomfortable, you are free to stop it at any time. You are not required to talk to members of the media. You are also free to completely refrain from speaking to the media about any topic at all.
- c. We must balance providing the public with information about the services we provide against the individual rights of the patient to keep their medical information confidential. We fully respect the right of the public to know about our activities as we are a public agency subject to public scrutiny. But

we can provide information to the public only to the extent that the law allows us.

- d. Personnel must refer all media inquiries to a member of management. Doing so helps assure that appropriate information is released and our public image is maintained.

II. Specific Standards for Dealing with Media Requests for Patient Information.

- a. General information about a response may be released, provided that patient identifying information is not offered. For example, acceptable releases include:
 1. Name of hospital. You may provide the name of the hospital to which patients have been transported. (Acceptable Example: The media calls about “the accident at Third and Main earlier this afternoon.” You may inform the media “a patient was transported from the accident scene to County General Hospital.”) **THE NAME OF THE PATIENT SHOULD NOT BE RELEASED TO THE MEDIA.** It is not appropriate for us to confirm or deny the identity of a patient. Requests for patient identity should be directed to a law enforcement agency or to the hospital. Law enforcement agencies are not subject to the strict requirements of protecting patient information as we are under HIPAA.
 2. Number of patients. You may provide the total number of patients involved in an accident or transported to a facility. You may not indicate specifics about the vehicle a patient was driving or which patient went to a particular facility. (Acceptable Example: You may inform the media that “four patients were transported from the fire at the XYZ Chemical Factory. Two were taken to County General Hospital and two were taken to the Regional Medical Center.”)
 3. Age & Gender. You may provide the age of a patient and the gender of the patient, unless it could reasonably be used to identify the patient. (Acceptable Example: You may inform the media “a 39 y/o male was transported from the accident on the Interstate.” You would not want to disclose to the media “a 39 y/o male was transported from 124 Main St.” since this information can be used to determine the identity of the patient.)
 4. Designation of crew members. The designation of crew members as paramedics or EMTs is not protected health information. You may state, for example, that one paramedic and two EMTs were involved in caring for the patients involved in a motor vehicle accident. (You could identify the names of the personnel who responded, but some services prefer not to release this information). You are not permitted

to describe the specific type of care rendered to patients at the scene or on the way to the hospital. Nor may you speculate on what injuries a patient may or may not have sustained. (Acceptable Example: "Personnel on the scene of the incident included two paramedics and a supervisor and advanced life support was administered.")

5. Type of Transport. You may indicate that a particular call was an emergency and that transportation was facilitated by ambulance or helicopter. Do not speculate on the patient's condition even if you are sure of that condition. (Acceptable Example: "Of the 3 patients on the scene of the incident, one was transported by helicopter to the ABC Trauma Center and two were transported as non-emergency patients to the local hospital emergency department.")
 6. Non-PHI. Information that is not classified as PHI may be released to the media consistent with Policy and state law. For instance, information about a fire response or a standby that did not involve patient care may be released to the media, as may general information about an event. (Acceptable Example: "We treated 45 patients during the two-day festival, and 6 were transported to local hospitals for various heat-related complaints").
 7. Disclosures Authorized by the Patient. In the event that the patient or the patient's legally responsible decision maker signs a HIPAA authorization form, disclosures of information, including PHI, may be made so long as they are done in accordance with the express terms of the written authorization. Authorization forms for this purpose must be HIPAA-compliant and must be approved by the Privacy Officer.
- b. If at any time you are unclear about whether information may be disclosed to the media, always err on the side of caution and do not disclose.

III. Specific Standards for who should release information to the media.

- a. The on-duty Supervisor(s).
- b. Any officer that is **DIRECTLY INVOLVED** in the situation being discussed with the media. If an officer is NOT directly involved, he/she **SHALL NOT** discuss the situation. The media should be directed to contact an officer that is directly involved in the situation at hand.
- c. Chief and/or Deputy Chief.
- d. In the event of a mass casualty incident we shall follow the NIMS guidelines and a departmental PIO shall be appointed at that time by the chief or deputy chief.

Scheduling

Purpose: To ensure adequate emergency response and ambulance service 24 hours a day, 7 days a week, 365 days a year with the necessary complement of professional personnel.

Policy: Montgomery County Emergency Medical Service requires you to arrive on time for your scheduled shift, or to provide for appropriate coverage when you may be unavailable to serve the assigned shift.

Procedure:

I. Standards.

- a. Montgomery County Emergency Medical Service reserves the right to schedule personnel at any time, or change the schedule in accordance with operational needs and demands.
- b. Montgomery County Emergency Medical Service will develop a staffing schedule on a monthly basis. Work schedules may be changed from time to time at the discretion of Montgomery County Emergency Medical Service to meet operational demands, schedule changes, and personal conflicts that may arise among assigned staff. Attempts will be made to notify all personnel of any changes made to a posted schedule. To the greatest extent possible, Montgomery County Emergency Medical Service will attempt to maintain a flexible and fair schedule, and accommodate requests of personnel.
- c. It is your responsibility to arrive for and complete in full your scheduled shift, unless:
 1. A pre-approved request for time off has occurred:
 - A. All requests for time off shall be made as soon as reasonably possible, preferably prior to the development of the schedule.
 - B. When a conflict in the schedule is noticed, and a scheduled person requires time off, the supervisor must be contacted immediately in order to coordinate adequate coverage.
 2. The scheduled personnel has arranged for coverage with another person subject to the following:

- A. When arranging coverage with another person, equal “swapping” or trading shall occur. Personnel shall not expect another person to cover part or an entire shift without covering an equal amount of time for that other person.
 - B. Shift trades in coverage must be made between persons who are equally qualified to work the shift. For example, a Paramedic cannot trade with an EMT, since the EMT would not be qualified to meet the requirements of the Paramedic.
 - C. Management must be advised of and approve any and all trades prior to their occurrence. Management reserves the right to refuse to permit a swap to the extent that it will pose scheduling or other personnel conflicts.
- d. From time to time, it may be necessary for personnel to be absent during a scheduled shift. Montgomery County Emergency Medical Service is aware that emergencies, illnesses or pressing business that cannot be rescheduled in advance of a scheduled shift may arise. If you are unable to report for a shift or you must arrive late, and you are unable to obtain coverage, you must contact your supervisor immediately (with at least four (4) hours notice). For additional employee related information on absenteeism, please consult the “Absenteeism and Tardiness” Policy.
- e. Because all personnel must be alert and able to perform their job at all times, in order to provide the best possible care to patients, all personnel are expected to report to their scheduled shift well rested, and ready to perform their duties. Personnel that are not well rested, or are physically unable to perform their duties as a result of exhaustion may be sent home, and may be subject to discipline. For additional information concerning the obligation to report to duty well rested, please see the “Reporting to Work Well Rested” Policy.
- f. From time to time, personnel may be required to arrive for a shift early, or remain late after a shift for coverage purposes. It is requested that you remain at your post until your replacement crew has arrived and is prepared for duty. In all situations, the replacement crew is intended to mean personnel with equivalent credentials (e.g. Paramedic for Paramedic, EMT for EMT, and driver for driver). This is done to make sure that there is available coverage for calls that may come in at all times. For employees, such additional time worked may qualify for overtime compensation. For additional information on overtime, please consult the “Overtime” Policy.
- g. In order to create a fair work schedule, personnel will be assigned weekend coverage on a rotating basis, unless persons specifically volunteer for weekend time (e.g. part time or, who may generally request these shifts based upon their other jobs). The weekend schedule will be from Friday at

1500 through Monday at 0700. Trading shifts is permitted as discussed above, to the extent that it does not pose problems or cause unnecessary overtime.

- h. Part time (PRN only) staff with other jobs will be placed on the schedule in accordance with their other job requirements. All personnel with other jobs must provide a work schedule to their supervisor so that your work schedule at Montgomery County Emergency Medical Service can accommodate your other work schedule.
- i. Because of the 24-hour nature of this business, you may be scheduled to work at any time of the day, and may vary from week to week. You are asked to cooperate with your assigned schedule. Unauthorized leave from a scheduled shift or failure to follow your scheduled work hours will result in appropriate discipline.

Sexual and Other Harassment

Purpose: To maintain a work environment that is free of discrimination and harassment in accordance with applicable law.

Policy: Montgomery County Emergency Medical Service will have “zero tolerance” when it comes to any behavior that rises to the level of unlawful discrimination or unlawful harassment.

Procedure:

I. Harassment Prohibited.

a. General Prohibition on Discrimination and Harassment.

1. All personnel shall respect the rights, opinions, and beliefs of others. Harassment of, or discrimination against, any person by anyone (regardless of their position) because of a person's race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class, is strictly prohibited, whether directed at an employee, a volunteer, or at a member of the community.
2. Harassment outlined in this Policy is prohibited whether or not it also violates federal and/or state law.

b. Sexual Harassment.

1. Sexual harassment may include *any* unwelcome sexual advance, requests for sexual favors, and other verbal or physical conduct of a sexual nature. These requests, advances, or sexual conduct constitute unlawful *sexual harassment* when:
 - A. Tolerating the conduct is a condition of employment or condition of participation in Montgomery County Emergency Medical Service activities. For example:

The submission to the improper conduct is made a term or condition of employment or participation in Montgomery County activities (Example: Employee is

told by a supervisor that she should date him in order to get a good performance review).

- B. The conduct has adverse consequences on the individual. For example:

The submission to or rejection of the harassing conduct is used as a basis for employment decisions affecting the individual (Example: Employee refuses sexual advances or legitimately complains of improper conduct and is assigned a work schedule that is designed to be intolerable).

- C. The conduct offensively interferes with the individual's performance or ability to function in their position. For example:

The conduct has the purpose or effect of unreasonably interfering with performance by creating an intimidating, hostile, or offensive environment (Example: Female member feels sick when she comes to the station because whenever she is there, a male staff member (or members) frequently makes comments about her body parts or physical attributes).

2. Sexual harassment is prohibited. That is:

- A. No one may threaten or imply that submission to or rejection of sexual advances will in any way influence any decision about employment, duties, assignment, or other terms or conditions of employment.
- B. No one may take any personnel action based on a staff member's submission to or rejection of sexual advances.
- C. No one may subject another person to any unwelcome conduct of a sexual nature. Some examples of unwelcome conduct of a sexual nature include:
- Unwelcome physical conduct, such as touching, restraining, blocking, staring, making sexual gestures, exposing private body areas to others, and making or displaying sexual drawings, photographs, videotapes, DVDs or other pornographic materials.

- Unwelcome verbal conduct, such as sexual propositions, sexual slurs and insults, comments about private body areas (such as breasts and genitals), jokes with sexually-oriented content and other sexual comments.
- Intentional receipt or transmission of pornographic or sexually explicit jokes, photographs, cartoons, or other material via computer equipment from or through the Internet or via electronic mail.
- No one may engage in consensual or non-consensual conduct of a sexual nature in Montgomery County Emergency Medical Service vehicles or on any Montgomery County Emergency Medical Service property.
- No one may engage in non-sexual touching that could be perceived or otherwise lead to more intimate sexual conduct, including giving backrubs and other treatment that involves touching.

c. Other Harassment.

1. No one may harass anyone because of that person's race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Examples of conduct prohibited by this Policy include using racial and ethnic slurs or offensive stereotypes and making jokes about these characteristics.
2. Physical harassment is prohibited, including but not limited to:
 - A. Kissing, patting, touching, bumping, or other unwanted contact.
 - B. Unsolicited shoulder/body massages.
 - A. Touching or adjusting the clothing of another without permission.
 - B. Blocking passageway or cornering a person so they cannot move even if it is just for a brief moment.
 - C. Involuntary seclusion, such as barring the staff member from contact with other crew members while at the station.
 - D. Physical Assault/Rape.

3. Verbal harassment is also prohibited, including, but not limited to:
 - A. Obscene noises (grunting, panting, whistling, barking, etc.).
 - B. Offensive sexual, racial, or religious comments.
 - C. Offensive reference to or naming of body parts with nicknames.
 - D. Sexual rumors, innuendos, or inquiring about a person's sexual activity.
 - E. Any visual harassment that may Montgomery County (or stand alone) from verbal harassment, including staring at body parts, use of crude notes or gestures, or sexually implicit pictures.
 - F. Pestering for a date or personal information/failing to take "no" for an answer.

II. Making Complaints and Reporting Violations.

- a. Personnel who believe they are a victim of harassment are requested and encouraged to make a complaint to any officer to whom they may feel comfortable making the complaint. All personnel are encouraged to report any incident or conduct that is perceived as being in violation of this Policy. Reporting may be verbal or written.
- b. You are not required to first complain to the person who engaged in that conduct, although telling the person engaged in the conduct that their behavior is not welcome or asking them to stop the behavior is a good idea.
- c. Personnel who observe harassment of another staff member are requested and encouraged to report this observation. No reprisal, retaliation, or other adverse action will be taken against any member or employee for making, in good faith, a complaint or report of harassment, or for assisting in good faith in the investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately to any supervisor or manager.
- d. Montgomery County Emergency Medical Service will promptly, thoroughly, and impartially investigate any complaint or report of a violation of this Policy. Additionally:
 1. Montgomery County Emergency Medical Service will protect the confidentiality of information involving individuals involved in harassment allegations to the greatest extent possible. Such information may be shared with those who have a need to know, such as key management personnel and other essential persons involved in the investigation.

2. Investigations will include interviews of persons believed to be involved, or with potential knowledge of the event, and shall include a full report on each investigation, retaining the confidentiality of all such persons involved where possible.

III. Penalties for Violations.

- a. Montgomery County Emergency Medical Service will take prompt remedial and possibly disciplinary action if the investigation shows a violation of this Policy. Disciplinary action for career personnel may include verbal or written warning, suspension, or termination from employment. Disciplinary action for volunteer members will be made at the discretion of Montgomery County Emergency Medical Service, in accordance with the bylaws and may include verbal or written warning, suspension, or expulsion from membership.
- b. A complaint or report that this Policy has been violated is a serious matter. Dishonest complaints or reports not made in good faith are also against this Policy, and appropriate disciplinary action will be taken if the investigation shows that deliberately dishonest and bad faith accusations have been made against another staff member.

IV. No Reprisals.

- a. Persons who report a suspected instance of unlawful harassment or discrimination shall not be subject to reprisals, retaliation, retribution or other negative treatment.
- b. Any person who retaliates against a good faith reporter will be subject to discipline.

Smoking and Tobacco Use

Purpose: To maintain a healthy, clean, and safe environment for all personnel, patients, and visitors.

Policy: The use of tobacco containing products is prohibited in all Montgomery County Emergency Medical Service buildings, and vehicles.

Procedure:

I. Standards.

- a. Personnel are prohibited from using tobacco products in all vehicles (both passenger compartment and driver compartment) and buildings of Montgomery County Emergency Medical Service. For purposes of this Policy, "tobacco products" includes but is not necessarily limited to cigarettes, cigars, and smokeless tobacco products, such as chewing tobacco.
- b. Personnel are not permitted to use tobacco products while on the scene of an emergency response.
- c. Personnel are permitted to use tobacco products in hospital areas which have been designated as smoking areas.
- d. Personnel are permitted to use tobacco products outside of Montgomery County Emergency Medical Service buildings and in designated approved areas. The designated approved area at each building will be the engine room.
- e. The above standards shall apply to visitors and patients as well as personnel.

II. Disposal of Tobacco Products.

- a. All cigarette butts will be placed in the designated receptacles in the smoking area. Cigarette butts should not be discarded on the ground or in any trash bins.
- b. Smokeless tobacco residue will be deposited in the appropriate receptacle or spittoon. There shall be no spitting of tobacco juice on Montgomery County property, including in trash bins, sinks or toilets.

Telephone Procedures and Personal Telephone Use

Purpose: To maintain phone lines accessible for business purposes, avoid distractions, and maintain uninterrupted telephone service.

Policy: The telephone system is for Montgomery County business. Montgomery County Emergency Medical Service limits personal phone calls while on duty.

Procedure:

I. Personal calls.

- a. Phone lines are reserved for Montgomery County Emergency Medical Service business only. Personal incoming and outgoing personal phone calls are discouraged, and should be used for emergency purposes only.
- b. If personal calls must be made or received, conversations should be limited to five (5) minutes.
- c. Long distance telephone calls are only permitted in times of family emergencies and should also be limited to no more than five (5) minutes.
- d. Long distance phone calls for Montgomery County and business purposes are acceptable, but should be limited in scope to the greatest extent possible.

II. Answering the phone.

All Emergency Medical personnel who answer department telephones by stating "Montgomery County EMS, station number and his or her name." Office staff personnel are to answer all departmental telephones as "Montgomery County EMS".

Testifying in Court & Depositions

Purpose: To uphold the requirements of the law, to support civic duty and protect employees from wage loss when called upon to appear in court for Montgomery County related business.

Policy: Personnel are expected to testify about work related matters, when properly subpoenaed to do so, in an honest and truthful manner. Personnel testifying for work related matters when required shall receive compensation for time spent in providing such testimony. Personnel engaged in court testimony for personal matters will not be paid, and may use personal or vacation time to handle such matters.

Procedure:

I. Standards.

- a. At times, personnel may be required to testify in court, for incidents that relate to Montgomery County Emergency Medical Service, or personal matters, unrelated to Montgomery County Emergency Medical Service. In accordance with the "Scheduling" Policy, appropriate provisions for coverage must be made when testimony conflicts with a scheduled assignment.
- b. Personnel who are subpoenaed and must appear for a hearing, deposition, or court appearance because of an action performed while in the course of duty or related to work will be paid a regular hourly rate for the actual time providing testimony.
- c. Personnel who must attend a hearing, deposition or court appearance for reasons other than for testimony related to the performance of job duties with Montgomery County Emergency Medical Service, will have to request time off, on either a paid, or unpaid basis, depending upon available accrued time off that may be available. In accordance with Montgomery County scheduling policies, appropriate provisions for coverage must be made when testimony conflicts with a scheduled work assignment.
- d. You must submit to your supervisor a copy of the subpoena or other related court document to indicate the nature of the court appearance and let him or her know the reason for the presence at the hearing or deposition.
- e. You are required to notify your supervisor if you are the subject of personal action by an individual or agency that has any business or patient relationship, affiliation or contact with Montgomery County Emergency Medical Service. This includes patients, customers, or operators of vehicles that may be involved in an accident with Montgomery County Emergency Medical Service vehicles, and the employees and staff of organization with

whom we work. We will make every effort to respect and maintain the confidentiality of such information.

II. Reimbursement.

- a. All time spent on Montgomery County related court business or testimony should be accurately recorded on your time sheet and submitted to your supervisor.

Uniform, Dress Code & Personal Appearance

Purpose: To maintain a Professional Appearance at all times within the community, projecting a positive image to the public.

Policy: Montgomery County E.M.S. requires all personnel to meet appropriate dress code and uniform standards for the respective position of the staff member. **ALL personnel MUST maintain a Professional Appearance at ALL times while on duty. This is the Professional Appearance that is REQUIRED not only by MCEMS but that of the national EMS standards.**

Procedure:

I. General standards of personal appearance.

***It is to the discretion of the Chief of MCEMS as to the guidelines of a "Professional Appearance".**

- a. Pins, jewelry, hats (non-issued/approved), name/insignia or other identifying symbols which are not professionally related to authorized uniforms are prohibited from being worn.
- b. Any tattoos should be covered wherever possible. Any Tattoos to be considered of a vile or offensive nature to other employees, patients or by management are **NOT ALLOWED**.
- c. Hair **MUST** be maintained in a clean, neat and conservative fashion, maintaining a professional hair style and color. **NO** extremes of **color or cuts** are appropriate.

MALES: Maximum hair length of hair will be one fourth (1/4) inch overlap of the uniform shirt collar in back; mid-ear on sides; top of eyebrow in front. Sideburns shall extend no further than middle of ear, trimmed square. Mustaches may be allowed to be worn one-half (1/2) inch past the natural lip line and must be clean, well trimmed, and neat, and must not interfere with the wearing of any safety or medical device, including personal protective equipment (PPE); otherwise, the employee **MUST** remain clean shaven at **ALL TIMES**.

FEMALES: Pre-hospital care providers with long hair **MUST** arrange it in such a way that it is kept off the shoulders and does not present a safety hazard or distract from duties. Hair that could fall onto a patient during treatment/transport is **UNACCEPTABLE**.

- d. Perfume, cologne, aftershave, scented lotion, etc., should be used in moderation or avoided altogether.

- e. Jewelry should not be excessive and should be limited to items that do not functionally restrict the employee or create a danger to personnel or others. Facial jewelry, such as eyebrow rings, nose rings, lip rings, cartilage piercing and tongue studs, is not permitted to be worn during working hours or while on duty. Ear rings are permitted, limited to a double piercing to each ear lobe and limited to a stud type. Pre-Hospital personnel may wear **ONLY** the following types of Jewelry: a wrist watch (with a second hand or easy to use digital), medical alert bracelet and an engagement/wedding ring. Necklaces may be worn underneath clothing as long as they **ARE NOT** exposed.
- f. Fingernails **MUST** be kept clean and neatly trimmed in a short length.
- g. Personnel are expected to arrive to work in a clean, presentable manner with all appropriate uniform attire in place.

II. Uniform(s).

- a. Office staff personnel should wear articles of clothing suitable to the type of work you do and to the environment in which you work. Articles of clothing should remain clean, unwrinkled, neat, in good repair, and in good taste. Shorts, mini-skirts, sweatpants, low cut blouses, sneakers, flip-flops, t-shirts, and other items of clothing that are inappropriate for the work environment as deemed by management or disruptive to other employees will **NOT** be permitted.
- b. Pre-Hospital Providers uniforms shall consist of:
 - 1. Dark navy blue (or khaki for officers) BDU military style work pants.
 - 2. Work shirts will be a pique cotton polo shirt with the MCEMS logo embroidered at the left chest area. Non-officer personnel will be navy in color. Officers will be in a distinctive color approved by the Chief with their title embroidered on the right chest area. Summer shirts with short sleeves will be worn April 15th to October 15th. Winter shirts with long sleeves will be worn October 15th to April 15th. During extreme temperature differences, the Chief may elect to vary these days at his discretion. Departmental issued sweatshirts may be worn in extreme cold weather. **ONLY** current issued shirts will be worn.
 - 3. Dark navy blue all-season jackets with the MCEMS logo embroidered at the left chest area.
 - 4. Black plain toe shoes or boots that can be polished. They should remain clean, free of dirt and debris at all times while on duty.
 - 5. Socks will be solid dark blue or solid black in color and cover the ankle. White socks are optional when wearing above the ankle boots.
 - 6. Departmental, photographic identification badges along with personnel's EMT/Paramedic license and a current CPR card **MUST be carried on person at ALL TIMES.**

7. Uniform Caps:
 - a. Baseball style caps with an **APPROVED** MCEMS emblem (winter and/or summer types according to season) may be worn. The “bill” of the cap **MUST** face forward at **ALL TIMES**.
 - b. Stocking caps in a solid dark navy blue color or a solid black color, free of any design and may be worn in winter only.
8. T-shirts **MUST** be worn under uniform shirts; these shirts **MUST** be white or navy blue in color. They **MUST** be free of any design, stencil, logo or embroidery.
9. Protective safety gear as follows:
 - a. Blue extrication suit or red fire gear (to include: bunker coat and pants) as issued.
 - b. Firefighters helmet as issued (orange in color for non-officers and white in color for officers).
 - c. Reflective red traffic vest with the EMS logo or officer’s title on panel as directed.
 - d. Firefighter protective boots as issued.
 - e. Firefighter or extrication gloves as issued.
 - f. Nomex protective hood
 - g. Black carrying bag as issued.
 10. A Class A uniform consists of a white command shirt. A MCEMS patch shall be sewn on the left sleeve one-half (1/2) inch below the shoulder seam. The state EMT/Paramedic identification patch shall be sewn on the right sleeve one-half (1/2) inch below the shoulder seam. A badge shall be worn on the left chest area with a name tag or “serving since” pin worn on the right chest area. Silver collar pins are required for non-officers and gold collar rank insignias are required for officers.
 11. Jackets shall be navy in color with the MCEMS logo embroidered at the left chest area.
 12. Belts **MUST** be black in color free of design(s), ornamentation and wear.
- c. Uniforms must remain clean, unwrinkled, neat, and in good repair. Uniforms items that are faded, torn, or worn are not acceptable. Uniform shirts **MUST** be tucked in at **ALL** times while in uniform.
- d. Pager, radio, or Montgomery County-issued phone is considered a part of the uniform and must be worn appropriately.
- e. All personnel are responsible for the care and maintenance of their uniforms. If your uniform becomes soiled during a shift, it should be changed, if at all possible.
- f. Personnel should not wear their uniform when not on duty. Wearing any clothing issued by MCEMS while working another job or while volunteering is **NOT PERMITTED**.
- g. Montgomery County EMS will replace uniforms that are contaminated or damaged in the line of duty.

- h. Departmental issued uniforms and equipment are the employee's responsibility to maintain and ensure its safe keeping and storage (even if you store items on site). If any employee should lose any item(s) issued by MCEMS or Montgomery County Government, it is said employee's responsibility to pay for all items.

Alcohol and Substance Abuse & Testing

Purpose: In 1988, Congress and two federal agencies, the Defense Department and the Transportation Department, passed the Drug Free Work Place Act. As a result of this act, Montgomery County has a legal and moral obligation to take whatever steps necessary to provide a safe “Drug-Free Work Environment” for all employees.

Policy: Montgomery County Emergency Medical Service will not tolerate personnel under the influence of alcohol or illegal drugs or those who use alcohol or illegal drugs (or misuse legal drugs) while on duty, while operating Montgomery County vehicles, or while representing Montgomery County Emergency Medical Service.

The County’s policy on this subject is as follows:

5. Alcoholism, problem drinking and drug dependence are illnesses and should be treated as such.
6. Alcoholism, problem drinking, and drug dependence can be successfully treated. The County will assist employees in seeking proper treatment.
7. The County recognizes that certain drugs, although they can be prescribed and taken legally, are also potential detriments to job performance and health.
8. The decision to seek diagnosis and treatment for any suspected illness or abuse is the responsibility of the employee.

Procedure:

I. Definition of Terms.

- a. **Legal Drug:** A prescribed drug or over-the-counter drug that has been legally obtained and is being used for the purpose for which it was prescribed or manufactured.
- c. **Illegal Drug:** Any drug which cannot be legally obtained (e.g. marijuana, hallucinogens, etc.) or which, although legal:
 1. Has been illegally obtained or prescribed.
 2. Is not being used for its prescribed purposes.
 3. Is being used in larger doses than recommended.
- c. **Premises:** Used in its broadest sense, it includes all land (including leaseholds, easements, and other job sites), property, buildings and other structures, vehicles owned by, or leased to, Montgomery County Emergency Medical Service.

- d. **Reasonable Suspicion:** Aberrant or unusual behavior of personnel who exhibit any of the following:
1. Symptoms that are commonly associated with intoxication or impairment caused by illegal drugs or alcohol.
 3. Behaving in a manner that is not reasonably explained as resulting from causes other than the use of controlled substances.
 3. Observed using or in the possession of illegal drugs or alcohol. All such observations must be made by a supervisor or member of management, and must be documented in writing by the observer(s).

II. Prohibited Acts.

- a. The unlawful manufacture, use, possession, sale or distribution of unauthorized legal drugs or alcohol on the premises, or being under the influence of alcohol or illegal drugs while performing Montgomery County Emergency Medical Service duties, while representing Montgomery County Emergency Medical Service or while acting in any capacity as a Montgomery County employee, is prohibited at all times and will be considered sufficient reason for termination of employment.
- b. Conviction for the manufacture, use, possession, sale or distribution of unauthorized illegal drugs or alcohol on or off County property will be considered sufficient reason for termination of employment.
- c. The County **MUST** be notified by the employee within five (5) days of ANY alcohol or drug related charge.
- d. Personnel should be aware that the use of some prescriptions or over-the-counter drugs might also affect their ability to properly perform their job duties. Therefore, you have the responsibility to report such use of legal drugs that may have side-effects to your supervisor immediately, prior to beginning your work day, when you are aware of potentially adverse effects on performance or in the safe operation of Montgomery County equipment.
- e. You may continue to work even though you may be taking a legal drug (such as over the counter cold medications), as long as such use does not pose a threat to your safety or the safety of other personnel or patients and you can safely perform the duties of your position.

- f. Any employee – whose judgment, behavior or job performance is impaired to the point that removal from the job is required, will be required to be sent to a medical facility for an alcohol test and/or drug screen. A medical confirmation of recent use of illegal or controlled drugs and/or alcohol will be considered sufficient reason for termination of employment.
- g. Depending upon the severity of the situation, personnel who violate this Policy may be offered the opportunity for appropriate treatment and rehabilitation through any Employee Assistance Program (EAP), which may be available through health insurance coverage or an appropriate treatment source of the staff member's choice. Referral for assistance does not preclude corrective discipline for violation of rules or Policies. Personnel failing or refusing appropriate treatment or testing shall be subject to corrective discipline up to and including termination. Failure to successfully complete the program or intentional violations of the program will result in termination of employment.
- h. **As a condition to employment, all employees MUST agree to abide by the terms of this policy statement.**

III. Drug Testing

Montgomery County EMS actively participates in a drug prevention and testing program in accordance with all applicable federal, state and local guidelines. Due to the high profile occupation of EMS, this is necessary to provide and maintain a Drug Free Workplace for co-workers and the public that we serve. All employees will be subject to participate in this program.

- a. This Policy, regulating the use, possession, and testing for presence of alcohol and drugs shall be administered fairly and consistently to all personnel.
- b. Pre-employment screening shall be performed.

Additionally:

- 1. All applicants will be requested to sign an authorization and release agreeing to submit to a drug screen. Applicants who refuse to sign the authorization or to submit to the drug screen will not be considered for employment.
- 2. An applicant who fails the drug screening test will be advised to consult with a physician or a counseling center. A new application may be submitted for employment or membership ninety (90) days from the date of the last conditional offer of employment or

membership if the applicant provides medical evidence that a physician has found no sign of alcohol or drug abuse or that the applicant had undergone prescribed treatment.

- c. Routine testing of personnel may occur.
 - 1. Personnel may be required to submit to drug testing under the following circumstances:
 - A. Where state or federal regulations require such testing.
 - B. Where Montgomery County Emergency Medical Service has reasonable suspicion of:
 - 1. Recent use of controlled substance(s) or abuse of alcohol.
 - 2. Engaging in illegal drug activities.
 - 3. Use or possession of illegal drugs or alcohol on Montgomery County property.
 - 4. An employee exhibiting unusual or aberrant behavior.
 - 5. Employee behavior that may involve a failure of performance that contributes to an accident involving injury or death, significant damage to property or equipment, or near miss incident that had the potential for serious consequences.
 - C. Random Testing: This may be completed by random shift or service wide.
 - D. Where a staff member has been referred to treatment for alcohol and/or drug abuse, in which event the personnel shall be subject to random testing for one (1) year after he or she has returned to work. Personnel will also be required to furnish Montgomery County Emergency Medical Service with a copy of the treatment facility's prescribed after care program and proper verification of the staff member's compliance with the after care program or revisions thereto.
 - E. Anytime following a motor vehicle accident, however minor, in which the staff member was the operator of the vehicle.
 - 2. Personnel required to submit to drug testing shall be informed of the reason for such testing. In the case of "reasonable suspicion" testing, personnel shall be given a copy of the written order from the supervisor(s) involved, including documentation of the specific objective facts constituting "reasonable suspicion" in accordance with this policy. The staff member will be requested to sign an acknowledgment that testing has been requested and that he or she consents to such testing.

3. Personnel who refuse to sign a requested testing agreement or who refuse to submit to testing after signing the agreement shall be immediately suspended, and an investigation shall occur to determine whether the refusal was reasonable. If the refusal is found to be unreasonable, it will be treated as an intentional violation of this Policy, and will be terminated.
 4. Testing procedures shall conform to accepted practices, and the Montgomery County Emergency Medical Service may utilize an outside or contracted person or organization for this purpose.
- d. Test results shall be communicated to Montgomery County Emergency Medical Service as soon as possible upon receipt of the results from the testing facility. Further:
1. Copies of all documents including test results, computer printouts, graphs, interpretations and chain of custody forms may be given, at the discretion of management, to personnel upon request.
 2. Any staff member who, as a result of testing is found to have alcohol or illegal drugs in his or her system will be considered in violation of this policy.
 3. If any detectable amounts of drugs or alcohol are found a second test will be performed on the same specimen.
 4. All records and information obtained by Montgomery County Emergency Medical Service regarding drug testing, requests for testing, the test results, and treatment of personnel for chemical dependency will be confidentially maintained by Montgomery County Emergency Medical Service as fully as possible, and will be used in accordance with the law. Test results may need to be shared with designated management personnel, or others on a “need to know” basis.
 5. Follow-up testing and medical evaluation are required for employees who are returning to work after a confirmed positive test result. **Any confirmed positive result on a follow-up test will result in immediate termination.**

Visitors

Purpose: To prevent possible harm, maintain patient confidentiality, and prevent distraction of personnel while on duty that may occur with personal visits.

Policy: Visitors in the workplace shall be restricted to specified areas and may be limited in the time of their visit.

Procedure:

I. Standards.

- a. While visitors are not prohibited within the station, we ask that visits from visitors (i.e., non-employees) be limited to ten (10) minutes or less.
- b. When a visitor comes to the building, the visitor must be met in the lobby, other public area near the entrance to the station, or (when possible) outside. This is to prevent unnecessary visitor access to areas of the station that may house patient information and to prevent possible injury. A staff member must remain with the visitor at all times during the visit.
- c. Visitors are not permitted in areas where patient information is stored or may easily be viewed or in other areas that could negatively impact operations.
- d. Visitors should sign in and sign out in accordance with applicable Montgomery County security policies.

Workplace Safety & Safety Committee

Purpose: To maintain a safe working environment staff members participating in reporting and preventing injuries is essential.

Policy: Montgomery County Emergency Medical Service fosters a safe work environment, free from unsafe or dangerous activities, and has created a Safety Committee to coordinate safety training and provide input on safety related issues. Staff members are expected to promptly report unsafe conditions.

Procedure:

I. Standards.

- a. Workplace safety is of utmost concern to Montgomery County Emergency Medical Service. Personnel and patients alike must be protected from unsafe conditions.
- b. Personnel shall always act in a professional manner, especially during patient contact. Horseplay or inattention to work assignments or patient care will not be tolerated.
- c. Our jobs require rapid response, but this response must be a safe response. Reckless driving to arrive at a scene is not permitted, as dangerous driving can pose a danger to personnel and other drivers.

II. Reporting Unsafe Conditions.

- a. Personnel must immediately report any unsafe condition to a supervisor. This includes unsafe storage or use of equipment, instances of horseplay, or unsafe driving or other dangerous activities that may pose a danger to patients and others.
- b. Personnel who violate safety standards, who cause hazardous or dangerous situations, or who fail to report (or, where appropriate, remedy) such situations, may be subject to disciplinary action, up to and including termination.
- c. Where reports of unsafe situations are made in an honest manner, personnel should have no fear of possible reprisals in the event that a violation is found, or discipline against a violator occurs.

III. Safety Committee.

- a. Montgomery County Emergency Medical Service has created a Safety Committee that is responsible for reviewing safety requirements, learning about safety updates (e.g. OSHA publications and warnings), reviewing safety-related incidents, providing recommendations for safety improvements, and assisting with the training of staff as to proper safety procedures.

- a. The Safety Committee will entertain feedback on safety related issues that need to be explored and focused upon, and will take further guidance from the materials outlined in the “Exposure Control Plan.”

Workplace Searches

Purpose: To safeguard the property of all personnel, and prevent possession, use and sale of illegal drugs and other dangerous things in the workplace.

Policy: Montgomery County Emergency Medical Service may conduct random searches of persons and their property while on, in or adjacent to Montgomery County Emergency Medical Service property in conformance with applicable laws.

Procedure:

I. Standards.

- a. Montgomery County Emergency Medical Service reserves the right to question any person as well as inspect packages, handbags, backpacks, duffle bags, briefcases, lunchboxes, or other packages, possessions, articles of clothing, or items entering or exiting Montgomery County Emergency Medical Service property.
- b. All personnel are expected to comply with a search request. The Montgomery County will initiate a search only when absolutely necessary.
- c. Montgomery County Emergency Medical Service also reserves the right to search the desk, office, locker, or other assigned space of any personnel, at any time, whether or not the personnel is present, since such areas remain the property of Montgomery County Emergency Medical Service.
- d. Searches are intended to discover weapons, drugs, contraband and/or improperly obtained Montgomery County property, and may be done randomly, at the discretion of management based upon a complaint or suspicion, or in conjunction with local law enforcement officials.

II. Violations.

- a. Any visitor who refuses to consent to a search when requested will be denied access to the building.
- b. Any employee who refuses to consent to a search, or who is found to possess an item that is prohibited by these policies or by law, will be subject to disciplinary action, up to and including termination.
- c. Any volunteer who refuses to consent to a search, or who is found to possess an item that is prohibited by these policies or by law, will be subject to

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disciplinary action, up to and including expulsion from membership, in accordance with Montgomery County Emergency Medical Service bylaws.

Workplace Violence

Purpose: To help prevent incidents of violence from occurring in the workplace, and to further ensure as safe workplace as possible.

Policy: Montgomery County Emergency Medical Service forbids acts or threats of violence by any staff member against any other person, customer, visitor, or patient in or about Montgomery County Emergency Medical Service vehicles and buildings, or on Montgomery County Emergency Medical Service premises at any time.

Procedure:

I. Background

- a. Montgomery County Emergency Medical Service expects all its personnel (career or volunteer) to conduct themselves in a professional and courteous manner at all times. All staff should treat others in a manner that they would want to be treated.
- b. Any behavior that a reasonable person would construe as indicating a potential for violence are strictly prohibited. Examples of improper behavior include, but are not limited to: shouting angrily at others, swearing at others, making threatening gestures towards others, throwing or tossing things, slamming down equipment with the intent to startle another person, pounding or punching a wall, purposely breaking things, etc.

II. Prevention of Workplace Violence.

- a. In keeping with the spirit and intent of this Policy, Montgomery County Emergency Medical Service shall strive to:
 1. Provide as safe a work environment as possible.
 2. Take prompt remedial disciplinary action against any personnel who engage in any threatening behavior or acts of violence or who use any obscene, abusive, or threatening language or gestures.
 3. Take appropriate action when dealing with customers, former employees, or visitors who engage in such behavior. Such action may include notifying the police or other law enforcement personnel.
 4. Establish viable security measures to ensure that facilities are safe and secure to the maximum extent possible and to properly handle access to Montgomery County facilities by the public, off-duty employees, and former employees.

- b. In keeping with the spirit and intent of this Policy, Personnel shall:
 - 1. Notify management of any suspicious workplace activity or situations or incidents that they observe or that they are aware of that involve other employees, former employees, customers, or visitors and that appear problematic. This includes, for example:
 - A. Threats or acts of violence.
 - B. Aggressive behavior.
 - C. Offensive acts.
 - D. Offensive comments or remarks.
 - 2. Not participate in any form of retaliation against other personnel for making a good faith report under this Policy.

Section III

Employee Policies

Absenteeism & Tardiness

Purpose: To ensure regular, timely attendance so adequate staffing is available at all times, in order to provide for the best possible service.

Policy: Employees must report to work on time, and may not be absent from work unless absolutely necessary, and/or with supervisor approval.

Procedure:

I. Absence.

- a. Employees are asked to call in (at least four (4) hours in advance, where possible) when they are going to be absent.
 1. We understand that sometimes, absence will be a sudden event, and adequate notification is impossible. In these instances, as soon as you know that you will be absent, you should notify your supervisor(s) at Montgomery County Emergency Medical Service immediately.
 2. If you are absent due to an illness for any of the following:
 - a. For one (1) or more days at the discretion of the immediate supervisor.
 - b. If you take a sick leave day immediately before or after scheduled holiday or annual leave.
 - c. At the discretion of immediate supervisor.

Montgomery County Emergency Medical Service may request written documentation from a doctor to verify that you were ill. Similar written documentation may be required to verify you are medically cleared to return to work after an absence if deemed so necessary.

- b. When you will be absent for consecutive shifts, you must call in each shift to ensure proper scheduling. Montgomery County Emergency Medical Service will never presume consecutive days of absence for sickness, and always expects each employee to arrive for work on time, unless otherwise notified in accordance with this Policy.
- c. Employees that do not call in to indicate that they will be absent for three (3) consecutive days will be considered to have voluntarily terminated employment.

II. Tardiness.

- a. Employees are asked to call in (at least four (4) hours in advance, where possible) when they are going to be late.
- b. We understand that sometimes, lateness will be a sudden event (traffic accident, child care issues, car troubles, etc.), and adequate notification is impossible. In these instances, as soon as you know that you will be late, you should notify Montgomery County Emergency Medical Service immediately.

III. Documentation and Penalties.

- a. All absences and tardiness will be recorded in your personnel file along with any advance notice that was or was not provided. Attendance records will be considered when evaluating completion of the introductory period, requests for promotions and transfers, and as part of the annual review, in accordance with the "Performance Feedback and Goal Setting" Policy.
- b. You may be subject to discipline for any unexcused absence or tardiness.

Recognition Awards

Purpose: To encourage dedication, hard work, and quality patient care and public service by recognizing staff members who provide exemplary service to the organization and the community.

Policy: Montgomery County E.M.S. may offer awards to employees in various categories, where appropriate, as determined. There will be three (3) different types of awards that MCEMS will recognize they are:

1. "Above and Beyond"
2. "Employee of the Month"
3. "Employee of the Year"

Procedure:

I. Standards.

- a. To foster dedication, quality work, and encourage good employee morale, Montgomery County E.M.S. has adopted an award system.
- b. "Above and Beyond" awards may be presented, in the following situations, as deemed appropriate:
 1. An employee suggestion that improves upon operational standards that is implemented.
 2. Exceptional Improvements seen in any area.
 3. Consistent service excellence.
 4. Fellow personnel recognition.
 5. Recognition from a patient, patient family, and/or any outside agency.
 6. Any employee going Above and Beyond the call of duty.
- c. These award recipients will be automatically eligible for recognition as the "Employee of the Month"
- d. "Employee of the Month" awards will be presented, in the following situations, as deemed appropriate:
 1. Supervisor's recommendation

II. Criteria for and Granting of Recognition Awards.

- a. To be eligible for awards, employees must demonstrate positive work ethic, attitude, and be compliant with ALL Montgomery County E.M.S. Policies.
- b. Employees will be eligible for recognition awards once monthly.

- c. Recognition of the recipient of any award will be made at staff meetings, and in newsletters. The name of the award recipient will be added to the recognition board at the main station and in the business office with the past recipients of such awards. These names will be posted for no more than 30 days.
- d. Awards may consist of, among other things, a plaque, a certificate, etc.

Bereavement Leave

Purpose: To permit time away from work to grieve for the loss of a loved one.

Policy: Montgomery County Emergency Medical Service will offer paid bereavement time for the death of certain family members.

Procedure:

I. Standards.

- a. Employees who lose a family member may be granted leave to attend services and address other matters related to the passing of a loved one.
 1. In the event of the death of a parent, child, spouse, brother, sister or grandparent employees may take up to three (3) days of unpaid bereavement leave.
 2. In the event of the death of an in-law, grandparent, niece, nephew or grandchild employees may take one (1) day of unpaid bereavement leave.
 3. Employees are asked to provide Montgomery County Emergency Medical Service with notice of the death and the need for the bereavement leave as soon as possible, so that adequate coverage can be arranged.
- b. When a request for bereavement leave is made, Montgomery County Emergency Medical Service will coordinate coverage for any shift that is missed.
- c. Where additional time off may be required, unused Sick, Vacation, or Personal Time may be used in conjunction with the "Bereavement Leave." The request for additional time must be coordinated through a supervisor at the time that the "Bereavement Leave" is first made.

Emergency Leave Request

Purpose: To accommodate personnel who desire a leave of absence to assist with relief efforts related to local, state, and federal emergencies or disasters, when requested by appropriate officials and/or emergency management agencies.

Policy: Montgomery County Emergency Medical Service will accommodate personnel with legitimate urgent or emergent business that requires them to miss work for extended periods of time to the fullest extent possible, as long as the request may be granted without compromising operational needs.

Procedure:

I. Background.

- a. Montgomery County Emergency Medical Service typically asks its employees to provide advance notice when requesting the use of sick time, vacation time, personal time, or paid time off.
- b. Montgomery County Emergency Medical Service recognizes that there are times when an emergency arises and adequate advance notice cannot be given. This is especially applicable to persons who participate as part of emergency response teams ready to respond to any state or federal natural disaster. Montgomery County Emergency Medical Service commends employees for participating in such programs, and does not want to hinder your involvement or otherwise adversely affect your employment status as a result of that involvement.
- c. At the same time, since Montgomery County Emergency Medical Service is itself an emergency service organization, we need to maintain adequate staffing at all times. We must have sufficient staff to meet our obligations to the public. Therefore, we may only grant emergency leave requests to the extent we can adequately maintain staff coverage here. In other words, not all leave requests may be honored if doing so may compromise our operations.

II. Approval Process.

- a. When an employee has a legitimate emergency situation that he or she knows will require an extended period of absence (other than military leave, family medical leave, or bereavement leave, which is covered in other policies), you should immediately discuss the need with your supervisor. Standard advance notice for leaves of absence will not be required.
- b. Where available, an employee may elect to use sick, personal, vacation, or paid time off that has been accumulated. Otherwise, the leave will be unpaid.

Upon requesting the leave, you shall notify your supervisor of the desire to use any accumulated leave time.

- c. The employee requesting emergency leave should submit verification of the need for the leave with the request for the leave. (Example: documentation from the emergency management agency authorizing the employee's participation).
- d. Leave requests will be considered on a first come, first served basis and with consideration to the need to have you remain at the Montgomery County. Leaves will only be granted if management concludes that adequate staffing can be maintained for day-to-day operations.
- e. The maximum period of leave shall be four (4) work weeks. Additional leave may be approved on a week-to-week basis, and/or in compliance with state and federal laws.
- f. If the leave request is granted, Montgomery County Emergency Medical Service will hold the employee's position open until the employee returns from the leave up to a maximum four (4) week period. If additional leave is approved, Montgomery County Emergency Medical Service may not be able to keep your position open.
- g. Employees should provide a brief report on their status and the anticipated need for continued leave on at least a weekly basis, and provide contact information at the location where they can be reached.
- h. Employees will not be paid any wages when on leave, unless they are part of an authorized disaster response system which reimburses the employer for the wages of employees on emergency leave. If you are not specifically advised that you will be paid during the emergency leave assignment, you should assume that the leave is an unpaid leave.
- i. Any employee who does not follow this Policy and/or does not report to work as scheduled either prior to or after completion of an approved leave will be considered to have resigned his or her employment with the organization.
- j. All benefits paid by the employer will be maintained during the leave period, and the employee will be entitled to any benefits he/she would have ordinarily received had there been no emergency leave.

Employment Classifications

Purpose: To ensure proper classification of personnel for pay and benefit purposes.

Policy: Montgomery County Emergency Medical Service has defined full time, part time, and non-exempt and exempt positions within the organization.

Procedure:

I. Definitions.

- a. Regular full-time: Employee employed for 12 months on a regular basis, and work more than 30 hours per week. Accrue annual, sick, and holiday leave.
- b. Regular part-time: Employed on a regular schedule but days and hours may vary as needed. Accrue sick days according to hours worked, not paid for holidays.
- c. Temporary full-time: Employed full-time, 30 or more hours per week, but employment is not to exceed 12 months in length. Accrue sick days and is compensated for holiday pay.
- d. Temporary part-time: Employed to fill a position as needed for a limited amount of time. Hours and days may vary.
- e.. Exempt Employee: An employee who is not eligible for overtime compensation, because they are in a bona fide executive, administrative, or professional capacity whose duties and responsibilities allow them to be "exempt" from overtime pay provisions under the law.
- f.. Non-Exempt employee: An employee (including full time, part time and per diem) who is entitled to receive overtime compensation for hours worked in excess of forty (40) hours per week. This means that they are not exempt from (and therefore should receive) overtime pay.

II. Job Assignments.

- a. Regardless of job title or employment classification, all employees are expected to be available to participate in any job as needed, and where capable, and/or certified to perform such a job.
- b. It is each supervisor's responsibility to assign available personnel to jobs based on the needs of Montgomery County Emergency Medical Service.

- c. Any employee who refuses reassignment to an area of greater need will be sent home, without pay, for the balance of the shift and will be subject to disciplinary action up to and including termination.
- d. Employees shall not be asked to perform tasks unrelated to their job description that require a higher level of responsibility or training, except in emergencies or other unusual, temporary circumstances.
- e. Employees may be called upon to perform work normally assigned to other staff members. We expect everyone's cooperation on these occasions.
- f. It may be necessary to work beyond a scheduled shift to complete an assignment or to meet an urgent situation. Employees are required to work overtime when mandated by a supervisor.

III. Status/Classification.

1. Pre-Hospital Personnel:

- i. **All pre-hospital care providers are classified as essential and critical employees of Montgomery County EMS. Employees may be required to report for duty in the event of a major disaster or other emergency that directly affects service provided to Clarksville and Montgomery County. This presence shall be mandatory. Employees must accept this stipulation as a condition of continued employment.**
- ii. **Any employee finding it necessary to seek additional employment to supplement their commitment to Montgomery County EMS must notify and consult with the Chief. Outside employment is discouraged and will not be permitted if a possible conflict of interest exists.**
- iii. **Personnel must notify their immediate supervisor, Office Manager and Human Resources of any change in residential address and/or telephone numbers. This report shall be submitted the first day personnel report for duty after the change.**
- iv. **In the event of a major disaster and communication either via telephone or radio are inoperable or jammed off-duty personnel should report to the nearest station or to the incident command post at the disaster site.**

2. Office Staff:

- i. Employees may be required to report for duty in the event of a major disaster or other emergency that directly affects the service provided to Clarksville and Montgomery County as directed by the Chief or Office Manager. Employees who can not report for work due to inclement weather and road conditions must notify the Office Manager at least one hour prior to their shift. Employees may use annual leave to compensate for lost work time.
- ii. Personnel must notify the Office Manager and Human Resources of any change in residential address and/or telephone numbers. This report shall be submitted the first day personnel report for duty after the change.
- iii. **Any employee finding it necessary to seek additional employment to supplement their commitment to Montgomery County EMS must notify and consult with the Chief. Outside employment is discouraged and will not be permitted if a possible conflict of interest exists.**

Family Medical Leave Act (FMLA)

Purpose: To comply with federal laws regarding employee leaves of absence for certain family and medical related issues.

Policy: Montgomery County Emergency Medical Service shall offer FMLA covered leaves of absences where appropriate, and where required by law.

Procedure:

I. Eligibility for Medical Leave.

- a. An employee may need to be temporarily released from the duties of employment, but may not wish to resign.
- b. Employees may be eligible to take up to 12 weeks (lump sum or intermittent) of unpaid family/medical leave within a 12 month period as described in this Policy, if the reason for the leave qualifies under the Family and Medical Leave Act.
- c. To be eligible, the employee must:
 1. Have worked for Montgomery County Emergency Medical Service for at least 12 months, and for at least 1,250 hours in the last 12 months. This eligibility requirement does not pertain to female employees who are or become pregnant.
 2. Be employed at a worksite that has 50 or more employees within 75 miles of that worksite.
- d. Once the FMLA leave has ended and the employee wishes to return to work, subject to certain regulatory exceptions, the employee will be restored to the same or an equivalent position upon return from leave.
- e. This Policy applies to eligible employees as described in this Policy for all Family/Medical leaves of absence. Any paid leave taken for FMLA-qualifying reasons will run concurrently with any unpaid Family/Medical Leave under this Policy. Any OJI leave period will also run concurrently with Family/Medical Leave.

II. Process for Taking Leave.

- a. The employee must have a covered reason under the regulations for the leave.

1. Eligible employees may take Family/Medical leave for any of the following reasons:
 - A. The birth of a son or daughter and in order to care for such son or daughter.
 - B. The placement of a son or daughter for adoption or foster care and in order to care for the newly placed son or daughter.
 - C. To care for a spouse, son, daughter, or parent ("covered relation") with a serious health condition.
 - D. Because of the employee's own serious health condition which renders the employee unable to perform an essential function of their position.
 - E. Leave because of reasons "A" or "B" must be completed within the 12-month period beginning on the date of birth or placement.
 - F. Spouses employed by Montgomery County Emergency Medical Service who request leave because of reasons "A" or "B" or to care for an employee's parent with a serious health condition may only take a combined total of 12 weeks leave during any 12-month period.
- b. The employee must provide proper notice of the need for leave.
 1. If the employee's need for Family/Medical leave is foreseeable, the employee must give the Montgomery County Emergency Medical Service at least 30 days prior written notice. If this is not possible, notice must be given as soon as practical (within 1 to 2 business days of learning of the need for leave).
 2. Failure to provide proper notice may be grounds for Montgomery County Emergency Medical Service to delay the leave.
 3. If an employee is planning a medical treatment, the employee must consult with the Montgomery County Emergency Medical Service regarding the dates of such treatment.
 4. Where the need for leave is not foreseeable, employees are expected to notify Montgomery County Emergency Medical Service within 1 to 2 business days of learning of the need for leave (except in extraordinary circumstances), by completing an appropriate Leave Request Form.

5. The employee must provide medical certification verifying the need for covered leave.
 - A. If the employee is requesting leave because of his or her own serious health condition or a covered relative's serious health condition, the employee and the relevant health care provider must supply medical certification verifying the need for covered leave.
 - B. When an employee requests leave, Montgomery County Emergency Medical Service will notify the employee of any requirement for a medical certification and when the form is due.
 - C. Montgomery County Emergency Medical Service will allow at least 15 days after the employee requests leave to provide the certification. If the employee provides Montgomery County Emergency Medical Service with at least 30 days notice of leave, the employee should provide the medical certification before leave begins. Failure to provide requested medical certification in a timely manner might result in denial of leave until it is provided.
 - D. Montgomery County Emergency Medical Service, at its expense, may require an examination by a second health care provider designated by Montgomery County Emergency Medical Service, if it reasonably doubts the medical certification initially provided. If the second health care provider's opinion conflicts with the original medical certification, Montgomery County Emergency Medical Service, at its expense, may require a third, mutually agreeable, health care provider to conduct an examination and provide a final and binding opinion.
 - E. Montgomery County Emergency Medical Service may also require subsequent medical recertification. Failure to provide requested certification within 15 days, if such is practical, may result in delay of further leave until certification is provided.
- c. The employee must provide periodic status reports while on leave.
 1. The employee must contact Montgomery County Emergency Medical Service on the second and fourth Monday of each month regarding the status of the condition and intention to return to work.
 2. Employees must also give notice as soon as practical (within 2 business days if feasible) if the dates of leave change, if the leave must

be extended or the intended dates of the leave if the dates were initially unknown at the time of the request.

- d. An approved family/medical leave is unpaid and runs concurrently with all other types of leave.
 - 1. Family/Medical leave is unpaid and runs concurrently with other types of leave (e.g. paid vacation, OJI) that may also be taken for an FMLA-qualifying reason.
 - 2. Under certain circumstances, Montgomery County Emergency Medical Service may permit an employee to apply accrued pay benefits (such as Vacation, Sick, or Personal Leave) to the FMLA leave.
 - 3. In no case can the substitution of paid leave time for unpaid leave time result in an employee's receipt of more than 100% of salary.
- e. Available leave time is calculated by a "rolling" 12-month period.
 - 1. Each time an employee takes Family/Medical leave, the remaining leave entitlement would be any balance of the 12 weeks, which has not been used during the immediately preceding 12 months. For example:

If an employee has taken eight (8) weeks of leave during the past twelve (12) months, an additional four (4) weeks could be taken. If an employee used four (4) weeks beginning February 1, 2006, four (4) weeks beginning June 1, 2006, and four (4) weeks beginning December 1, 2006, the employee would not be entitled to any additional leave until February 1, 2007. However, beginning on February 1, 2007 the employee would be entitled to four (4) weeks of leave; on June 1, 2007 the employee would be entitled to an additional four (4) weeks; etc.

III. Terms and Conditions of Leave.

- a. Approved family/medical leave may include intermittent and reduced schedule leave.
 - 1. Leave, because of a serious health condition, may be taken intermittently (including partial days) or on a reduced leave schedule (reducing the usual number of hours you work per work week or work day) when medically necessary or if the employee is needed to care for a family member with a serious health condition.

2. If leave is unpaid, Montgomery County Emergency Medical Service will adjust the employee's salary or compensation based on the amount of time actually worked.
 3. The employee must make a reasonable effort to schedule time off so as not to disrupt the operations of Montgomery County Emergency Medical Service. The employee must provide not less than thirty (30) days notice before the date the leave is to begin, unless the medical condition requires leave to begin in less than thirty (30) days.
 4. The employee must provide his or her supervisor with the dates on which medical treatment is expected along with the expected duration of the treatment or the length of time needed to care for a family member.
 5. While the employee is on an intermittent or reduced schedule leave, Montgomery County Emergency Medical Service may temporarily transfer the employee to an available alternative position, which better accommodates the employee's intermittent leave and which has equivalent pay and benefits.
- b. Employees on approved Family/Medical leave must provide a return to work certification.
1. If the employee's leave is because of his or her own serious health condition, except in the case of intermittent leave, the employee is required to provide medical certification that he or she is fit to resume work.
 2. Employees may obtain a Return to Work Medical Certification Form from a supervisor to demonstrate fitness for work, as verified by a physician.
 3. Employees failing to provide the Return to Work Medical Certification Form will not be permitted to resume work until the form is provided.
- c. Employees are not permitted to be employed elsewhere while on approved Family/Medical leave. An employee who takes another job for another employer while on Family/Medical leave or any other authorized leave of absence with Montgomery County Emergency Medical Service is subject to discipline, up to and including termination.

IV. Impact of Leave on Medical and Other Benefits.

- a. During an approved Family/Medical leave, Montgomery County Emergency Medical Service will maintain the employee's health benefits as if the employee continued to be actively employed.

1. If paid leave is substituted for unpaid Family/Medical leave, Montgomery County Emergency Medical Service may deduct the employee's portion of the health premium as a regular payroll deduction.
2. If the leave is unpaid, the employee must pay his/her portion of the premium by issuing a check to Montgomery County Emergency Medical Service no later than the 15th day of each month the employee is on approved leave.
3. The employee's health care coverage will cease if the premium payment is more than 30 days late.
 - A. If the payment is more than 15 days late, Montgomery County Emergency Medical Service will send the employee a letter indicating the premium is late.
 - B. If Montgomery County Emergency Medical Service does not receive the co-payment from the employee within 15 days after the date of the letter, the employee's coverage will cease.
 - C. If the employee elects not to return to work for at least 30 calendar days at the end of the leave period, the employee will be required to reimburse Montgomery County Emergency Medical Service for the cost of the health benefit premiums paid by Montgomery County Emergency Medical Service for maintaining coverage during the employee's unpaid leave, unless the employee is unable to return to work due to the employee's serious health condition, or other circumstances beyond the employee's control.

V. Misrepresentation of Leave.

- a. If it is discovered that a leave of absence granted for a specific purpose is not being used for that purpose, Montgomery County Emergency Medical Service may cancel the leave and direct the employee to return to work.
- b. An employee who fraudulently obtains leave is not protected by the FMLA's job restoration or maintenance of health benefits provisions.
- c. Any employee who misrepresents the purpose for which leave is taken may be subject to disciplinary action, up to and including termination.

VI. Failure to Return to Work.

- b. An employee who fails to return to work at the expiration or cancellation of an approved Family/Medical leave, without satisfactory explanation is considered to have resigned from his or her position with Montgomery County Emergency Medical Service.

Garnishment of Wages

Purpose: To comply with applicable law and any valid claim against an employee by garnishing wages when required.

Policy: Montgomery County Emergency Medical Service will deduct and forward to appropriate persons any amount of an employee's wages that have been ordered to be garnished by a court or other appropriate authority.

Procedure:

I. Standards.

- a. Montgomery County Emergency Medical Service recognizes that routinely, a child support order, alimony payment, debt, or other legally valid claim against an employee's wages may exist.
- b. Where such a valid claim is received against the wages of a Montgomery County Emergency Medical Service employee, the subject employee will be notified about the amount and details of the garnishment or wage order.
- c. Montgomery County Emergency Medical Service is required by law to deduct the garnished amount from the employee's pay, and forward that amount to the party referenced in the order.
- d. Montgomery County Emergency Medical Service will never ignore an order, or fail to deduct a garnished amount, as long as the order remains in effect.
- e. Under no circumstances will Montgomery County Emergency Medical Service offer wage "advances" to employees. This especially applies in situations where there is a garnishment order and the "take-home" pay is significantly reduced.

Health Insurance & Continuation of Health Care Insurance Under COBRA

Purpose: To maintain the health and well-being of employees and families through continuation of health care benefits when an employee is not working and a COBRA qualifying event has occurred.

Policy: Montgomery County Emergency Medical Service will provide health insurance benefits to employees eligible to participate and will continue health insurance benefits for eligible employees in accordance with federal regulations and this Policy.

Procedure:

I. Health Insurance.

- a. Montgomery County Emergency Medical Service, in the interest of providing quality benefits and maintaining the health, safety, and well-being of its employees, provides health insurance to its employees and families.

II. Eligibility.

- a. The requirements are as follows:
 1. Regular full-time personnel employed for twelve (12) months (260 days) on a regular basis and work more than 30 hours per week.
 2. Regular full-time personnel employed for less than twelve (12) months (260 days) and work more than 30 hours per week.
 3. Regular part-time personnel employed twelve (12) months on a regular basis for at least 15 hours, but no more than 30 hours per week, or
 4. Regular part-time personnel employed for less than twelve (12) months on a regular basis for at least 15 hours, but no more than 30 hours per week.
- b. Because of the nature of our work, and the need for healthy personnel staffing our ambulances, we require that insurance coverage be held by all employees. We recognize that you may not desire the health plan that we offer. Employees who can provide proof of insurance from another source may opt out of the insurance coverage, and a monetary payment will be made to those who opt out of the program and can verify coverage elsewhere.
- c. Under normal conditions, insurance coverage can be effective within 30 to 45 days, after receiving the completed application. An employee must have medical insurance in effect one (1) year before they become eligible for the dental and disability insurance. All insurance deductions will be taken one (1) month in advance. Insurance premiums are due the first of the month; therefore, the money must be deducted in advance to make payment at the proper time. Applications for coverage are available at Human Resources.

Vision, cancer, accident and other insurance policies can also be obtained through Human Resources.

III. Additional Coverage Under COBRA.

- a. Eligible employees and dependents enrolled in the Montgomery County Emergency Medical Service group health insurance plan (provided that it is a covered plan under COBRA) are eligible for continued participation for a temporary period (usually up to eighteen (18) months) in specific circumstances where the coverage would otherwise end.
- b. COBRA provides for temporary coverage for a specific period of time, at the expense of the employee, for cost of premiums and the continuation of coverage depends on the qualifying event. Such qualifying events include:
 1. Voluntary or involuntary separation from employment of the covered employee, for reasons other than gross misconduct.
 2. Death of the covered employee.
 3. Reduction in the number of hours worked by the covered employee.
 4. Divorce or legal separation.
 5. Medicare entitlement.
 6. Loss of dependent child.
- c. Once eligible, COBRA coverage shall continue unless one of the following occurs:
 1. Employee becomes covered under another health plan.
 2. Maximum coverage date has been met (36 months after the qualifying event).
 3. Timely payment is not made.
 4. The employer health plan ceases to exist.
 5. The employee becomes eligible for Medicare.
 6. Termination of coverage by Montgomery County Emergency Medical Service due to, for example, filing of a false claim.

7. You were divorced from a covered employee, subsequently remarry and are covered under your new spouse's group health plan.
- d. All employees are encouraged to consult with the benefits coordinator in the Human Resources Office with any questions regarding continuation of coverage.

Hiring of Relatives

Purpose: To prevent conflicts of interest and other problems that may occur when multiple family members are associated with the organization.

Policy: Montgomery County Emergency Medical Service shall not employ relatives of existing paid personnel or members of the Board of Directors, except in limited circumstances and only in cases where potential conflict is minimal.

Procedure:

I. Standards.

- a. The employment of relatives in the organization may cause serious conflicts and problems with favoritism and morale, and claims of partiality in treatment at work, as personal conflicts from outside the work environment can be carried into day-to-day working relationships.
- b. As a general rule, Montgomery County Emergency Medical Service will not employ relatives of existing employees. In some situations, relatives may be employed if the employee is not directly supervised by the relative or if management determines the potential for conflict is minimal.
- c. If the relative relationship is established after employment has begun, management will determine if the relationship poses a conflict. If the decision is that one relative must change positions, modify work schedule, or resign, Montgomery County Emergency Medical Service will permit the individuals concerned to decide which one will make the change. If that decision is not made within 30 calendar days, management will decide, and will make that decision in a non-discriminatory manner.
- d. For the purposes of this Policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage (e.g. adoptive parent and child relationship).

Holiday Time

Purpose: To offer certain holidays as paid time off to employees for relaxation and to spend time with family and friends.

Policy: Despite the 24-hour nature of our operation, Montgomery County Emergency Medical Service will recognize certain days as holidays and will provide the day as a paid day off, and provide holiday pay (in addition to regular wages) for those employees who must work the holiday.

Procedure:

I. Standards.

- a. The following days shall be considered paid holidays:

New Years Day – January 1
Martin Luther King Day – Third Monday in January
Washington's Birthday – Third Monday in February
Memorial Day – Last Monday in May
Independence Day – July 4
Labor Day – First Monday in September
Veteran's Day – November 11
Thanksgiving Day – Fourth Thursday in November
Thanksgiving Holiday – Day after Thanksgiving
Christmas Eve – December 24
Christmas Day – December 25

When a holiday falls on a Saturday, the preceding Friday will normally be observed; when a holiday falls on a Sunday, the following Monday will normally be observed. When a holiday falls during an employee's vacation period that day will not be charged as annual leave.

- b. Administrative and business office employees earn eight (8) hours of leave per holiday.
- c. Full-time pre-hospital care providers earn twelve (12) hours of leave per holiday. Personnel have the option of receiving over-time pay instead of accruing leave for these holidays. Employees will select the option they prefer annually on January 1 of each year.

II. Reporting Holiday Time.

- a. All employees must clearly document any holiday time earned or taken on their time sheets.

Introductory Period

Purpose: To ensure proper training of new personnel so that they are properly acclimated to the organization and to determine if the mutual relationship between Montgomery County Emergency Medical Service and the staff member should continue.

Policy: All new hires of Montgomery County Emergency Medical Service will participate in a six (6) month introductory period. The employee will be evaluated during this time, and at the end of the period a determination will be made as to whether the employment will continue.

Procedure:

I. Standards.

- a. During the first six (6) months of employment, qualifications and abilities are carefully evaluated relative to work assignments and our environment. The Training/Quality Assurance Officer, FTO Members and Supervisors will provide employees with information about standards and expectations that are required for each job. All employees are encouraged to ask questions and get clarifications of policies and expectations.
- b. During the initial Introductory Period, and any time thereafter, employment may be terminated at the option of either the employee or Montgomery County Emergency Medical Service.
- c. Employees will be evaluated at the conclusion of the Introductory Period, at which time all additional relevant training should be completed.
- d. During the Introductory Period, all employees are expected to become familiar with Montgomery County Emergency Medical Service policies, including those outlined in this Handbook.
- e. In exceptional circumstances the Introductory Period may be extended an additional 1 year by the Chief.

Jury Duty Leave

Purpose: To accommodate employees called for civic duty.

Policy: Montgomery County Emergency Medical Service shall permit employees called for jury duty to serve, without negatively impacting their employment status or benefits, and to compensate them accordingly.

Procedure:

I. Standards.

- a. Employees are encouraged to fulfill their civic responsibilities by serving jury duty when required.
 1. Personnel on jury duty will receive compensation from Montgomery County Emergency Medical Service, sufficient to make up the difference between the employee's base pay and the amount the employee receives from the court for jury duty.
 2. Employees are not required to use accumulated leave time to serve on jury duty.
- b. Any employee that has been called for jury duty must provide notice to his or her supervisor, as soon as notified by the court.
- c. If it is determined that serving jury duty will create an operational hardship, Montgomery County Emergency Medical Service may make efforts to ask to have the person excused from such service, if the employee agrees.
- d. All other benefits will be covered and will accrue during any jury duty leave as if the employee was continually working.
- e. The employee must provide verification of the jury duty leave, including official court attendance verification.

Leave of Absence

Purpose: To accommodate the personal needs of employees by allowing unpaid time off if needed.

Policy: Montgomery County Emergency Medical Service shall permit unpaid leaves of absence in certain situations as operational needs permit. All unpaid leave will be reviewed on a case-by-case basis and will be approved at the discretion of management.

Procedure:

I. Standards.

- a. Montgomery County Emergency Medical Service will make provisions for certain unpaid absences, taken at the request of the employee for certain health, medical, or personal reasons.
- b. We will make every effort to provide our employees with the requested unpaid leave of absence, but cannot guarantee that benefits will remain available during any such absence. Benefit continuation depends upon the terms of the plan, and the length of the desired leave.
- c. Any employee requiring an unpaid leave of absence is asked to contact his or her supervisor as far in advance as possible so that proper accommodations can be made, and to prepare for a possible return at some time in the future.
- d. Short term and temporary unpaid leaves of absence where additional time off is requested, but the employee has exhausted all Personal, Sick and Vacation Time, can be granted so long as appropriate coverage is available, and operations are not negatively impacted.
- e. Leaves will be considered on a case-by-case basis. In determining whether to approve the leave, consideration will be given to the employee's work history, tenure, and need for leave time.
- f. Leave will only be granted for a maximum period of 12 months, and must be approved on a month-to-month basis by the Chief.
- g. Upon completion of the leave, Montgomery County Emergency Medical Service will attempt to assign the employee to the same position held at the start of the leave, but cannot guarantee that position will be available.
- h. Any employee who fails to report to work at the conclusion of the leave period will be considered to have voluntarily resigned employment

Military Leave

Purpose: To recognize non-career military service obligations, and comply with federal laws concerning such military service obligations.

Policy: Montgomery County Emergency Medical Service shall permit employees with military obligations to temporarily be excused from employment without affecting their full time non-military career.

Procedure:

I. Background.

- a. The Uniformed Services Employment and Reemployment Rights Act (USERRA), provides protection to employees of Montgomery County Emergency Medical Service who still actively engage in certain military activities.
- b. Employees of Montgomery County Emergency Medical Service who also serve in the Army, Air Force, Navy, Marine Corps, Coast Guard, the respective reserves for these military branches, the National Guard, other National Disaster Medical System commissioned employees, or others as designated by the President are covered under this Policy.
- c. Under this law, any person who has performed applies to perform, or has an obligation to perform services in a uniformed service shall not be denied:
 1. Initial employment.
 2. Reemployment.
 3. Retention of employment.
 4. Promotion.
 5. Any benefit of the employer.
- d. Any employee shall not be subject to discipline or retaliation based upon:
 1. Action taken to enforce USERRA protections.
 2. Testimony related to USERRA leaves.
 3. Investigation related to a leave covered under USERRA.

4. Exercise of USERRA rights.
 - e. Military leave includes active service, inactive or active training, or other national guard training, service, or other requirements, as outlined under the law.
 - f. Cumulative absence for military service shall not exceed five (5) years, with certain exceptions as described in USERRA. USERRA rights are no longer available after five years of military leave have been used.
 - g. Entitlement to protection under USERRA terminates upon separation from the uniformed service for dishonorable discharge, dismissal, or dropping from military rolls as outlined by law.

II. Requesting Military Leave.

- a. An employee shall provide advance notice to his or her supervisor as soon as they are aware of the dates they will be on military duty so that arrangements can be made for replacements during this absence, unless military necessity prevents such notice or it is otherwise impossible or unreasonable.
- b. Copies of the military order indicating the need for military duty leave must be provided.
- c. Unless specific notice is received that there is no intent to return to work, a request for a military leave of absence will presume that there is intent to return to employment.

III. Benefits While on Leave.

- a. Employees on military leave will be treated as taking an unpaid leave of absence. Employees may elect to apply accumulated vacation time to the military leave if desired, in order to receive some compensation during military service time spent away from work.
- b. Employees are permitted to maintain health insurance coverage for up to 24 months while on military leave. Montgomery County Emergency Medical Service may require you to pay for the cost of such health insurance (at a rate permitted by law). If coverage lapses, and/or upon reinstatement, the employee should be entitled to the same health insurance benefits he or she would have been entitled had the military leave not occurred (without any waiting period, or pre-existing condition exclusions being applied).
- c. All seniority dates and benefits will be retained during a military leave as though you remained continually employed, except that actual "working-time" benefits will not accrue, as military service time will not count as "working-time."

- d. Members of the Tennessee National Guard or a military reserve component of the U.S. Armed Forces are entitled to military leave for federal annual training up to 15 days in a calendar year. This would equate to 168 hours for pre-hospital health care providers. Military leave is with pay.

III. Returning from Military Leave.

- a. Employees returning from military leave are entitled to be placed into a position they would have been employed if they had not taken the military leave (or, in some cases, a similar position they are qualified to perform or equivalent pay and seniority.) To qualify for reinstatement:
 - 1. Employees on military leave for up to 30 days will be reinstated upon reporting to Montgomery County Emergency Medical Service to work for the first regularly scheduled shift after the end of the military service (or as soon as possible allowing for safe transport).
 - 2. Employees on military leave for 30 – 180 days can be reinstated when providing a request for reinstatement within 14 days after the end of the military service (or as soon as possible where delay may be necessary based upon no fault of the employee).
 - 3. Employees serving 180 days or more can be reinstated when providing a request for reinstatement within 90 days after the end of the military service.
 - 4. In cases where an employee was hospitalized or is recovering from a military-related illness or injury, he or she shall be entitled to request reinstatement after recovery has occurred, provided that the recovery is not longer than two years.
- b. Failure to report under the timelines outlined above shall not forfeit reinstatement rights, but can lead to discipline based upon standard Montgomery County Emergency Medical Service discipline in accordance with absenteeism policies.
- c. To the extent that refresher and/or retraining courses are required to meet required level of knowledge for a position, Montgomery County Emergency Medical Service will make reasonable efforts to help the employee meet such requirements. For example, if you were in line to receive EMT-Paramedic training at the time of your military leave, upon your return, you may be entitled to receive such training.
- d. Any employee who has been reemployed following military leave cannot be discharged without “cause” for one year after the reinstatement if the military

service was at least 181 days, and for 180 days after the reinstatement if the military service was between 30 and 180 days.

- e. Montgomery County Emergency Medical Service is not required to reinstate employees if circumstances have changed to the extent that reinstatement is impossible, or if, based upon the type or nature of employment, reinstatement was not expected.
- f. To the extent that you suffer a service-related disability, Montgomery County Emergency Medical Service will make reasonable accommodations, including re-employment in a different position of equal seniority, status, and pay when the disability prevents you from performing in your original capacity.

Moonlighting/Outside Work

Purpose: To prevent conflicts of interest, maintain a high level of patient care, and help ensure that the focus of an employee's work is with Montgomery County Emergency Medical Service.

Policy: Any outside employment or volunteer service must be reported to management. At all times any outside employment or volunteer activities with another agency cannot interfere with job responsibilities at Montgomery County Emergency Medical Service.

Procedure:

I. Standards.

- a. Any employee engaged in or contemplating outside employment must divulge the relationship, or contemplated relationship to his or her supervisor.
 1. Employees are expected to devote full efforts to their employment with Montgomery County Emergency Medical Service (whether full or part time).
 2. Part time employees whom have other employment shall supply their supervisor(s) with a copy of their schedule for working unless they are on a scheduled shift.
- b. Requests for outside employment shall be reviewed, and will generally be approved, when the outside employment:
 1. Does not conflict with responsibilities, including the ability to work overtime as required in your position. Specifically:
 - A. Any outside employment shall not take precedence over Montgomery County Emergency Medical Service employment.
 - B. Employees are not permitted to arrive late or leave early, to meet obligations with any outside employment.
 - C. Any outside employment or volunteering on behalf of a competitor or service that regularly does business with Montgomery County Emergency Medical Service may be disallowed, in accordance with the Conflict of Interest provisions of the "General Compliance" Policy.
 2. Does not interfere with job duties and expectations. Specifically:

- A. Outside employment that affects the ability to perform job function (including the requirements that employees arrive for work well rested) will be denied.
- B. Part time Montgomery County Emergency Medical Service employees are more likely to be granted a request to work outside employment, since it will generally have less of an impact on the schedule than the full time employee. This will generally be permitted as long as the employment is not detrimental to the interests of Montgomery County Emergency Medical Service.
- c. Employees that are granted a request to work outside employment, but where the outside employment interferes with their ability to complete job duties with Montgomery County Emergency Medical Service, may be asked to cease the outside employment, or make schedule changes.
- d. Employees that are denied a request to work outside employment, yet continue to do so, will need to choose between the outside employment and employment with Montgomery County Emergency Medical Service.
- e. To the extent that the outside employment is a home-business or other business that can be conducted by phone or computer, under no circumstances shall an employee be permitted to conduct such outside employment while on work-time with Montgomery County Emergency Medical Service.

Off-Duty Access

Purpose: To maintain a professional workplace environment, maintain facility security, and avoid unnecessary distractions.

Policy: Montgomery County Emergency Medical Service limits off duty employee access to the building and equipment after the employee's work shift ends.

Procedure:

I. Standards.

- a. Employees are expected to promptly leave the premises at the end of their shift, so as not to disrupt the work of the oncoming shift.
- b. Employees may enter the station when they are not scheduled to work, or otherwise off-duty, for the limited purposes of retrieving a paycheck, attending authorized Montgomery County meetings or educational activities, conducting official Montgomery County business, or at the request or with the approval of a supervisor.
- c. Employees may not "volunteer" their services while off duty, since the law requires that such hours must be counted as work time, for which payment will be required. Non-work related volunteer services (i.e. fundraisers) that may require off-duty participation at the station are permitted.
- d. Off-duty access is limited to protect facility security, prevent distractions to on-duty personnel, and avoid possible inappropriate disclosure of patient information. Off-duty personnel in the workplace could lead to unnecessary and preventable disclosures of patient information.

Orientation Program

Purpose: To help new employees become accustomed to Montgomery County Emergency Medical Service and how it operates, and to ensure that they have the opportunity to learn all relevant Policies and Procedures.

Policy: Montgomery County Emergency Medical Service will provide initial orientation training and will monitor new staff member performances during the six-month Introductory Period.

Procedure:

I. Standards.

- a. The Orientation Program is designed to help all employees become familiar with essential operating procedures, patient care protocols, and policies of Montgomery County Emergency Medical Service and runs concurrent with the six (6) month Introductory Period.
- b. As part of the Orientation Program, all employees will receive information about the requirements of the position, compensation and benefits, policies, and other relevant information regarding both employment and patient care.
- c. During the Orientation Program, new employees are expected to attend all mandatory and other scheduled training sessions. Training sessions may include such topics as patient care, HIPAA and patient privacy, legal compliance, and other relevant patient care and employment related topics.
- d. Employees are encouraged to ask questions about their employment or the policies of Montgomery County Emergency Medical Service during any of the Orientation Programs. Even after the Orientation Program and Introductory Period ends, employees are encouraged to voice their concerns and pose questions to their supervisor or other member of management.
- e. For the first 90 days of the Orientation Program, employees may not be eligible for all employment benefits. There may be a waiting period to sign up for some benefits.

Overtime

Purpose: To comply with state and federal laws concerning pay practices.

Policy: Montgomery County Emergency Medical Service will pay non-exempt employees overtime if they work more than 40 hours in a work week.

Procedure:

I. Eligibility.

- a. All non-exempt career personnel can be eligible for overtime payments.
- b. Any and all work actually performed in excess of forty (40) hours in a week will be paid at a rate of one and one half times the employee's regular rate.
- c. Time spent on vacation, sick, holiday, or personal days will not count as hours worked, and will not be eligible in either calculating the number of hours worked in the week, or in making overtime payments.

II. Standards.

- a. Due to operational demands, emergencies, weather conditions, or other job requirements, overtime work may be required.
- b. All overtime worked must receive the supervisor's authorization.
- c. All employees should be willing to work and make accommodations as necessary in the interest of patient care and the needs of Montgomery County Emergency Medical Service, especially that of always having adequate coverage for its ambulances.
- d. Selection of an employee to work overtime will be made by a supervisor.
- e. Salaried employees who also meet the duties established under the law for executive, administrative and professional employees are not eligible for overtime. Exempt personnel are expected to work the number of hours necessary to complete their job. You will be advised if your job position is an "exempt" (no overtime payments) or "non-exempt" (eligible for overtime payments) position.
- f. All hours worked must be properly documented to ensure proper payment calculation, including overtime, where applicable.

Paid Time Off/Annual Leave

Purpose: To allow employees to have paid time off from work for personal purposes, vacations, and other occasions and to provide some income protection in the event of an illness.

Policy: Montgomery County Emergency Medical Service has adopted a Paid Time Off (“PTO”) plan for purposes of calculating employee time off from work.

Procedure:

I. Eligibility.

- a. Full time employees accrue PTO as listed below:

40 Hour Work Week

0 – 5 years	8 hours per month	160 maximum hours
5 – 10 years	9.34 hours per month	192 maximum hours
10 – 15 years	11.34 hours per month	200 maximum hours
15 thru	13.34 hours per month	200 maximum hours

24 Hour Shifts

0 – 5 years	12 hours per month	240 maximum hours
5 – 10 years	14 hours per month	287.70 maximum hours
10 – 15 years	17 hours per month	300 maximum hours
15 thru	20 hours per month	300 maximum hours

II. Scheduling PTO.

- a. PTO may be scheduled in hourly increments only. No partial hour increments may be taken.
- b. To schedule planned PTO, employees should request advance approval from his or her supervisor. Employees should make requests at least two weeks in advance of the planned time off.
- c. Requests will be reviewed based on a number of factors, including business needs and staffing requirements, and will be granted whenever possible, but Montgomery County Emergency Medical Service cannot guarantee that a request for time off will be granted.

III. Unscheduled Absence.

- a. Employees who have an unexpected need to be absent from work due to sickness or other emergency should notify their direct supervisor at least four (4) hours before the scheduled start of their work day. PTO time may NOT be used by employees who call off less than four (4) hours prior to their scheduled time to report to work. In those situations, the employee will receive NO pay for the missed shift. The direct supervisor must also be contacted on each additional day of unscheduled absence, according to the "Absenteeism & Tardiness" Policy.

IV. Rate of Pay and Overtime.

- a. PTO is paid at the employee's regular hourly rate of pay at the time of absence.
- b. PTO cannot be used to accrue overtime or any other special forms of compensation.

V. Separation from Employment.

- a. When an employee voluntarily separates from employment and gives two (2) weeks notice of his or her intention to separate, the employee will be paid for his or her accrued PTO.

Pay Procedures

Purpose: To outline standard payment and pay related provisions in accordance with federal and state law.

Policy: Montgomery County Emergency Medical Service shall use a clear and consistent pay procedure that is fair to all employees, and that provides prompt payment to all employees for the time that they work.

Procedure:

I. Standards.

- a. Paychecks will be issued in accordance with the “Pay Period & Wages” Policy.
- b. Employees are asked to review their paychecks for errors, and immediately report such errors.
- c. Employees that fail to receive their paycheck in a timely manner after the date such check is to be issued shall notify his or her supervisor of the delay. Likewise, if a paper check is lost or stolen, employees must notify Montgomery County Emergency Medical Service immediately, so that a new check may be issued once a stop payment is made. Montgomery County Emergency Medical Service will not be responsible for any lost or stolen checks, and if a stop payment order was unable to be made, Montgomery County Emergency Medical Service will not re-issue a check that has already been deposited.
- d. Any errors on the paycheck (e.g. overpayment or underpayment, inaccurate accounting of vacation time) will be corrected on the next paycheck. Montgomery County Emergency Medical Service will not issue a replacement check to correct errors, or to adjust payment amounts. No interim checks to cover underpayments will be issued. Instead, the difference will be added to the next paycheck.
- e. Montgomery County will NOT be responsible for any fees to include overdraft and/or stop payment fees incurred.

Progressive Discipline

Purpose: To ensure that staff members adhere to all essential policies and standards of performance and behavior established by Montgomery County Emergency Medical Service, including the Code of Conduct, and to initiate corrective action when those standards are not met.

Policy: Montgomery County Emergency Medical Service will follow a progressive discipline approach whenever possible and as appropriate based upon the severity of the offense, and other important factors to help ensure compliance with established policies and standards.

Procedure:

I. Background.

- a. Progressive Disciplinary Model.
 1. Montgomery County Emergency Medical Service follows a progressive discipline model. It is a structured, but flexible disciplinary plan, whereby discipline will be handled in phases, and the severity of the discipline will generally increase based upon the severity or frequency of the violation.
 2. Montgomery County Emergency Medical Service will use this model where appropriate and necessary, but certain violations may warrant immediate and more serious action, based upon the nature or degree of the violation and other factors.
 3. Progressive discipline is accomplished through four levels of sanctions for disciplinary violations - verbal warning, written warning, suspension, and termination. Montgomery County Emergency Medical Service will attempt to follow this progression whenever possible, but it may skip a step or move to more serious discipline in its discretion, depending on the particular circumstances.
 4. An overlying theme to administration of discipline is to ensure thorough review of each situation and to make an objective determination. Staff members subject to discipline will have an opportunity to be heard and to present their "side of the story" whenever possible, so that "due process" is provided.

II. Standards.

- a. Depending upon the nature and severity of the offense, interviews and statements of persons involved in the incident may be required.
- b. A supervisor or other member of management will initiate corrective counseling and impose appropriate discipline if necessary after an investigation of the incident has occurred.
- c. All personnel involved in any incident investigation are expected to fully cooperate with any such investigation.
- d. Corrective counseling will be used whenever possible to correct work performance and improper conduct, or in situations where policies such as our Privacy and Compliance Policies have been violated.
- e. Disciplinary action will be imposed only when necessary, depending on the facts and circumstances of the incident. At no time will any disciplinary action be based upon race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

III. Levels of Violations.

- a. Montgomery County Emergency Medical Service's Progressive Discipline Model is structured as follows:
 1. Verbal warning. Note is placed in the personnel file as a reminder only of the date of violation. Verbal warnings are cleared after one (1) year.
 2. Written warning. Written documentation shall be placed in the personnel file.
 3. Suspension without pay. Written documentation of the nature of the offense and the starting date of the suspension is placed in the personnel file.
 4. Termination from employment.
- b. Minor violations will typically begin with a verbal warning, while more serious violations can result in suspension or in rare cases, termination. At all times, because of the at-will nature of employment, Montgomery County Emergency Medical Service reserves the right to impose any level of discipline upon any employee for any type of violation as is necessary to maintain operational integrity.

III. Types of Violations.

- a. The following are examples of the types of conduct that can result in discipline, as imposed at the discretion of a supervisor or other member of management, based upon the degree and frequency of the offense.
 1. Violations of any Policy contained within this Handbook, including but not limited to:
 - Repeated absence or tardiness without prior notice.
 - Failure to maintain required personnel records.
 - Rules infractions.
 - Damage or loss of Montgomery County property due to carelessness.
 - Inappropriate language or conduct toward other personnel, patients, healthcare facility staff, guests or vendors, in violation of the "Sexual and Other Harassment" Policy and Non-Discrimination Commitment.
 - Violation of the "General Compliance" Policy.
 - Participating in dangerous practical jokes and horseplay.
 - Violation of policies pertaining to patient privacy.
 - Unsatisfactory performance or conduct.
 - Falsification of timekeeping or reimbursement records.
 - Insubordination.
 - Deliberate and willful destruction or misuse of patient information or property.
 - Possession, use, or under the influence of drugs, in violation of the "Alcohol and Substance Abuse" Policy.
 - Violation of the "Workplace Violence" Policy.
 - Theft or other misappropriation of Montgomery County property.
 2. Any patient care related offense, or other violation related to licensure, certification, or term of employment, based upon Montgomery County Emergency Medical Service or State EMS Agency requirements.

	1st Offense	2nd Offense	3rd Offense
1. Revocation or suspension of EMT or Paramedic licensure.	Dismissal		
2. Revocation or suspension of driver's license.	Dismissal		
3. Falsification of employment records or other EMS records	Dismissal		
4. Conviction of a criminal charge	Dismissal		
5. Unauthorized possession, use, copying or distribution of EMS records or unauthorized disclosure of information contained in EMS records.	Dismissal		
6. Possession or consumption of alcoholic beverage or mind altering drugs while on duty.	Dismissal		
7. Any act detrimental to patient care or EMS operation.	Dismissal		
8. Theft or deceit in the line of duty	Dismissal		
9. Reporting to work under the influence of alcohol or illicit drugs	Dismissal		
10. Misrepresentation of reasons for requesting leave of absence or time off	Dismissal		
11. Failure to return to work after authorized leave unless a valid excuse is given or leave is extended.	Dismissal		
12. Gambling on county property	Dismissal		
13. Solicitation of funds or selling of merchandise or services on county property without prior authorization.	Dismissal		
14. Failure to enroll and/or complete paramedic school within two (2) years from the date of hire	Dismissal		
15. Refusal to end outside employment that conflict with the interest of the service or County Government.	Dismissal		

16. Insubordination, refusal to follow supervisor's instructions or refusal to accept assignment	Written Reprimand	Written Reprimand with suspension	Dismissal
17. Leaving place of work or premises of assigned station without permission	Written Reprimand	Written Reprimand with suspension	Dismissal
18. Sleeping prior to designated hours without permission.	Written Reprimand	Written Reprimand with suspension	Dismissal
19. Use of vile, intemperate or abusive language	Written Reprimand	Written Reprimand with suspension	Dismissal
20. Threatening, intimidating, coercing or interfering with fellow employees	Written Reprimand	Written Reprimand with suspension	Dismissal
21. Provoking or instigating a fight or fighting while on EMS premises or while on duty	Written Reprimand with suspension	Dismissal	
22. Failure to complete required run reports or administrative reports	Written Reprimand	Written Reprimand with suspension	Dismissal
23. Creating or contributing to unsanitary conditions or safety concerns	Written Reprimand	Written Reprimand with suspension	Dismissal
24. Habitual or excessive absenteeism	Written Reprimand and/or suspension	Dismissal	
25. Habitual or excessive tardiness	Written Reprimand	Written Reprimand with suspension	Dismissal
26. Disregard for personal appearance, uniform policy or hygiene	Written Reprimand	Written Reprimand with suspension	Dismissal

27. Violation of rules and regulations or any failure of good behavior which reflects discredit upon the employee, the service or county government.	Written Reprimand	Written Reprimand with suspension	Dismissal
28. Misuse, abuse or neglect of EMS equipment	Written Reprimand	Written Reprimand with suspension	Dismissal
29. Willful destruction of County property.	Written Reprimand and/or suspension	Dismissal	
30. Conduct below the standard of the service or County Government	Written Reprimand	Written Reprimand with suspension	Dismissal
31. Disloyal to the aims and ideals of the service or County Government	Written Reprimand	Written Reprimand with suspension	Dismissal
32. Inefficiency	Written Reprimand	Written Reprimand with suspension	Dismissal
33. Violation of safety rules and/or regulations	Written Reprimand	Written Reprimand with suspension	Dismissal
34. Failure for ambulance to pass annual state inspection	Written Reprimand with suspension	Dismissal	

Any combination of two (2) written warnings within a twelve (12) month period shall be cause for suspension from work without pay for a period of up to three (3) shifts. Any combination of three (3) written warnings within a twelve (12) month period shall be cause for termination of employment. The above are used as guidelines ONLY and actions to be taken can be changed at anytime by the Chief.

IV. Documentation.

- a. All written warnings, investigations, and other documentation related to an incident investigation shall be retained in the staff member's personnel file.

V. Non-work Activities.

- a. Generally, Montgomery County Emergency Medical Service will not initiate corrective counseling or impose discipline for actions and events that occur on non-work time. However, to the extent that unacceptable off duty conduct affects Montgomery County Emergency Medical Service, or your ability to perform job duties, appropriate discipline may be imposed.
- b. A supervisor or appropriate member of management shall have the discretion to impose appropriate discipline in situations where off duty activities adversely affect Montgomery County Emergency Medical Service, its reputation, its obligations, or your ability to perform your job.

Reporting to Work Well Rested

Purpose: To maintain high levels of quality patient care by ensuring that personnel are not overworked and are able to function effectively.

Policy: Montgomery County Emergency Medical Service requires that all employees report to duty well rested, and able to meet the needs of the public and patients that we serve.

Procedure:

I. Standards.

- a. Because we provide emergency patient care, keen judgment, skill, and safe performance of job duties are required at all times. To do this, all personnel must report to work well-rested at the start of his or her scheduled shift.
- b. To the extent that a second job prohibits personnel from being able to perform their duties for Montgomery County Emergency Medical Service, because insufficient rest affects the quality of care, the staff member may be asked to go home, and will not receive any pay for the remainder of the shift. Likewise, in situations where personnel appear overtired or otherwise exhausted due to insufficient rest, for any reason whatsoever, and where patient care may be affected, the personnel may be requested to return home, and be denied pay for the shift.
- c. In addition to other employment, personnel are asked to schedule other personal outside activities appropriately, so as to be well rested and alert when reporting for duty.
- d. Insufficient rest and other symptoms of exhaustion can affect the ability to perform job duties, and jeopardize the well being of patients and co-workers. In the interest of maintaining a safe work environment, and our commitment to the highest level of patient care, we expect everyone's cooperation with this Policy.
- e. A staff member who routinely arrives to work not well rested, or who shows signs of exhaustion such that patient care may be jeopardized may also face disciplinary action, up to and including termination.
- f. **All personnel SHALL have a minimum of eight (8) hours of sleep prior to reporting for duty.**

Reporting Workplace Injuries and/or Illnesses

Purpose: To comply with federal and state laws concerning safety in the workplace, to protect employees from injury in the workplace, and to provide wage loss and medical benefits when a staff member is injured on the job and cannot work.

Policy: Montgomery County Emergency Medical Service requires its employees to report all instances of injuries at the workplace so that appropriate steps may be taken. Strict adherence to this Policy is necessary to ensure appropriate benefits are provided when there is a bona fide workplace related illness or injury.

Procedure:

I. Standards.

- a. Any personnel suffering an injury while on-duty shall promptly advise their supervisor and complete appropriate paperwork, as required by Montgomery County Emergency Medical Service and/or Montgomery County Policy. Injuries include, but are not limited to:
 1. Injuries of any nature sustained in any Montgomery County Emergency Medical Service vehicle (or personal vehicle) received while performing job duties.
 2. Injuries sustained as a result of moving and transporting patients.
 3. Injuries received as a result of patient care (i.e. needle sticks, cuts, possible infectious disease exposure).
- b. All relevant state agency reporting requirements shall apply.

II. On-the-Job Injury Program (OJI).

- a. Montgomery County Emergency Medical Service will provide for payment of medical expenses and lost wages in the event of a work related accident or illness. To qualify, the injury must occur within the course and scope of employment.
- b. The amount of benefits payable (medical expenses, lost wages, etc.) under OJI depends on (among other things) the nature and severity of your injury or illness, amount of lost work time, and ability to physically perform essential job functions. All medical and wage loss benefits will be provided in accordance with Montgomery County Policy.
- c. Failure to immediately report work related injuries may have a negative effect of the ability to receive prompt OJI benefits.

- d. OJI benefits will apply only to injuries sustained on-duty, and under no circumstances will apply to injuries sustained by voluntary, non-work activities.
- e. All full-time employees (including introductory employees) and elected officials (as listed above) of Montgomery County shall receive 2/3rds of salary provided there is medical documentation from a county-designated physician stating that it is medically necessary for the qualified individual to remain off work due to an OJI, or to undergo physical therapy in relation to an OJI.

III. Reporting Procedures.

- a. As soon as you believe you may have suffered a work related injury, you should follow the following procedures:
 - 1. Where possible, provide a verbal report of the incident immediately to your supervisor, prior to any written documentation.
 - 2. Seek immediate and appropriate medical attention in accordance with Montgomery County Policy.
 - 3. Complete an "Employee Injury Statement" EIS-1 form, as found as part of this Policy, as well as any state or county specific forms that may be required.
 - 4. Obtain additional information from your supervisor, such as the "OJI Procedures for Injured Employees".
 - 5. Cooperate with any the Risk Management Department regarding the accident.
 - 6. Provide a note from the health care provider concerning the nature and scope of the injury, input on performing the functions of you job, and the length of absence that may be required.
 - 7. Take appropriate steps to coordinate time off with your supervisor.
 - 8. If you are prescribed medications, your supervisor will give you the prescription card.
- b. Your supervisor will be involved in your OJI claim, and is expected to follow the following procedures:
 - 1. Send you to the appropriate medical facility for treatment, either Premier Medical Group (931-245-8694) or after hours, Gateway Emergency Department.

2. Prepare and submit the "Montgomery County Report of Injury Form", sign-off on the "Employee Injury Statement", "Choice of Physician Agreement", "Release of Health Information Form", and any witness accounts/statements.
 3. Investigate the nature and scope of the injury and contact the Risk Management Department.
 4. Obtain all relevant medical documentation regarding the nature and scope of the injury from the physician, including:
 - A. Diagnosis.
 - B. Medical Management.
 - C. Restrictions.
 - D. Anticipated date of return to work.
 5. Record the injury in the appropriate log book maintained by Montgomery County Emergency Medical Service, including any required OSHA logs.
 6. Take steps to prevent the hazard, and prevent future occurrence of the event that caused the harm. Where necessary, notification of possible contamination and/or infection should be made to appropriate state agencies.
 7. In the event that training or new policy is required, based upon the accident and injury, the supervisor will coordinate with relevant Montgomery County Emergency Medical Service staff to ensure prompt action to prevent future occurrence.
- c. In cases where work must be missed, the treating medical professional or physician must authorize the absence. The treating physician should provide a note indicating the extent of the injury, the treatment date(s), the amount of time that must be taken off work, an anticipated return date (if any), and any restrictions upon your return to work, based on a review of the essential functions of the job.
 - d. Any and all OJI claims, benefits, and injuries are subject to investigation by your supervisor, as well as the Risk Management Department, or other relevant parties. Faking an injury in an attempt to obtain improper OJI benefits is a crime. Full cooperation in any investigation is expected. Additional relevant investigation and reporting information is contained in the forms and procedures attached to this Policy.
 - e. All decisions regarding liability, coverage, and payments will be made by the Risk Management Department, and will be subject to review and appeal

processes. Based upon the degree of the injury you may become eligible for short or long term disability coverage.

- f. Montgomery County will not retaliate against any staff member who makes a good faith report of a work-related injury.

Retirement Plan

Purpose: To help address for the future financial concerns of employees, especially upon the employee's eventual retirement from work.

Policy: Montgomery County Emergency Medical Service provides a retirement program for its employees.

Procedure:

I. Eligibility.

- a. Full time and part time employees that have worked for at least six (6) months are eligible for participation in the Retirement Plan ("Plan").

II. Retirement Savings Plan.

- a. Montgomery County contributes to the retirement fund for all eligible employees. Employees are considered vested after five (5) years of employment. Contributions may be refunded at the discretion of the employee subject to laws and regulations of the Tennessee Consolidated Retirement System. Any questions regarding benefits or length of service requirements should be directed toward Human Resources.

Separation from Employment/Exit Interviews

Purpose: To improve patient quality of care and operation of our ambulance service, through obtaining candid feedback from staff members who terminate their relationship with Montgomery County Emergency Medical Service.

Policy: All departing staff members shall participate in an exit interview with a management representative prior to their departure.

Procedure:

I. Voluntary or Involuntary Separation from Employment.

- a. Any employee wishing to voluntarily end his or her employment is asked to submit a written resignation notice to his or her Supervisor. Two (2) weeks advance notice of the employees last day of work is requested.
- b. Any employee terminated, with or without cause may be asked to leave immediately, or be granted a certain amount of time before the employee is separated from employment.
- c. In all separations from employment, employees must return any and all equipment, including uniforms, personal protective equipment, cell phones, radios, and keys to his or her supervisor on or before the last day of employment.

II. Employee Exit Interviews.

- a. An exit interview will be conducted by the departing employee's supervisor or other management representative and is designed to help the organization determine its strengths, areas where improvement is needed, and to identify important issues affecting the workplace.
- b. Information obtained in exit interviews will not be placed in individual personnel files and will be treated as confidential information.
- c. The information shall be retained by Montgomery County Emergency Medical Service, and used for improving future employee-employer relationships, to identify potential improper conduct by others in the organization as well as to improve the quality of services rendered to patients and the public.
- d. Questions during the exit interview may relate to:

1. Reason for leaving.
 2. Relationship with your co-workers, supervisor(s) and other staff members.
 3. Suggestions for improving work schedules, training, service to patients and customers, working relationships and other important aspects of your job.
 4. Level of satisfaction with the job.
 5. Level of satisfaction with the organization.
 6. Specific concerns identified by the employee.
- e. It is requested that all employees be candid in answering these questions.
- f. A sample Exit Interview Questionnaire may be found at Attachment F.

Sick Time

Purpose: To provide income protection for employees from time lost due to legitimate illness or injury.

Policy: Montgomery County Emergency Medical Service shall provide for up to one week of paid sick time to its full time employees.

Procedure:

I. Eligibility.

- a. Individuals who have been full time employees for more than 90 days.

II. Standards.

- a. In order to be eligible for sick time, employees must call off at least one hour before the start of his or her scheduled shift.
- b. Sick time does not count as hours worked and cannot be carried over from year to year. Any unused sick days at the end of the calendar year will be lost.
- c. Sick time benefits may be used in case where the employee must care for an immediate family member.

III. Relation to Other Benefits.

- a. Use of paid Sick Time will be permitted for all reasons outlined in the "Family and Medical Leave" Policy, if applicable.
- b. Employees may be required to use paid sick time during any waiting period for short term disability coverage.

IV. Accumulation.

- a. Regular full-time employees of Montgomery County working 40 hours per week shall accrue sick leave at the rate of one (1) day or eight (8) hours for each month of employment with unlimited accumulation.
- b. Regular part-time employment shall accumulate sick leave at the rate of one (1) day for each 174 hours of employment.

- c. Temporary part-time employees are not entitled to sick leave benefits.
- d. Employees on a 24 hour shift shall receive twelve (12) working hours per month of employment

Social Security

Purpose: To comply with federal requirements for withholding and making contributions to the Social Security Trust Fund.

Policy: Montgomery County Emergency Medical Service will make appropriate Social Security deductions and contributions, and submit them in accordance with federal law.

Procedure:

I. Standards.

- a. While employed at Montgomery County Emergency Medical Service, all employees will contribute to a government fund that provides for future supplemental retirement benefits and health insurance under Social Security and Medicare.
- b. Employee contributions are deducted from each paycheck and Montgomery County Emergency Medical Service matches your contribution to these funds, as required by law.
- c. Social Security is intended to supplement your personal savings and retirement incomes plans, and not serve as the sole source of retirement benefits.
- d. Contribution is mandated by the federal government, and benefits will be received upon obtaining the age of 65 (or less in special circumstances).
- d. Employees may obtain a summary of their benefits and a statement of their lifetime contributions to date directly from the Social Security Administration.

Solicitation, Distribution of Literature, and Use of Bulletin Boards

Purpose: To avoid distractions and unnecessary interruptions during work-time, and to avoid excessive clutter at our work sites.

Policy: Montgomery County Emergency Medical Service prohibits solicitation of one employee by another employee during working time, and distribution of unauthorized literature at all times.

Procedure:

I. Solicitation.

- a. Personnel are prohibited from solicitation while on “working time.”
 1. “Working time” is defined as all time when ones duties require that he or she be engaged in Montgomery County Emergency Medical Service related tasks, but does not include an employee's own time, or break time, or designated rest time or when not engaged in work activities
 2. To avoid annoyance to patients and others, solicitation is prohibited at all times in any patient care areas, including in any vehicle in which a patient is on board, or at the scene of an incident.

II. Distribution of Literature.

- a. Personnel are not permitted to distribute advertising material, handbills, printed or written literature of any kind at any time in the work areas, including in any Montgomery County Emergency Medical Service vehicles.

III Solicitation/Distribution by Non-Employees.

- a. Solicitation, distribution of literature, or trespassing by non-personnel on the premises is prohibited at all times.

IV. Use of Bulletin Boards.

- a. Official Montgomery County bulletin boards are an important means of communicating information of interest and importance.
- b. Personnel SHALL regularly check these Montgomery County boards for important announcements, schedule changes, continuing education classes, and so forth.
- c. These bulletin boards are for items of interest to the Montgomery County that are specifically related to Montgomery County workplace activities. Only management may post materials on the bulletin boards. These boards are not to be used for any personal postings, fundraising activities, political views, and other non-Montgomery County related issues.
- d. Personnel shall not post or remove any material from the Montgomery County bulletin boards without permission from a supervisor.
- e. The Montgomery County may, in its discretion, establish a separate bulletin board for postings of general interest to all employees.

Trading Shifts and Maintaining Operational Coverage

Purpose: To ensure adequate coverage of all work shifts when personnel trade shifts with each other.

Policy: Montgomery County Emergency Medical Service will permit employees to trade assigned shifts in limited situations, and only when following the steps of this Policy.

Procedure:

I. Background.

- a. Montgomery County Emergency Medical Service recognizes that at times, personal conflicts may arise in which a person cannot meet the obligations of his or her scheduled shift.
- b. Where such conflicts occur, employees may be able to trade or “swap” their shift with another employee as long as there is adequate coverage of the shift.

II. Standards.

- a. Any proposed trade must be presented to a supervisor. Any trading will be subject to the following:
 1. Equal trading shall occur. An employee shall not expect another employee to cover part or an entire shift without covering an equal amount of time for that other employee.
 2. A trade of straight time for overtime shall not occur. But:
 - A. Exceptions may be made in extraordinary circumstances where a “swap” cannot occur and overtime hours may be required (e.g. an emergency arises and coverage is required for the last shift of the week).
 - B. Such an exception will be made by the supervisor.
 3. Trades in coverage must be made between persons who are equally qualified and certified to work the shift. For example, a Paramedic cannot trade with an EMT, since the EMT would not be qualified to meet the requirements of the Paramedic job duties.
- c. Management reserves the right to refuse to permit a trade to the extent that it will pose scheduling or other personnel conflicts. All proposed trades must be submitted in writing and signed by both Employees. All trade requests must

be submitted to the appropriate supervisor at least 24 hours prior to the first shift involved.

- d. Trades are not permitted unless the employees involved receive the approval of the supervisor. Employees engaged in unauthorized trading may be subject to disciplinary action and may be prohibited from entering into any other trades for a period of time.

Unemployment Compensation

Purpose: To comply with federal and state laws regarding unemployment compensation for eligible employees.

Policy: Montgomery County Emergency Medical Service will provide statutory contributions to the unemployment compensation fund so that eligible employees who are displaced, at no fault of their own.

Procedure:

I. Standards.

- a. Unemployment Compensation is available to provide a weekly supplement in periods of unemployment to eligible persons as determined by state law.
- b. Montgomery County Emergency Medical Service makes contributions to the unemployment program, to provide for unemployment compensation for employees who are terminated or laid off through no fault of their own, or in some cases when work hours are reduced.
- c. The employee must apply for benefits directly with the appropriate unemployment agency. Montgomery County is not responsible in any way for the application procedures and it does not make determinations on eligibility.
- d. Payments made to the employee will not be supplemented by any additional payments from Montgomery County.

Wage Deductions

Purpose: To comply with state and federal laws concerning deductions that may be made from an employee's paycheck.

Policy: Montgomery County Emergency Medical Service will deduct from each paycheck only those amounts required by law or authorized by the employee.

Procedure:

I. Standards.

- a. All deductions as required by state, federal, or local law, or by court order (e.g. garnishment of wages), shall be made.
 1. The amount of the deductions will depend on earnings and on the information furnished on each W-4 form regarding the number of dependents and/or exemptions claimed.
 2. The W- 2 form received each year will indicate precisely how earnings were deducted for these purposes.
- b. Payroll deductions include, but are not limited to:
 - A. Federal Withholding.
 - B. FICA.
 - C. Local Wage Tax and/or Occupational Tax
 - D. Retirement Savings.
 - E. Correction of errors or obligations.
 - F. Miscellaneous Voluntary Deductions.
 - G. Other deductions authorized in writing by the employee.

Wages and Pay Period

Purpose: To ensure high quality of care and maintain integrity in the workplace and to make certain that staff members report to work and document the time worked.

Policy: As an emergency response agency, it is essential that all employees report to work on time and that they record work time completely and honestly.

Procedure:

I. Standards.

- a. All employees should have time recorded and be at their assigned workstations ready to respond at the start of their shift.
- b. All employees shall adhere to the terms of the "Scheduling" Policy, including the provisions for calling off, and trading shifts with other personnel.
- c. Due to the nature of our business, there are no designated meal breaks during the scheduled shift for operational staff. Operational staff are paid for the full work shift and are permitted to take meal breaks as the call volume permits. All operational staff must remain ready to respond during meal breaks.
- d. Non-operational staff receives unpaid meal breaks. These employees (such as billing or office staff) should not perform any work tasks during their assigned meal break.
- e. Operational staff are expected to work their full shift, as reported on the work schedule, unless provisions have been made and approved by a supervisor, or unless an emergency situation warrants an early departure. In all cases, changes to the schedule must be approved of by your supervisor, and appropriate coverage must occur.

II. Definitions.

- a. For purposes of this Policy, "Operational Staff" means EMTs, Paramedics, and others actively engaged in patient care in the field.
- b. For purposes of this Policy, "Non-Operational Staff" means all administrative and financial staff that perform business functions and are not engaged in directly providing EMS or ambulance service.

III. Work Week.

- a. The designated “work week” for Montgomery County Emergency Medical Service for calculating overtime eligibility and other purposes is the seven (7) consecutive days starting at 12:00 a.m. Monday and ending at 11:59 p.m. on Sunday.
- b. Because of our 24-hour operation, each employee may have a different work shift, with different days off, within the standard pay week that runs from Monday to Sunday.

IV. Hours of Work.

- a. All employees will be assigned and expected to work the shift periods assigned to them.

V. Recording Work Time.

- a. Employees are responsible for signing in and signing out when reporting for work or leaving work, for entering their time worked on their time sheet and for submitting it to their supervisor at the end of the pay period.
- b. Anyone found falsifying a time sheet or anyone completing another employee’s time sheet or clocking in for another employee will be subject to discipline.
- c. Any employee, who forgets to submit or sign their time sheets may experience a delay in receiving their paycheck.

VI. Pay Day.

- a. The official pay day is the second Friday in a two week pay period.
- b. Paychecks issued on pay day will cover pay for the preceding two week pay period.
- c. Employees may pick up their paychecks at the main EMS station if they are not participating in the direct deposit program.

Section IV

Daily Operational Guidelines

Notification of Administrative Staff

Purpose: To ensure high quality of care and maintain integrity in the workplace.

Policy: Staff should follow their chain of command and notify officers in that order.

Procedure:

I. Notification of officers for pre-hospital health care providers shall be as listed.

- a. 2nd Lieutenant
- b. Lieutenant
- c. Captain
- d. Compliance and Education Officer
- e. Deputy Chief
- f. Chief

II. Notification of officers for the office personnel shall be as listed.

- a. Office Manager
- b. Chief

Specific situations requiring officer notification:

1. Whenever unusual circumstances or problems arise which are not covered by departmental rules, regulations or procedures. In any event an employee is totally dissatisfied with a supervisor's decision; the Chief has an open door policy. Employees must have correctly followed the chain of command before addressing the Chief.
2. Upon receipt of any order from an officer, which conflicts with a previous order issued by another officer, inform the appropriate level of authority who issued the conflicting order and be governed by his or her instructions.
3. Whenever the best interest of the department is or has been potentially jeopardized by any person or event.
4. At the earliest possible time the employee is aware he or she will be unable to report for duty to illness or death in the family. It must be understood that either the Chief or immediate supervisor may call during the period he or she is off on sick leave.
5. Personnel should promptly report any illness, accident, or injuries that occur while on duty. Regardless of severity, personnel must complete a "First Report of Work Injury Packet" if injured on duty. The employee will report to Station 20 immediately if urgent medical treatment is not required. The employee and officer on duty will

complete the packet and forward a copy to the County Human Resources Department. The original copy is placed into the employee's medical file. A physician's appointment, if needed, will be made at the time the packet is completed. If urgent medical treatment is required, the Chief and Deputy Chief will be notified.

6. Damaged or lost departmental property, equipment and/or vehicles must be reported immediately.
 - A. This includes departmental vehicles involved in motor vehicle accidents with or without injuries. The following procedures apply:
 1. Traffic accidents with no patients on board unit – When a vehicle of the service is involved in a traffic accident, the operator shall immediately notify E-911 dispatch and his or her immediate supervisor. The operator shall immediately checks for injured at the scene and calls for as many ambulances as needed. If no injuries are present or after injured persons have been stabilized, the operator shall wait for the arrival of law enforcement personnel so a police report can be obtained. The vehicle will not be moved until a supervisor or a representative of the County Human Resources Department arrives and pictures are taken. Both personnel on the unit will write an incident report detailing the events that occurred. Drug testing of the ambulance operator shall be required after ALL accidents.
 2. Traffic accidents with patient(s) on board unit – When a vehicle of the service is involved in a traffic accident, the operator shall immediately notify E-911 dispatch and his or her immediate supervisor. The medical technician attending the patient will maintain his or her position while the operator checks for injured at the scene and calls for as many ambulances as needed. If injuries are present in the other vehicle, they shall be stabilized. If no injuries are present, the ambulance is drivable and patient inside the ambulance is critical, the operator may instruct the driver of the other vehicle to wait at the accident scene for the arrival of law enforcement and an EMS officer. Ambulance personnel can continue transport of the critical patient to the closest medical facility, release the patient and return to accident scene for reports. If the patient is not critical or the ambulance is not drivable, the senior medic may request another ambulance unit to respond to transport the patient. Both personnel on the unit will write an incident report detailing the events that occurred. Drug testing of the ambulance operator shall be required after ALL accidents.
7. Anytime there is a disagreement between family members regarding the need to transport the patient.
8. Anytime there is a legal minor, who is refusing transport in the absence of his or her parent or legal guardian.

9. Prior to refusing transport to any patient or in discouraging transportation to a medical facility.
10. In the event the decision is made to transport a patient against his or her will (i.e. mental disturbance) where the emergency medical team may be required to physically restrain the patient.
11. Anytime a unit is dispatched to a mental disturbance call where there is likelihood the emergency team may have to physically restrained a patient.
12. When three or more ambulances are dispatched to the same location.
13. Whenever the service is experiencing an unusually high call volume and off-duty personnel are being called in to provide additional crews.
14. Anytime a unit has not returned available (10-8) to their respective station within a reasonable amount of time.
15. Whenever helicopter transports are requested at an emergency scene or designated PELA site.
16. Whenever a lengthy or delayed extrication is required at the scene of motor vehicle accidents.
17. Whenever the Emergency Response Team is needed on an emergency scene.
18. Requests for mutual aid response to surrounding Tennessee counties or border areas of Kentucky.
19. **Any employee finding it necessary to seek additional employment to supplement their commitment to Montgomery County EMS must notify and consult with the Chief. Outside employment is discouraged and will not be permitted if a possible conflict of interest exists.**

Records and Reports Guideline

Purpose: To ensure high quality of care and maintain accurate and complete records and reports.

Policy: All personnel shall ensure that all the appropriate paperwork is completed according to policy.

Procedure:

I. Run Report

Regardless whether it is written by hand or prepared on a computer, the run report is a state requirement for each patient. It is also used to obtain revenue collection and medical data. All areas of the report must be completed. Information regarding next of kin, insurance coverage and signed releases should be obtained when at all possible. All ECG strips shall be attached to the report for record keeping purposes. The documentation section shall be completed by listing appropriate physical findings and all emergency treatment rendered. When advanced orders from Medical/Trauma Control are received, the signature of the authorizing physician must be obtained after arriving at the hospital. A separate report must be completed on each patient transported and each portion of a round trip transfer.

II. Vehicle/Medical Equipment Inspection Form

The vehicle inspection form shall be completed at the beginning of each shift by the crew coming on duty. All spaces shall be completed and any mechanical difficulty shall be noted under the section provided for comments. Information logged on to the form shall include the window sticker number, mileage and unit number that have been assigned to the ambulance. A check mark will be placed in a space to the right of each item if the required number of supplies are available on the unit. If replacement of any item is required, write the number needed in the space provided. The unit commander shall sign the form assuming responsibility for all items inventoried. **Inspections are considered crucial. Disciplinary action may be taken if not completed properly. Annual state inspections conducted the Middle Tennessee Regional EMS Director are unscheduled and may occur at any time. If an ambulance fails the initial inspection and must be inspected a second time for licensure, the crew assigned to the unit will be held responsible.**

III. Incident Report Form

The incident report form shall be used to report unusual occurrences (i.e. accidents, lost items, conflicts with other agencies, etc.) or when corresponding and reporting directly to the Chief or Deputy Chief.

IV. Patient Refusal or DNT Form

The patient refusal or DNT form shall be completed when the patient refuses transport, treatment by the medic or transfer to and from the ambulance by stretcher. It should be validated by the patient signing the form and a witness' signature if possible. If a patient refuses to sign the form, a police officer or member of another agency should witness the patient's actions. The medic shall notify the dispatcher of any patient refusing transport before leaving the scene. Location, times, obtainable vital signs and documentation of the call shall be written.

V. EMS Supplement Form

The EMS Supplement Form shall be completed on all patients (trauma or medical). These forms should be signed by the attending medic as well as the nurse or medical facility employee accepting the patient. A copy of this form will be left with the receiving medical facility for their patient records.

VI. Building & Vehicle Maintenance Request Form

This request form will be completed when maintenance is required on a station or ambulance. This form shall be submitted immediately to the shift Captain or Lieutenant.

VII. Convalescent Van Run Report

The convalescent van run report shall be completed following all patient transports in Transport 1 or 2. All areas should be completed by the attending medic and signed. This sheet will be used to obtain revenue collection and medical data. A separate form must be completed for each patient transported.

VIII. Time Sheet and Over-Time Authorization Form

Time sheets are completed every two weeks according to the schedule set forth by the County Government's Accounts and Budgets Department. They must be completed properly and neatly with total hours shown in all columns that apply, signed and given to the shift Captain or Lieutenant. Time sheets are reviewed by the shift Captain or Lieutenant one shift prior to being turned in every other Monday morning. To claim any over-time pay, an Over-Time Authorization report must be attached explaining the reason over-time was necessary with the approving officer's signature. Changes will not be made to time sheets after they have been reviewed by the shift supervisor and submitted to the Chief for his signature. Accounts and Budgets can hold paychecks of employees, who did not sign submitted time sheets.

IX. Leave Request Form

Employees shall complete this form to request scheduled annual, holiday or sick leave. Personnel are urged to submit this form to their immediate supervisor at the earliest possible time to allow for proper scheduling. Time allotted for leave will be granted in the order received and upon the discretion of the immediate supervisor or Chief. Scheduled leave may be

revoked in instances where there are scheduling problems due to sick or injured employees or in the event of a disaster or major emergency. Annual and holiday leave will not be granted during the following major holiday weekends: New Years, Memorial Day, Independence Day (July 4th), and Labor Day. Exceptions may be made at the discretion of the Chief or Deputy Chief.

X. Shift/Time Swap Slip

When an employee swaps time with another, a shift/time swap slip will be completed by all parties requesting the swap. This slip shall be submitted to the Chief or Deputy Chief. Swaps may be approved at the Chief or Deputy Chief's discretion after careful review.

XI. First Report of Work Injury Packet

A First Report of Work Injury Packet will be completed by the injured employee and the immediate supervisor immediately following the incident or exposure. This packet will be submitted to Human Resources as soon as it is completed.

XII. Drug Check-Off Forms

Personnel are required to be completed drug check-off forms mid-month and at the end of the month for each ambulance. These inventory control forms allow the service to locate and exchange expiring drugs.

Coroner's Guidelines and Duties

Purpose: To ensure that the appropriate actions are taken as a County Coroner.

Policy: All coroner personnel shall ensure that all the appropriate paperwork is completed according to policy.

Procedure:

J. Guidelines.

1. The Chief of EMS has been appointed by the Montgomery County Commission as the County Coroner, and all the officers have been appointed as Deputy Coroners. All personnel have a surety bond for them as County Coroners.
2. As Coroners, you are not a crime scene investigator. The Coroner is a reporting agency and works with the Montgomery County Medical Examiner. All deaths will be reported to the Medical Examiner as soon as possible.
3. If the Decedent is an expected death or had a fatal disease (cancer, leukemia, etc), and there are no signs of foul play (per investigating police agency) contact the decedent's Physician of Record and ask if they will sign the death certificate. If so contact the Medical Examiner, who will advise to release the decedent to the funeral home of the families' choice. Ensure to advise the funeral home personnel whom the Physician of Record is to get the death certificate signed.
4. In the case of a suspicious death, or on the request of the investigating police agency, or on order of the Attorney General, the patient will be sent for an autopsy. All decedents being sent for autopsy, shall have the following paperwork accompany them to the Chief Medical Examiners Office. PH-2253- Report of Investigation by County Medical Examiner, PH-1907- Order for Autopsy, and the corresponding Death Scene Investigation Worksheet.
5. A copy of all forms will be made, faxed to the County Medical Examiner, and then filed in the Coroner's file.
6. The Chief EMS will be notified of all deaths within Montgomery County as soon as possible.

II. Duties.

1. An investigation of a death scene is a critical portion of the coroner's responsibilities. For a forensic pathologist, a thorough investigation into the circumstances of a death including scene investigation is the equivalent of the complete medical history we obtain from all our patients.
2. At a scene, the Coroner or Deputy Coroner will conduct themselves in a highly professional manner at all times. Show respect for the body of the deceased and the family, friends, and witnesses.

3. The scene investigation has five important areas the you should document for each case:
 - a. How was the body discovered?
 - b. What medical information is available?
 - c. What identification information is available?
 - d. What is the nature of the scene?
 - e. What is the condition of the body?
4. A minimum of equipment is required to perform a scene investigation. The actual investigation is performed using your eyes and mind. Most equipment will assist with performing and documenting the scene.
 - a. A flashlight or other portable light source
 - b. A camera, usually a digital camera is best, so a disk can be sent with the decedent to the pathologist.
 - c. Clipboard and pens
 - d. Personal Protective Equipment (gloves, shoe covers, eye protection, gowns, masks, etc)
5. Conducting a scene investigation has many facets:
 - a. Interview all person's present and obtain information about past medical history, events surrounding the death, and the person in general.
 - b. Conduct a survey of the scene to include:
 - i. Disturbances of physical characteristics of the scene
 - ii. Position of the body within the scene
 - iii. Signs the may help determine time of death (newspapers, etc)
 - c. Examine the body for identifying characteristics:
 - i. Signs of injury
 - ii. Post-mortem artifacts
 - iii. Signs helpful in establishing time of death (rigor, livor)
 - d. Document the scene with ample photographs, diagrams, and narrative descriptions. The State Medical Examiner has a set of Death Scene Investigation Forms for use. Do not be too concerned if you cannot full complete them. Fill them out to the best of your ability and knowledge.
6. Conducting a Sudden Infant Death Syndrome (SIDS) Scene Investigation requires a thorough investigation of the scene and circumstances of death. SIDS is defined as the sudden death of an infant less than one year of age, which remains unexplained after thorough case investigation, including performance of a complete autopsy, examination of the death scene, and a review of the clinical history.
 - a. One difficulty in conducting scene investigations with possible SIDS deaths is that they infant have usually been moved by parents or bystanders. Even as far as POV transport to hospital.
 - b. All unexpected infant deaths must be autopsied.
 - c. The State Medical Examiner's Office has an investigative questionnaire specific for possible SIDS deaths. This questionnaire has been based upon standards established by the Centers for Disease Control.

7. Preparing the body for transport is crucial in preserving any trace evidence that might be on or near the body. Ensure the body is sealed in a clean body bag for transport to the examination facility.
8. The decision about ordering an autopsy is usually straightforward, but can be controversial. The final decision is by law up to the County Medical Examiner and the District Attorney General.
9. The State Medical Examiner as to cases that should be autopsied gives the following general guidelines.
 - a. All Cases of homicide and suspected homicide must be autopsied
 - b. All cases in which the manner of death is undetermined must be autopsied. (Note: this refers to the manner of death, rather than the cause)
 - c. All infant deaths when there is not a clear natural cause.
 - d. All deaths of prisoners in police custody (the only possible exception to this is a prisoner with a well documented medical history of a terminal illness.
10. Deaths that should be autopsied:
 - a. All suicides (can be waived if the family objects, and Police are ok without having one done)
 - b. All motor vehicle fatalities (answers questions like: did natural disease contribute, restraint system failure, toxicology, etc.)
 - c. Any person that expires in the workplace. (Due to many legal actions that usually result)
11. The investigating police agency may request the collection of toxicology specimens. The only specimen currently collected by MCEMS is blood.

Ride Along Policy

Purpose: To ensure the appropriate training and the safety of persons riding with EMS units.

Policy: These persons are to abide by the MCEMS standards at all times and shall be riding with MCEMS as an observer ONLY.

Procedure:

1. Individuals desiring to ride EMS apparatus must contact the Deputy Chief to schedule a ride-out. This must be accomplished at least 72 hours prior to the ride-out. To be considered, individuals/entities must be willing to follow all Department safety rules, including wearing appropriate protective clothing, if required.
2. Upon approval, the individual and/or entity must complete the appropriate Waiver of Liability Forms. The completed original waiver will be maintained at EMS Administration. The individual who wishes to ride out will be provided a copy of the waiver, which must be given to the on duty supervisor at the ride-out location.
3. Ride-outs will only be permitted between the hours of 07:00 a.m. and 10:00 p.m. and will not exceed twelve hours in length.
4. Clothing should be casual and comfortable in nature; however, shorts, skirts, sleeveless shirts, sandals, or baggy-fitting clothes shall not be permitted.
5. For safety reasons, riders (i.e., ride-outs) will be able to **OBSERVE ONLY** at emergency scenes. During medical calls, riders shall not have any direct contact with the patients.
6. Ride-outs will be provided a protective vest and must wear the vest any time the rider is out of the station.
7. Supervisors will closely monitor incidents for safety, and appropriateness. The Supervisor has the responsibility to safely remove a ride-out from any dangerous or inappropriate situation.
8. These guidelines do **not** prevent EMS Units provide customer service to those in need of short-term assistance.
9. Any deviation from these procedures requires written approval by the Deputy Chief or the On-Duty Supervisor.

Station Maintenance and Security

Purpose: To ensure the security and the maintenance is appropriate for each station.

Policy: Personnel shall ensure that they report any required maintenance and keep all stations secure at all times.

Procedure:

I. Maintenance.

Personnel are responsible for the cleanliness and janitorial upkeep of their assigned stations. The following chores will be done daily at each station: cleaning kitchen and bathroom areas, emptying all trash cans, sweeping and mopping all floors including the bay and washing and putting away all dishes. At shift change, the on-coming crew will inspect the station. If the station is not clean, the crew has the option of not accepting it as presented. The on-coming crew will notify each shift's Captain at Station 20 for further instructions.

Additional chores must be done weekly. They include stripping and cleaning all EMS units and emptying and cleaning refrigerators. On Saturdays, all generators shall be started and run for at least one hour. The oil, fuel and battery water levels should be checked prior to starting.

Gateway Medical Center and Blanchfield Army Hospital will be checked daily for used equipment. Any equipment found will be brought to Station 20 or 21 and properly cleaned. Nashville area hospitals, especially Vanderbilt University Medical Center, Skyline Medical Center and St. Thomas Hospital, shall be checked for used equipment when transfers are made to these facilities. Any equipment found will be brought to Station 20 for cleaning.

II. Security.

Security is a very serious matter and shall be maintained at all times. Entrance doors shall remain locked at all times for the safety of our personnel. Bay doors also should stay closed unless personnel are working in the garage area.

The EMS business office has an alarm system, which is set after business hours. This alarm must be unarmed when personnel enter the building to retrieve supplies from the storage area. Upon leaving the building, personnel must secure all doors and reset the alarm.

Breaches in security will be considered as violations of policy and may lead to disciplinary action. Any problems with locks must be reported to the on-duty Captain or Lieutenant immediately.

Grievance Procedure

Purpose: To ensure continuity and fair treatment.

Policy: This policy shall be followed if personnel have a grievance with a decision made.

Procedure:

This grievance procedure is intended to apply only in cases where an individual feels that his or her civil rights have been denied and that discrimination exists. Such discrimination may be alleged in any area of personnel administration.

Step I

The grievance should be discussed informally between the grievant and the immediate supervisor. The supervisor will conduct an investigation and obtain any advice necessary to determine the validity of the charges. Within five (5) working days, the supervisor will make a written response to the grievant and the Chief.

Step II

If still dissatisfied, the grievant has five working days from receipt of the response from his or her supervisor to report the grievance in writing to the Chief. In cases where there is no immediate supervisor between the employee and the Chief, this will be the initial step in the procedure. Within five (5) working days, the Chief will inform the grievant in writing of the findings on the charges.

Step III

If still dissatisfied, the grievant shall file his or her charges in writing with the Human Resources Office within five working days from receipt of the report from the Chief. The grievance will be reviewed by the Human Resources Director. The Human Resources Director may schedule a hearing with the Chief and the grievant within ten (10) working days. A written report of the findings or recommendations of the Human Resources Director will be forwarded to the grievant and Chief within five (5) working days after the hearing date.

Step IV

If still dissatisfied, the grievant shall notify the County Mayor within five (5) days after the receipt of the Human Resources Director's report. A hearing with the County Mayor may be scheduled within ten (10) working days. A written decision by the County Mayor will be rendered within five (5) working days after the hearing date.

Step V

If still dissatisfied after the completion of the above steps, the employee may file the charges with the Tennessee Commission for Human Development. No policy, benefit or procedure contained herein creates an employment contract for any period of time.

Critical Incident Stress

Purpose: To ensure the availability of stress management support following a critical incident.

Policy: As an emergency medical service it is essential to ensure that our staff members are supported through a critical event.

Procedure:

I. Standards.

The Critical Incident Stress Management (C.I.S.M.) team provides support services for personnel when warranted. The team offers the following services:

a. Defusing:

Defusing is an informal, confidential exchange of information designed to allow those involved in the incident to ventilate feelings experienced during the event. The process may identify personnel who, because of the effects of stress, need relief from duty for the remainder of the shift. An initial defusing takes place shortly after the critical incident, and is facilitated by the team coordinator with peer support.

b. Demobilization Debriefing:

Demobilization debriefing is a process which includes a 20-minute rest and feeding period, followed by a ten-minute stress information session. Reserved for large-scale incidents lasting more than eight hours, the session occurs at a location away from the incident scene and after personnel are cleared.

c. Formal Debriefing:

Formal debriefing allows all personnel directly involved to fully express facts and reactions relating to the incident. Instruction in stress responses and stress coping techniques is also provided. This session, which is held approximately 24 to 72 hours post-incident, is conducted by the C.I.S.M. team and led by a qualified health professional.

II. Responsibility.

In the event of a critical incident, the Incident Commander (Command) shall immediately notify the appropriate Supervisor. The Supervisor will advise Dispatch to contact the C.I.S.M. coordinator who will evaluate the need for further action. If deemed necessary, C.I.S.M. members will respond to the incident scene, checking in with Command upon arrival.

The C.I.S.M. coordinator shall determine and implement the appropriate stress management methods to use during and after each emergency incident.

Attendance at debriefing sessions by personnel and/or acceptance of C.I.S.M. team assistance is not mandatory, but is strongly encouraged.

Either a supervisor's personal observation or the recommendation of a C.I.S.M. team member shall determine whether to relieve an employee from duty following a critical incident. In such an instance, the supervisor shall advise the Chief/Deputy Chief. The Chief/Deputy Chief may authorize release from duty for the remainder of the shift and should refer the employee to the Employee Assistance Program (EAP). The Chief/Deputy Chief will place the employee on administrative leave with pay status for both the remainder of the shift or, if needed, an initial EAP counseling session.

III. Definitions.

1. A critical incident is defined as any event that overwhelms a person's normal ability to cope with job stress. Examples include the following:
 - a. Death or serious injury of a co-worker in the line of duty.
 - b. Death or serious injury of a child.
 - c. Disaster or mass casualty.
 - d. Suicide or untimely death of a co-worker.
 - e. An incident that draws excessive media coverage.
 - f. Death of a citizen resulting from emergency services operations
 - g. Loss of life following an unusual or prolonged incident.

Hostile Situations

Purpose: To ensure the safety of personnel when responding to possible hostile situations.

Policy: As an emergency response agency it is essential that all employees exercise safety precautions during threatening conditions.

Procedure:

I. Standards.

a. Incident with past history

1. Upon dispatch to an identified target area, request a Police Officer to be dispatched to the scene.
2. Request an additional EMS unit and a Supervisor to be dispatched, and then jointly enter the incident scene.
3. Slow to non-emergency traffic several blocks prior to arrival at the scene and stage until the incident scene is secured by the Police Officer.

b. Incident judged to present imminent danger on arrival

1. Do not enter the area immediately.
2. Request assistance from Police Department.
3. Stage until the incident scene is secured by Police Department.
4. Notify a supervisor.

c. Incident presents imminent danger during service delivery.

1. Withdraw from the area as safely and quickly as possible or seek appropriate available shelter.
2. Request assistance from Police Department as soon as possible.
3. Notify a supervisor.
4. Do not re-enter the scene until it is secured by Police Department.

II. Definitions.

a. SIGNAL 7

Signal 7 serves as the emergency term when an EMS unit is in harms way and needs the immediate assistance of a Police Officer. When "signal 7" is announced by EMS personnel, dispatch will immediately dispatch a Police Officer, priority 1. Signal 7 should only be used in extreme condition

Crime Scene Operations

Purpose. To ensure that a crime scene and the evidence involved is preserved to the best of our ability.

Policy.

- I. MCEMS shall be responsible for coordination of pre-hospital resources in situations involving crimes in progress.
- II. The primary responsibility of EMS personnel at the scene of a crime is the provision of emergency medical care to those persons who may require such care, however, EMS personnel should be aware of the responsibilities of other agencies which may be operating crime scenes. The actions and observations of EMS personnel at crime scenes are frequently an important part of court testimony requiring accurate documentation at the time of the event.
- III. Once a presumptive diagnosis of death is made, the role of EMS personnel is limited to the removal of the patient. Every attempt should be made not to disturb physical evidence at a crime scene, especially in the case of a DOA where there is a critical time factor, and extra care can be taken to performing required tasks.
- IV. All members are expected to utilize good judgment in the recognition of, and subsequent operation at any crime scene or suspected crime scene.

Procedure.

- I. After evaluating the scene for personal hazards and the presence of a proper authority, the rendering of immediate patient care and transportation is the primary responsibility of all EMS personnel.
- II. Patient care shall in no way be compromised in order to protect the crime scene or any evidence. However, patient care shall be rendered without undue disturbance of the scene.
 - a. If proper authority is not present the members shall notify the Public Safety dispatcher and request that a police RMP respond to the scene.
- III. All members of the service when operating at actual or suspected crime scenes shall:
 - a. Consider the entire location apartment, park, roadway, etc. as being involved in the crime scene.
 - b. Upon arriving at the scene, give an accurate and concise report to the dispatcher, providing updated reports if delayed at the scene.
 - c. Upon entering or leaving the scene, use a single path of travel, if possible, and have all personnel entering and leaving the scene utilize the same path.
 - d. Limit the number of members of the Service entering the scene to only that necessary to evaluate, treat and/or remove the patient(s). All non-essential personnel are to remain outside the crime scene area until their services are needed.

- e. In the absence of proper authority at the scene, attempt to limit access to the scene of bystanders, family members and witnesses. Members shall not restrain, eject or otherwise physically restrict the movements of anyone at the scene, but should bear in mind that allowing unnecessary person into the scene may impede the investigation of the crime.
- f. After establishing a presumptive diagnosis of death, refrain from otherwise moving or disturbing any dead body. In addition, no obviously dead victim of a hanging shall be cut down, nor any bound body be untied following determination of death.
- g. Refrain from covering any corpse, except if in public view.
- h. Refrain from smoking, eating, or drinking.
- i. Refrain from using the telephone at the scene for anything but extreme emergencies.
- j. Refrain from using the sink, toilet or any other conveniences at the scene.
- k. Remove nothing from the scene (e.g. weapons, shell casings, or any other objects) and refrain from handling any object or entering any area of the scene more than is absolutely necessary in order to evaluate, treat and/or remove patients, as such actions may impede the investigation of the crime.
- l. Cooperate with requests made by the proper authority, if possible, concerning the disposition of the patient(s) and/or dead body(ies) as long as such requests are in accordance with EMS procedures. If members are in doubt as to whether or not such requests are appropriate, the Chief/Deputy Chief and/or Captain shall be notified. The Chief/Deputy Chief and/or Captain shall make the final determination concerning such requests, guided by procedures.
- m. Communicate any information or observations pertinent to the investigation of the scene to the proper authority at the scene when requested to do so.
- n. Restrict comments and/or opinions to known facts when communicating with other authorities. Inter-departmental communications regarding the incident shall be directed to the proper authority at the scene. No statements or information shall be disseminated to the media, civilians or other agencies as this may also impede the investigation.
- o. Complete all PCRs and written records pertaining to the call accurately, using specific language to indicate the position in which the patient was found, the presence of visible wounds and other pertinent data (e.g. presence of liver-mortis, rigor-mortis and/or extreme dependent lividity). Bear-in mind PCRs are legal documents, subject to court subpoenas, and must be complete and accurate.

Definitions.

- I. **Crime Scene:** Any location at which evidence of a crime or suspected crime is found, including, but not limited to: homicide, suicide, rape, pedestrian struck or other MVA involving serious injury or death, assault or discovery of drug-paraphernalia, shall be considered a crime-scene. Any location at which a DOA is found is to be considered a crime scene until otherwise designated by proper authority.

- II. **Proper Authority:** For the purposes of this operating procedure, proper authority shall be defined as any on-duty police officer, operating at a crime scene or suspected crime scene, in uniform or civilian clothes, who exhibits proper identification. If EMS personnel are in doubt as to the identity of any person representing himself/herself as a police officer, said person shall be requested to display a shield and matching identification card.

Explosive Devices

Purpose: To ensure the safe response and staging of an EMS unit to a situation with an explosive device involved.

Policy: As an emergency response agency it is essential that we safely respond and stage to these types of incidents.

Procedure:

I. Bomb or Explosive Threats.

- a. EMS will respond to bomb threats with one unit. EMS will respond non-emergency to the area and stage with the fire department incident command.
- b. EMS will report to the incident commander on arrival.
- c. EMS will go on scene prior to actually arriving on scene to keep radio traffic down to a minimum on the scene due to the possibility of a radio controlled trigger mechanism.
- d. EMS will not use their MDT's while on scene for the same reason as the above.
- e. At no time will EMS participate in a search of the building.

II. Actual Explosive Device.

- a. In the event that an actual explosive device is found, two EMS units will respond to the scene, and the on duty supervisor. The on duty supervisor will instruct dispatch to notify all administrative staff. EMS units will stage in a safe area in accordance with Fire Department/ Bomb Squad safety zones. One EMS unit will be dedicated to the Bomb Squad for their safety.
- b. EMS units responding will IAW Bomb Threat Guideline keep all radio traffic and MDT use out of the area, due to possible radio frequency controlled device. This also includes cell phone traffic, since this is a known trigger for explosive devices.

HAZ-MAT Situations

Purpose: To ensure the safe response and staging of an EMS unit to a situation with hazardous material involved.

Policy: As an emergency response agency it is essential that we safely respond and stage to these types of incidents.

Procedure:

- I. Montgomery County EMS will respond at least two units to a hazardous materials spill or release. The number of ambulances to respond will be dependant on the type of materials released, location of release, and the number of possible of actual casualties. One EMS unit will be dedicated to the Clarksville Fire Rescue or the Montgomery County Haz-mat team as medical support for entry personnel.
- II. The responding unit will notify the on-duty supervisor. The supervisor will the notify dispatch to notify all of the administrative staff.
- III. Montgomery County EMS will not enter the hot zone of a Hazardous Materials spill at any time. This is primarily the responsibility of the responding haz-mat team. There may be a few exceptions to this rule, but only if the entering personnel have a Hazardous Material Technician Certification. This will be only on an order from the Medical Command on scene.
- IV. EMS may be asked to set up or assist with decontamination. The Chemical Biological, Radiological, Nuclear, Explosive (CBRNE) trailer will be taken to the scene and set up required. Personnel using this equipment should be trained and familiar with it operations.
- V. Area hospitals will be notified of any hazardous materials spill, the number of patients, and the type and name of the materials spilled or released. This notification should include Life flight and Vanderbilt Hospital as the Level 1 trauma center/burn unit.

Severe Weather Situations

Purpose: To maintain high levels of quality patient care by ensuring that personnel are aware of and have the knowledge of their responsibilities during severe weather.

Policy: As an emergency response agency it is essential that we safely respond and treat those in need of medical attention in all types of weather.

Procedure:

- I. In the event of severe weather, the E-911 dispatch center will put out an all page to advise all units of the possibility of impending severe weather. The on-duty supervisor will also be notified via radio or phone.
- II. The on-duty crews will ensure that their respective station generators are fueled and ready to operate should the need arise. (Station 20 personnel have no need due to this generator being automatic) In the event a weather watch is placed for our area, or a warning for a neighboring county, in which the storm may be headed toward Montgomery County, the on-duty crews will start their generator to ensure that it is operational.
- III. In the event of a tornado, EMS crews will stay in a safe location within their station, until the tornado has passed. As soon as safe to do so, each station shall check their phones and radios for operability. If for some reason the main trunking radio system has gone inoperable, EMS crews should automatically switch their traffic to EMS Backup and MEDCOM (155.205, aka Statewide EMS) for traffic from dispatch of supervisors. If phones are inoperable, notify dispatch via radio on one of the above frequencies.
- IV. In the event of a tornado or severe weather, EMS crews responding to calls for assistance need to be on the look out for downed trees and power lines on roadways or hanging down on roadways. This is especially difficult at night, and even if the power in the area is out, these electrical lines may still be energized.
- V. During a severe weather response, only those units dispatched to the scene will respond to the scene. Units may be dispatched by E-911, or by a Supervisor. **DO NOT FREELANCE.**

Emergency Response Team Activation and Response

Purpose: To maintain high levels of quality patient care by ensuring that personnel are aware of and have the knowledge of their responsibilities during Emergency Response Team Activation and Response.

Policy: As an emergency response agency it is essential that we safely respond and treat those in need of medical attention in all types of situations.

Procedure:

The following are the expected duties and responsibilities of E-911 Dispatch and EMS personnel during a rescue response:

1. E-911 Dispatch:
 - A. Dispatch appropriate zone units to the scene.
 - B. Immediately send on-duty ERT members to the scene and page off-duty ERT members with the following information:
 - Type of incident
 - Location of incident
 - Time incident occurred
 - C. Notify on-duty Captain, Lieutenant.
 - D. Compliance and Education Officer, Deputy Chief and Chief
2. Shift Captain, Lieutenant and/or 2nd Lieutenant:
 - A. Immediately notify the ERT Commander, no exceptions.
 - B. Ensure the appropriate personnel are responding.
 - C. Ensure the safety officer is sent to the scene.
 - D. Ensure appropriate equipment is enroute to scene or staging area as designated by ERT Commander. Equipment should include:
 1. Water related rescues – ERT1 with jet ski and ERT2
 2. High-angle or rope rescues – ERT1
 3. Confined space, trench or structural collapse rescues: ERT1 with ERT trailer
 4. Weapons of mass destruction incidents – ERT1 with ERT trailer
 5. Mass Casualty Incidents – ERT1 with ERT trailer
 6. Any incident expected to be more than two hours in duration – Command 1
 - E. Assist ERT Commander with staging of incoming personnel and equipment
 - F. Arrange for possible rehabilitation of ERT personnel if incident becomes lengthy (i.e. food, drinks, dry clothes)
 - G. Arrange for off-duty personnel to report to the scene or Station 20 for staffing.
3. Initial Responding Unit:
 - A. Upon arrival make initial survey of scene and determine the best way to access the patient and relay information to responding ERT units.

- B. **Do not attempt to access the patient unless properly trained, adequate number of rescuers are present and all safety and rescue equipment is utilized.**
 - C. Gather all witnesses available to be interviewed and maintain a visual on the patient if possible. If water related, establish a reference point in regards to the patient's position or last known position.
 - D. Establish a minimum safety perimeter of 250 feet around incident site until the safety officer arrives.
4. ERT Commander:
- A. Upon arrival check in with Incident Command
 - B. Quickly assess the scene and determine which course of action needs to be taken if rescue is not in progress.
 - C. Assign tasks to ERT members and keep Incident Command informed of all progress and setbacks.
 - D. Ensure coordination of efforts between the ERT and other agencies present on scene.
5. ERT members:
- A. Upon arrival at the scene or staging area, check in with Incident Command and/or ERT commander(s).
 - B. Report to assigned work area and begin assigned task.
 - C. Immediately report any problems or changes in status to ERT commander(s).
6. Safety Officer:
- A. Upon arrival, at the scene or staging area, check in with Incident Command and/or ERT commander(s).
 - B. Establish safe zones
 - C. Coordinate efforts with law enforcement to establish safety perimeters.
 - D. Make contact with fire department safety officer and coordinate safety efforts.
 - E. Ensure all personnel are donning appropriate safety equipment and using safe work practices:
 - 1. For all water related incidents – all personnel within 20 feet of water must be wearing a personal floatation device (PFD).
 - 2. For all water related incidents – all personnel in boats must be wearing either have a personal floatation device (PFD) or proper dive equipment.
 - 3. For all high-angle incidents – no personnel should be within 30 feet of the edge without a proper tie-off. All personnel must wear gloves and helmets at all times.
 - 4. For all trench, confined space and structural collapse rescues – establish at least a 250 feet perimeter and only allow passage of personnel requested by ERT commander(s).
7. Public Information Officer (MUST be the on duty supervisor or an administrative officer):

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- A. Make contact with the press and establish a press area outside the incident scene.
- B. Release only the information that will not hamper rescue operations to the press.

Limit flash photography on scene so as not to inhibit rescuers.

Section V

Patient Care Guidelines

Patient Care Guidelines

Purpose: To ensure the appropriate treatment(s) are given to any patient.

Policy: This policy shall be followed during ALL patient care situations.

Procedure:

It is hereby established that in a medical emergency situation occurring within the boundary of the City of Clarksville and Montgomery County, the emergency exists outside of a medical facility, and in the absence of a physician; Montgomery County Emergency Medical Service personnel shall be recognized as the highest medical authority at an emergency scene. It shall be the responsibility of personnel to determine if indisputable biological death has occurred, following guidelines of the Academy of Medicine and the Medical Examiner. If in the judgment of said personnel that the possibility of life exists, the patient will be transported immediately to the nearest medical facility. Personnel will administer emergency care in accordance with the Tennessee Codes Annotated Title 68, Chapter 140 (establishing the responsibilities of the EMT and Paramedic) and subject to the supervision of the appropriate level of authority as established in the service's chain of command.

Montgomery County EMS will not respond to any calls, emergency or non-emergency, inside the state of Kentucky. The only exceptions will be calls at the Tennessee/Kentucky border or calls approved by the shift Captain, Lieutenant, Deputy Chief or Chief. Calls for mutual aid response to surrounding counties must be approved by either the on-duty shift Captain, Lieutenant, Deputy Chief or Chief. The Chief and Deputy Chief shall be notified of all responses outside Montgomery County's boundaries.

I. Rules of Patient Care.

1. Whereas the Montgomery County Emergency Medical Service is directed to respond to emergency calls, runs to the scene will be of an emergency nature unless advised otherwise by the dispatching agency or by an EMS officer.
2. After a unit arrives on the emergency scene and transportation is indicated, the patient or patients shall only be transported to a duly licensed hospital located within the boundary of Montgomery County or Fort Campbell, Kentucky. An EMS officer can authorize exceptions under the guidance of Medical Control (i.e.: a patient of an automobile accident on Interstate 24 needing care from a Level 1 Trauma Center and air transport is not available or a stable patient in southern Montgomery County requests to be transported to Horizon Medical Center in Dickson or Trinity Hospital in Erin).

3. The patient's condition shall determine the traffic to run while transporting to the hospital. The EMT or Paramedic's judgment must prevail in this determination with the following exceptions:
 - When relieved by a superior medical authority
 - When relieved by an appropriate departmental level of authority.
4. No person or authoritative base may order or direct a vehicle of Montgomery County EMS to exceed a speed that the designated operator of the vehicle judges to be safe for the existing road and weather conditions.
5. The dispatching agency must be notified as to the type of traffic a unit is running to the hospital. 10-15 is used for emergency traffic. 10-16 is used for non-emergency traffic.
6. In the event a patient's family insists to have the patient transported directly to Nashville or out-of-county to another medical facility and the said EMT or Paramedic believes immediate care is indicated, the senior medic shall explain to the family that the patient needs to be transported immediately to the nearest medical facility.
7. At emergency medical situations involving the entrapment of accident victims, the Montgomery County EMS personnel shall have the responsibility of determining methods for and directing actual extrication procedures; in all situations concerning the welfare of the patient, decisions of Montgomery County EMS personnel shall prevail. The Chief, Deputy Chief, and Compliance and Education Officer shall be immediately notified of all incidents with multiple patients, serious injuries, requests for air transport, and/or in cases where patients are pinned or trapped.
8. If a physician is on the scene of a medical emergency, the following procedures will apply. The physician must be a licensed health care professional, medically qualified to render emergency medical care.
 - A. EMT or Paramedic shall:
 - Inform the physician that the EMT or Paramedic must contact Medical/Trauma Control and inform of the presence of a physician on scene.
 - Medical/Trauma Control may speak to the physician to determine qualifications or request EMT or Paramedic to verify licensure of the physician.
 - B. Intervening physician may:
 - Offer assistance but allow the EMT or Paramedic to remain under Medical/Trauma Control
 - Request to talk to Medical/Trauma Control to offer medical advice and assistance
 - Request from Medical/Trauma Control to take total responsibility for the care given by the EMT or Paramedic, physically accompany the patient to arrival at

hospital, responsibility is assumed by the receiving physician and shall sign for all instructions given to EMT or Paramedic.

- Maintain Medical/Trauma Control contact whenever possible.
 - C. If the patient's private physician intervenes in person or by telephone the EMT or Paramedic shall:
- Inform the physician that the EMT or Paramedic must contact Medical/Trauma Control.
- Request the patient's physician to contact Medical/Trauma Control. Once contacted, physician may be granted the above options.
- At no time, should any orders be taken over the telephone except from Medical/Trauma Control

Regardless of how the situation is handled, the EMT or Paramedic must document all information in the patient's run report.

9. In the event of a serious accident (i.e., motor vehicle, industrial, etc.) where more than two (2) patients require emergency treatment and no hospital preference is stated or obtainable, the patients shall be distributed among the closest category A or B hospital emergency departments. If on scene of an accident where patients are military and civilians and most units are busy on other calls, patients shall be transported to the closest medical facility to avoid the need for additional units. **The medical judgment of the ranking EMS officer on the scene shall prevail.**
10. When a call is received from an out-of-county hospital to have a patient returned to Montgomery County, the call will be declined unless a unit is making a transfer to or near the facility. However if the transport has been approved by TennCare C.H.A. and there are available units, EMS will make the transport.
11. When a call is received from an out-of-county hospital or another ambulance service to make an out-of-county transport for the said agency, the call will be declined. Exceptions can be made by an EMS officer if the service is experiencing a slow call volume and units are available.
12. When a unit is dispatched to a nursing home or a private home for transport, the patient's vital signs checked by a registered nurse shall be accepted by the senior medic providing they are listed in written form and initialed. After leaving the scene, the patient's vital signs shall be taken again. Both sets of vital signs will be listed on the patient's run report. The patient's condition will determine traffic to run to the receiving medical facility. The vital signs and patient's condition will be transmitted via radio to the emergency room. Vital signs should be evaluated every 15 minutes throughout the patient's care. If the transport involves a critical patient, vital signs should be evaluated every five (5) minutes if possible.
13. When a patient or member of the patient's family gives an order or directive that in the senior medic's judgment is detrimental to the patient's welfare, the senior medic shall immediately contact the shift Captain or Lieutenant and Medical Control

advising the family's order(s). Such order(s) shall be entered on the patient's run report.

14. When a medical emergency exists where a crime is suspected (i.e., murder or suicide) and in the absence of a physician, EMS personnel shall have the responsibility of determining the possibility of the existence of life while preserving all physical evidence at the scene. At the scene of a possible, suspicious death; the senior medic on the responding unit will be escorted by a law enforcement officer to assist in maintaining life and preserving the crime scene. The judgment of said medic shall prevail in regards to the possibility of life existing. The medic shall notify Central dispatch and transport said victim to the nearest hospital while administering appropriate life saving measures. However if no life is found, the officer will escort EMS personnel from the crime scene which will be preserved. The body should not be moved until the medic has contacted the coroner and medical examiner to personally ensure that he is aware of the situation even if the investigating agency has said he has been contacted.
15. EMS personnel shall preserve and protect all physical evidence at a crime scene. Personnel will refrain from unnecessarily touching, disturbing or rearranging any physical evidence or any object while examining the patient for vital signs. In the event the patient regains consciousness in the presence of said medical technician, it shall be his or her duty as a member of Montgomery County Government to witness and preserve all testimony the patient may give. This testimony should be recorded in written form when possible and relayed to the investigating department upon arrival at the hospital. In the event the patient dies while en route to the hospital and it becomes necessary to cover the body, only plastic material may be used. Material such as cotton, wool, etc. must never be used for this purpose due to the possibility of contaminating evidence contained on the patient's clothing or body.
16. If a patient is obviously dead for any cause according to adopted standards, EMS personnel shall notify Central dispatch and stand-by at an emergency scene until a representative of a law enforcement agency arrives and assumes responsibility of the scene. Personnel shall complete a run report to include any and all pertinent information that can be obtained. There shall be an ECG strip run and attached to the report to document the patient's heart rhythm. This should be performed in three (3) leads. This allows for complete proof of death.
17. In case of death by natural causes, the county medical examiner requests the medic to contact the deceased person's regular physician. If the physician agrees to sign the death certificate and agrees that it could very likely have been due to natural causes, the medic should request that he or she signs the death certificate. If the physician will do so, there is no need to contact the medical examiner. If, for any reason, foul play is suspected or the attending physician either can not be located or refuses to sign the death certificate; the medical examiner shall be contacted.

18. Upon completion of the accident investigation by law enforcement, you have the corner's and/or medical examiner's permission to move the body immediately only if the body causes a traffic problem. In other instances, the coroner prefers the medical technician notifies him before moving the body. If within a reasonable length of time the medical examiner cannot be reached, the medic has his permission to move the body to the hospital emergency room or morgue.
19. Dead bodies are to be transported by a funeral home of the family's choice if released by family physician or county medical examiner. Upon request of the medical examiner or the investigating agency, a composed or decomposed body may be transported in said vehicle to a hospital for an autopsy or when the public welfare demands. The medic shall make an itemized list of the deceased's personal property at the time of releasing the body to the emergency room and/or hospital staff.
20. When dead bodies show evidence of decomposition or leaking of bodily fluids, a body bag must be used for transportation. EMS 231, utility van, or Transport van should be used for body transfers if possible. The medic should make arrangements to meet Gateway Medical Center staff at the morgue entrance. The medic should make sure the body is placed in a face-up position inside the morgue in a manner as to preserve the integrity of the body.
21. After arriving upon the scene of an alleged rape, the medic shall request law enforcement if they are not present. The victim will be transported to a local medical facility, where protocol exists for examination by the emergency department staff. The medic should encourage a police officer or First Responder to ride inside the patient compartment. The seat at the head of the stretcher shall be used for this purpose. The vehicle operator shall advise the passenger to keep his or her seat belt fastened at all times. When going enroute to the hospital, the operator shall notify Dispatch of the unit's odometer reading and the presence of the observer (10-12). Upon arrival at the hospital, the operator will give Dispatch another odometer reading. Both readings shall be entered on the patient's run report.
22. Police officers or First Responders should be encouraged to ride inside the patient compartment during transport if the medic feels uncomfortable or threatened by the patient. The seat at the head of the stretcher shall be used for this purpose. The vehicle operator shall advise the passenger to keep his or her seat belt fastened at all times. When going enroute to the hospital, the operator shall notify Dispatch of the unit's odometer reading and the presence of the observer (10-12). Upon arrival at the hospital, the operator will give Dispatch another odometer reading. Both readings shall be entered on the patient's run report.
23. A patient in custody of a law enforcement agency shall not be transported unless accompanied by a police officer. However if a mutual agreement is reached between the arresting officer and attending medic, the patient may be transported without police assistance.

24. If a family member or friend chooses to accompany the patient, the operator shall encourage he or she to ride inside the cab for safety purposes. The operator will advise the passenger to maintain a fastened seat belt at all times and advise Dispatch of his or her presence on board.
25. All personnel shall look for medical alert bracelets or necklaces on each patient. Notation of their presence on a patient will be made on the run report.
26. After identifying an organ donor has expired at an emergency scene, the medic shall report his or her findings immediately to Medical/Trauma Control. Actions taken shall be entered on the patient's run report.
27. Personnel shall not discuss patient's illnesses or injuries with any unauthorized persons.
28. Dispatch shall be notified when direct communications with an EMS officer cannot be established. The dispatcher shall contact the Chief or Deputy Chief and relay information given. The dispatcher shall advise the requesting unit of any directive given by the officer he or she notifies.

Personnel shall not administer or assist a patient in self administering any drugs or medications unless authorized by a physician or registered nurse.

II. Leaving the Station.

1. **During non-sleeping hours, units will respond without delay to all emergency calls. It should take NO MORE than 30 seconds to get to unit and check en route. Variation from this policy will not be tolerated.**
2. **During sleeping hours, crews will exit their assigned station and go en route to an emergency call within two (2) minutes upon notification. No exceptions.**
3. E-911 Dispatch has been instructed to check on units not going en route to an emergency call within the specified time period. Any discrepancies will be reported immediately to the Chief or Deputy Chief.

Any unit responding to an emergency call shall notify Dispatch that the unit is en route by saying "enroute" and giving the call's location and the type call they are responding to (i.e.: Medic 20's enroute to Chest Pain at Jiffy Lube Madison St.). The dispatcher will acknowledge by repeating the address to which the unit is responding and the time of day. In the event a unit requests directions to the call's location, the dispatcher will provide the appropriate information. Police officers on scene have been instructed to advise dispatch of any and all situations involving the call including the number of patients. This will allow the crew to make a decision to continue en route or request additional units to be sent. Units shall proceed to calls they would disregard based on the officer's observation if they are reasonable close to the scene.

III. On the Scene.

Upon arrival at an emergency scene, the operator will notify Dispatch that the unit is on scene by saying such or 10-97. Dispatch shall acknowledge and give the exact time of day. The operator will park the vehicle and apply the parking brake. In addition, the operator will activate the high idle and leave the motor running. The medic, carrying a jump, proceeds to the patient. The operator removes the cot and other items necessary for the type of call.

Personal safety is the highest priority and should be treated as such. While en route to a call, both medics must have the highest regard for their own personal safety. Personnel should not enter any scene that is reported to be unsafe or violent in nature until secured by law enforcement personnel.

IV. En Route to a Hospital.

After the patient is loaded inside the ambulance, the operator shall ensure that all passengers have their seat belts fastened. Before pulling away, the operator will notify Dispatch that the unit is en route either emergency traffic, 10-15, or non-emergency traffic, 10-16, and give the name of the medical facility. The dispatcher will acknowledge and give the exact time of day. If the operator is transporting to Blanchfield Army Hospital, he or she should ask Dispatch to notify Military Police of the gate they will be using to enter the army base, the number of occupants and their estimated time of arrival.

V. Arrival at a Hospital

If the unit is running emergency traffic, lights and siren shall be turned off before entering the facility's grounds. The operator shall notify Dispatch by saying the unit is 10-6 at the said hospital. Dispatch shall acknowledge and give the exact time of day. The operator will open the ambulance's back doors and assist the attending medic to unload the patient. EMS personnel will continue stabilization procedures until being relieved by authorized hospital personnel inside the emergency room. Ambulances shall remain running due to the possible risk of permanently damaging the engines. However if the exhaust fumes cause an unusual amount of odor inside the emergency room, units should be moved away from the entrance.

VI. Return to Service

Personnel shall gather up all equipment and place it back inside the ambulance. The cot shall be prepared before leaving the hospital. Once leaving the emergency room, the operator shall advise the dispatcher that the unit is back in service by saying 10-98, 10-8. Dispatch will acknowledge and give the exact time of day. Upon returning to a station, the operator shall advise Dispatch that the unit is available, 10-8, or out-of-service, 10-7, for cleaning and restocking of supplies.

VII. Documentation.

Once a unit returns to quarters, all run reports will be completed. Dispatch can be contacted and advise any of the times the crew did not notate.

VIII. Run Numbers.

A run number will be obtained on all calls, emergency or non-emergency from Central Dispatch. Information of transfers received by Station 20 from TennCare, hospitals or nursing homes shall either be called or faxed to Dispatch by the shift Captain, Lieutenant or designated personnel. Dispatch will assign a run number from the information received. The number will be given by Dispatch to the responding crew when enroute to the call.

IX. Miscellaneous.

Disaster Bags

Disaster bags shall be used only when a body is decomposed, mutilated to the state of being or leaking bodily fluids.

Emergency Evacuation

When an official evacuation has been ordered by the appropriate level of authority such as EMA involving chemical spills, gas leaks, etc., a patient refusal or DNT form will be completed. The report should indicate it was an official emergency evacuation.

Fire Support Operations

When dispatched to provide stand-by support on structure fires, units shall respond emergency traffic. Upon arrival, the operator should position the ambulance so as not to interfere with fire fighting activities. Ambulances should be positioned in the direction of exit and avoid being blocked by other vehicles. Both EMS personnel are to report to the fire department's officer in charge. Information should be acquired from the officer regarding the situation and if supportive measures (i.e. monitoring for heat exhaustion, fatigue and possible safety hazards such as fallen wires and fuel leaks) are needed. Central Dispatch should be advised of their findings. If supportive measures are needed, the unit shall be placed as 10-6 at the scene. **If there are fire personnel making entry, EMS SHALL have their cot, portable O2, ALS Bag and Cardiac Monitor out and within close proximity of the incident.**

Personnel **are not** to participate in fire suppression activities due to the lack of specialized equipment, training needed and their need to be readily available for patient care.

Crews are to remain at the fire incident until the fire department's officer in charge advises the scene is secure and the ambulance can return to service.

Patient Transfers for Specialized Treatment and Testing

Patient transfers for specialized treatment or testing shall be from one hospital's critical care area to another. All critical patients shall be transported directly to the designated hospital treatment area and left with official hospital personnel, who accept patient care. The signature of the receiving physician or registered nurse should be obtained.

When a critical care transport is authorized, hospital personnel shall provide the following information:

1. Reason for transfer.
2. Destination and time when transfer is needed.
3. Patient's name and room number.
4. Requesting personnel's name and contact number.
5. Whether response to the hospital needs to be emergency or non-emergency.
6. Equipment necessary for patient care.

After completion of an out of county transfer NO CREW will stop to eat other than getting take out.

Scheduled Non-Emergency Transfers

Scheduled, non-emergency transfers shall be made in a timely manner. Personnel shall encourage a family member or caregiver to go with the patient on transfers to local physicians' offices or testing facilities. In instances where the patient is required to stay longer than thirty (30) minutes at an appointment, the patient shall be left at the facility and the unit shall return to service. If transfers can not be made before their scheduled time, crews shall inform the shift Captain or Lieutenant of their delay and approximate estimated time of arrival (ETA). The shift Captain or Lieutenant will notify the business office and/or the patient and receiving facility of the delay and making accommodations accordingly.

During weekdays at the beginning of each shift, the on-duty Captain or Lieutenant shall advise the business office of the number of convalescent crews being staffed and any concerns he or she has with the scheduled transfers posted.

Special Events

Special events in which off-duty personnel work for over-time pay are considered as assignments. Employees signed up to work an event are responsible for being at the appropriate location at the designated time. If an employee is signed up for event and becomes unavailable to work, the employee will be responsible for giving ample notification to the on-duty officer. Personnel failing to take care of their responsibilities will be held accountable and subject to disciplinary action.

Stand-bys

When a unit is requested to respond to an area for zone coverage or at the request of law enforcement, the operator should advise Dispatch of their location and status. A patient

refusal or DNT form shall be completed documenting the situation and times of the stand-by.

Transporting Patients with Lice

1. After moving the patient off the ambulance cot, the sheet should be disposed in a receptacle designated by emergency room personnel.
2. Any blankets or non-disposable linens should be placed in a plastic bag securely closed and clearly marked. (These items shall be left at Station 20.)
3. Personnel should wash their hands thoroughly.
4. Central Dispatch shall be notified that the unit is 10-7, out-of-service. The crew should report to Station 20 and leave the unit outside the bay area. Personnel should obtain spectracide spray. With the cot removed from the unit, personnel shall spray a light coating in the patient compartment. (Spraying too heavily will cause a safety hazard of oily film on the floor.) Any equipment used on the patient shall also be sprayed. Do not use this spray on people, animals or near food. Avoid inhaling the fumes and skin contact.
5. The unit is safe to use as soon as areas are dry.

Transporting Patients to and within Local Hospitals

Patients being transported to hospitals for admission to a regular bed shall be taken to the emergency room. The patient is then transferred to a stretcher and hospital personnel shall assume responsibility for taking the patient to their room. An exception to this rule is if a room is already made available for the patient.

Use of Personal Safety Equipment

Personnel **shall** at all times utilize personal safety equipment (as listed in the Uniform, Dress Code & Personal Appearance policy, section II, number 9.) during an active extrication, a scene/situation where the possibility of fire exists or anytime an administrative officers deems necessary. On ALL incidents on an open roadway, personnel shall wear their reflective traffic vest at all times. **There are NO EXCEPTIONS to these policies.**

Do Not Transport Guidelines

Purpose: To ensure that the appropriate steps are followed when a patient is refusing care.

Policy: This policy shall be followed during ALL Do Not Transport situations.

Procedure:

If for any reason a patient refuses service and transportation to a medical facility, a release of medical responsibility is to be obtained by the attending medic. The release will be signed by the patient and witnessed by another party whenever possible. Release forms, also known as DNTs, shall be treated as a run report. In the documentation, the following statement will be written: "Patient advised to seek medical attention and the consequences with possible permanent damage and possible death were explained. Patient verbalized the understanding of the consequences and refusal was signed."

Parents or guardians should be contacted for permission of refusals on patients who are under 18 years of age. If a parent or guardian cannot be contacted, the shift Captain or Lieutenant shall be notified and give further instructions.

Refusals will not be accepted from patients who are suicidal, not alert and oriented, or visibly intoxicated (unless under arrest and a police officer signs the refusal).

Refusals should not be taken when one or more of the following signs or symptoms occur: If you find one or more of the following you should contact your supervisor and/or medical control in reference to the situation.

1. Medical

- chest pain
- shortness of breath
- diastolic blood pressure greater than 90
- systolic blood pressure greater than 180 or less than 80
- cardiac arrhythmias
- past medical history of cardiac problems or hypertension
- pulse greater than 100 or less than 60 and symptomatic

2. Trauma

- neck pain
- chest or head pain
- significant mechanism of injury (protrusion inside the vehicle greater than one foot, windshield starred, steering wheel bent)
- gunshot wounds
- stab wounds
- obvious deformities
- pulse greater than 120
- weak radial pulses

- neurological deficit
- loss of consciousness prior to arrival or at anytime during treatment
- dizziness
- nausea, vomiting or diarrhea

Jeopardizing a patient's health by disregarding his or her condition or encouraging other alternatives are considered as very serious violations by EMS administration. Pre-hospital personnel shall never estimate the cost of transport to the patient. Violations of this nature may warrant in immediate employment termination of personnel.

Air Transport Procedures

Purpose: To ensure the appropriate air transport service is utilized and given the pertinent information regarding the location and the patient at hand.

Policy: This policy shall be followed during ALL air transport situations.

Procedure:

Early notification that air transport is needed for critical patient(s) is essential. At the first indication that an accident is potentially life threatening, the following procedures shall be implemented:

1. Request the Status of Air Transport Services
 - A. The responding or on-scene unit shall contact Dispatch. The unit shall advise a possible landing area near the accident scene.
 - B. Dispatch Personnel shall call Vanderbilt Life flight at 1-800-288-8111 and Air E-vac at 1-800-247-3822 and obtain the following information:
 - availability status
 - location of helicopter that would respond
 - estimated time of arrival
 - C. Dispatch should advise the requesting unit of the information they obtained.
2. The unit commander shall make the decision to place one or both of the services on stand-by or to respond to the landing zone based upon the number of patients involved and their condition. If a stand-by mode is chosen, the unit commander shall report back to Dispatch as soon as possible to either stand-down or initiate response. Good judgment shall be utilized. If a patient can be transported to the closest, local medical facility before the aircraft's arrival, the patient shall be taken to the hospital. The aircraft can be redirected to the hospital.
3. Air Transport Response to the Scene
 - A. If Dispatch initiates a response from either service, Station 20's personnel shall notify the on-duty Lieutenant, Captain, Training and Quality Assurance Officer, Deputy Chief and Chief. They should also notify law enforcement and fire agencies in that area.
 - B. The on-duty Captain or Lieutenant should determine what unit will be designated as the landing zone (LZ) officer. After arriving at the possible landing area or designated PELA zone, this unit will make the final decision where the aircraft will land. The unit will advise Dispatch of any site hazards (i.e. power lines) and obtain the site's Global Positioning Satellites (GPS) coordinates if necessary. Dispatch will relay all information provided to the inbound aircraft.
 - C. The paramedic on-scene providing patient care shall relay all pertinent information to Dispatch for notifying the inbound aircraft to include:
 - patient's approximate age
 - patient's approximate weight

- patient's extent of injuries
 - patient's vital signs
 - if prolonged extrication is required.
- D. Dispatch should periodically obtain updated estimated times of arrival from the aircraft and notify the LZ officer and on-scene unit.
- E. Once the patient or patients are stabilized, they shall be transported to the landing area if necessary.
4. Arrival of Aircraft
- A. No one except the LZ officer should be in the immediate area of where the helicopter is landing. All bystanders, fire and law enforcement officers should be clear of the area.
- B. The LZ officer will guide the aircraft into the designated area if needed. He or she will notify Dispatch that the helicopter is safely on the ground.
- C. No one should approach the aircraft after it has landed. Medical personnel from the helicopter will approach the LZ officer or the awaiting medic unit. They will assess the patient, assist in stabilization and oversee the transfer of the patient or patients to their stretcher.
- D. Personnel or the officer on scene shall notify dispatch at the time that the crew of the aircraft takes over patient care. This records a time when they initiated their care.
- E. EMS personnel will assist the aircraft's personnel in transferring and loading the patient on to the helicopter. EMS personnel should be aware of their surroundings and watch out for their proximity to its propellers and tail rotor. **Extreme caution shall be taken.** Ball caps, unsecured cot mattresses and linens are prohibited. Personnel shall return to the area near the medic unit and wait for the aircraft to lift off and clear the immediate area before returning to service.
- F. The LZ officer will notify Dispatch that the aircraft has taken off from the area.

Emergency Transport Procedures

Purpose: To ensure that the appropriate steps are followed when a patient requires emergency transport.

Policy: This policy shall be followed during ALL emergency transport situations.

Procedure:

The following is a list of medical conditions that are considered as emergencies. Patients meeting this criteria should be transported emergency traffic by the use of lights and sirens to the closest medical facility. Whenever questions arise in the handling of a transport, personnel shall call on a Medical/Trauma Control physician or designated nurse for orders.

1. Respiratory arrest or airway blockage which cannot be cleared.
2. Pulmonary edema or severe congestive failure causing respiratory distress.
3. Cardiac arrest or significant arrhythmia.
4. Chest pain with or without left shoulder and arm pain, accompanied by profuse sweating, nausea or vomiting, arrhythmia or signs of shock should be considered an emergency in any age group. A wide range of problems can produce chest pain with secondary emotional responses. When in doubt, contact Medical/Trauma Control.
5. Complicated obstetrical cases or deliveries imminent or in progress are emergencies.
6. Shock from any cause.
7. Crushing injuries to the chest.
8. Poisonings of any type.
9. Burns with complications.
10. Heat Stroke.
11. Abnormal or changing central nervous system signs (i.e. loss of consciousness, changes in pupil size, seizure) particularly following head trauma.
12. Severe hemorrhage from a site which cannot be controlled (i.e. vaginal, gastrointestinal, pulmonary).
13. Penetrating wound of the head, chest or abdomen.
14. Overdose. If the medic does not feel emergency traffic is indicated, it must be cleared with Medical/Trauma Control.
15. The unit operator will run emergency traffic when advised to do so by an EMS Officer or Dispatch.

Section VI
Weapons of Mass Destruction
Standard Operating Guidelines

WMD Procedures

Purpose: The purpose of the Terrorism Incident Appendix (TIA) is to develop a consequence management plan for responding to and recovering from a terrorist-initiated weapon of mass destruction (WMD) incident. The TIA supplements the Mass Casualty/Emergency Operations Plan (EOP) already in effect.

Policy: This policy shall be followed during ALL WMD situations.

Procedure:

I. Scope:

Once thought to be impossibility, terrorists have now attacked Americans in the United States. Americans first line of response is the emergency services. Montgomery County EMS personnel are faced with even more risk because often responders also become targets in a terrorist attack. The trend of terrorists using weapons of mass destruction prompted Montgomery County EMS to create this guideline.

II. The Hazard

- 1. Nature of Hazard:** Due to the close proximity of Fort Campbell, the Cumberland Steam Plant, and relative large military population living in Clarksville, Montgomery County is at risk for a terrorism incident.
- 2. Incident** Any terrorism attack on Montgomery County, Fort Campbell, or any Region 7 Homeland Security member, will probably result in some sort of Montgomery County EMS response, be for Mutual aid to the incident, or to assist Gateway Hospital in receiving patients, or to assist the Montgomery County Health Department with immunization clinics
- 3. Hazard Agents:**
 - a. Chemical:** Most chemical weapons have been around since World War I. Most common chemicals, such as ammonia, can be used as weapons under certain circumstances. The Chemical Agents index Tab will list these.
 - b. Biological:** Biological Weapons have been around since the beginning of time. These agents may be inhaled, ingested, injected, or contracted through direct contact with an infected patient. They can be disseminated by means of aerosol release or applied to a surface. See Biological Agents Index Tab.
 - c. Nuclear/Radiological:** Technological advances and access to increasing amounts of information have improved terrorists' ability to acquire and use radioactive material. See Nuclear/Radiological Materials Index Tab.

- d. **Explosives:** Responders should know that explosive agents pose a significant threat in the form of personnel and property loss across the United States. The use of explosive devices, and secondary devices are now being used to target first response personnel. See Explosives Index Tab.

It is key that all EMS personnel arm themselves with knowledge of WMD agents and how to appropriately respond to and protect themselves and others in the event a WMD incident occurs

Chemical Agents Index

Chemical Weapons exist as solids, liquids, or gases that can be inhaled, ingested, injected or produce effects by direct contact. Chemical agents are most often disseminated via an aerosol release, which may be a mist of liquid droplets or vapor.

A chemical weapon can be any chemical used to threaten or harm people, animals, or crops. Most often, they can be viewed as HazMat Incidents.

Chemical Weapons may produce a variety of effects, including asphyxiation, irritation, allergic sensitization, systemic poisoning, and weakening of the immune system. Impairments may also include temporary to permanent blindness, respiratory difficulty, dizziness, syncope, induced chemical hypersensitivities, and potentially life-threatening seizures.

Chemical weapons are divided into the general categories of choking, blood, blister, and nerve agents. The usual minimal required personal protective equipment (PPE) when dealing with chemical agents will be a Level B suit. Some specific chemicals may require higher or lower levels of PPE. Consult the Emergency Response Guidebook (ERG) for specific chemical requirements.

Choking Agents

Phosgene and chlorine have similar actions and clinical signs.

Signs and Symptoms:

Time to effect depends on the dose inhaled but may be up to 24 hours. Acute signs may be tearing, eye irritation, airway irritation, or difficulty breathing. Delayed medical signs include pulmonary edema. This will lead to hypoxia and could result in respiratory failure if not treated.

Treatment:

Appropriate airway management will include high-flow oxygen via non-rebreather mask. Endotracheal intubation with positive pressure ventilations may be required for the unconscious patient with depressed airway reflexes (gag) or apnea. Early and aggressive airway management may be necessary to prevent respiratory failure due to laryngospasm. In cases of severe pulmonary edema, the preferred treatment is continuous positive airway pressure (CPAP) or positive end-expiratory pressure (PEEP). Diuretics are of minimal value since the edema is not cardiogenic in nature, but results from physical damage to the alveolar-capillary membrane. Albuterol may be beneficial to patients with acute bronchospasms. Patients with minor exposures should be transported to the hospital for observation, due to the delayed onset of symptoms.

WMD Agent	Route of Exposure	Signs and Symptoms	Onset of Symptoms	Decontamination Solutions	Pre-hospital Care
Pulmonary (choking) Phosgene (CG) Chlorine (H ₂ O reactive)	Inhalation (usual)	Chlorine-Pain Eye and Airway irritation, dyspnea, chest tightness, Bronchospasms, Pulmonary Edema	20 min. to 24 hours	Universal Precautions Soap and water wash	Supportive Care for Airway and Circulation Aggressive Airway Management

Blood Agents

Cyanide is called a blood agent because the venous blood becomes bright or cherry red. Cyanide blocks the electron transport system. Consequently, venous blood has as much oxygen as arterial blood. The patient will suffer cellular anoxia because the circulating blood will not be able to release oxygen to the tissues. Pulse oximetry is of no value, as the problem does not result from the lack of oxygen, but the inability to utilize the oxygen. Cyanide is a very rapid toxicant. There are two types of weaponized cyanide; hydrogen cyanide (NATO designation AC) that is lighter than air and quickly dissipates, and cyanogens chloride (NATO designation CK) that is heavier than air and accumulates in low spots.

Signs and symptoms:

Effects may be immediate or up to eight minutes post exposure, depending on the concentration. After exposure to a high concentration, unconsciousness may occur 30 seconds to two minutes, with seizures occurring in two to four minutes. Because death can occur in six to eight minutes, rapid action is critical. Patients may exhibit immediate hyperpnea, tachypnea, and tachycardia. Dizziness, headache, and nausea may be seen in a mild exposure or early in the course of a severe exposure. Vomiting is unlikely but

possible. The skin is usually flushed and pink, giving the patient the appearance of being hyperthermic.

Treatment:

After ensuring personal safety, move the patient to fresh air and administer 100% oxygen via and appropriate route. The only definitive treatment for cyanide poisoning is a 300mg sodium nitrate IV followed by 12.5g of sodium thioufate. These medications are usually prepackaged in a cyanide antidote kit, which also comes with inhalant ampules of amyl nitrite, which may be crushed and placed under the patient's nose, if he or she is still breathing.

WMD Agent	Route of Exposure	Signs and Symptoms	Onset of Symptoms	Decontamination Solutions	Pre-hospital Care
Blood Hydrogen Cyanide (AC) Cyanogen Cyanide (CK)	Inhalation Ingestion	RAPID ONSET OF: Tachypnea Seizures (dry) L.O.C. Death	15 Sec. To 2 min.	Universal Precautions Soap and water wash	Supportive Care Cyanide Antidote Kit Amyl Nitrate

Blister Agents

Blister Agents include mustard, lewisite, and phosgene oxime. The concentration of the material, as well as which material is involved, are important in diagnosis and treatment. Ambient temperature is also important, because cold weather can delay the onset of symptoms; if the exposed skin remains cold, it can lessen the severity of vesicant damage. Warm and humid conditions increase the severity of vesicant damage and shorten the time to onset of symptoms. Thinly skinned areas of the body, such as the eyelids, scrotum, and armpits are more sensitive and therefore prone to greater damage.

MUSTARD

Mustard was developed in the 1800's and has a long history of use by multiple countries. Below 100°F mustard is an oily liquid, but above 100°F, it is a vapor and therefore produces an inhalation hazard. Odor is an unreliable indicator, because mustard dissipates so easily, but when an odor is detectable, it smells faintly of sulfur, garlic, or onions.

Signs and Symptoms:

Symptoms are usually delayed although tissue damage begins immediately. Skin and respiratory signs/symptoms may not be seen for two to four hours. The skin will appear

sunburned, with blisters forming later. Mild eye exposure may include itching, tearing, gritty feeling, burning, and photophobia. Severe eye exposure produces severe pain, edema of the eyelids and conjunctiva. Mild respiratory symptoms include runny nose, sneezing, hacking cough, and hoarseness. Severe respiratory exposure produces a productive cough with clear foamy sputum, pulmonary edema, cyanosis, shock, and cardiac failure. Onset of severe symptoms in less than four hours from exposure indicates a poor prognosis. Advanced systemic effects will also include vomiting and diarrhea.

Treatment

For skin contact, apply copious amounts of water to decontaminate the area and reduce burning and itching. Irrigate eyes, taking up to a minute or more for each eye; the use of Morgan Lenses, or if not available the use of a nasal cannula, will help facilitate this process. A water-soluble lubricant (such as KY jelly) should be applied to the edges of eyelids to prevent them from sticking together. Topical ophthalmic anesthetics may reduce pain. With proper treatment, vision will be restored. Bronchodilators may be helpful to relieve respiratory distress associated with bronchospasms; Endotracheal intubation may also be necessary in severe exposures. Similar to thermal burns, IV analgesics may also be helpful and it is important to maintain proper fluid balance. Injury from contact with mustard does not require fluid replacement to the same extent as thermal burns.

LEWISITE

Lewisite is a colorless liquid that may have a faint odor of geraniums. It has a greater volatility than mustard.

Signs and Symptoms:

Contact with skin causes immediate pain. Skin will take on a grayish cast within five minutes of exposure, as a result of necrosis of the epithelium. Blister formation begins 12 to 18 hours following exposure with pain diminishing after blister formation. Eye contact causes tearing, redness and difficulty in opening the eyes. Eyes may swell shut within one hour of exposure. Irritation of the nose and throat may occur as well as pulmonary edema. Advanced systemic effects will also include vomiting and diarrhea.

Treatment:

Patients will usually wash themselves to relieve burning pain. British-Anti-Lewisite (BAL) may be given as an antidote to significantly reduce the systemic effects. BAL may not be readily available, but any chelating agent used for heavy metal poisoning will also be suitable. It can be administered topically or as an IM injection.

PHOSGENE OXIME

Phosgene Oxime is not a true blister agent because it does not produce vesicles but rather is an urticant that produces erythema, wheals, and itching.

Signs and Symptoms

Phosgene oxime causes immediate pain on contact. Skin may present with a sudden rash, with skin appearing pale and blanched with rings of erythema forming within 20 seconds of contact. Skin may have wheal-like lesions of pale spots 30 minutes after exposure. Eyes feel immediate pain and may swell closed within one hour.

Advanced systemic effects will also include vomiting and diarrhea.

Treatment

Management of exposure to this agent is the same as for Mustard.

WMD Agent	Route of Exposure	Signs and Symptoms	Onset of Symptoms	Decontamination Solutions	Pre-hospital Care
Vesicants (Blister) Mustard Lewisite (L) Phosgene oxime (CX)	Inhalation Skin Absorption	Mustard- Delayed Lewisite – immediate pain Tearing and Burning of eyes Runny Nose Sneezing Coughing Reddening of Skin Followed by Blisters	2 to 24 hours	Universal Soap and Water wash	Burn and Airway Management Per protocol Lewisite- BAL

NERVE AGENTS

These agents, which produce the same clinical signs, will be addressed as a group. They are hazardous in both their liquid and vapor forms. The following is a list of the agents:

- GA (tabun) • GF • Pesticides
- VX • GD (Soman) • GB (Sarin)

The agent used and the route of dissemination may depend on whether the intended victims are in an open or closed location with or without ventilation. The effect of an agent varies with the method of dispersion, whether by vapor for inhalation or liquid for direct skin contact.

Signs and Symptoms

Nerve agents bind acetyl cholinesterase (AChE), thereby allowing the concentration of acetylcholine to build at the neuromuscular or neuroglandular junction producing over-stimulation. This leads to a variety of symptoms leading to a “wet, convulsing” patient. Eye contact causes pain, miosis (pupillary constriction) and tearing. Inhalation causes runny nose, dyspnea, wheezing secondary to bronchoconstriction, rales and rhonchi due to accumulation of bronchial secretions, and cyanosis. There is sweating, excessive salivation, vomiting, nausea, diarrhea, a feeling of weakness, loss of bladder control, convulsions, muscle twitching, altered mental status, loss of consciousness, respiratory failure, and death. Common mnemonics for remembering the clinical signs associated with nerve agent exposure are:

DUMBELS:

- D – Diarrhea
- U – Urination
- M – Miosis
- B – Bradycardia, Bronchospasm, and Bronchorhea
- E – Emesis
- L – Lacrimation (tearing)
- S – Sweating, Salivation, and Secretions

Treatment

Immediate treatment is necessary. In limited exposure, fresh air may help dissipate signs. Victims' clothing may off-gas and present a source of contamination to first responders and hospital personnel. Decontamination must be performed by responders wearing appropriate PPE and should include, at a minimum, the removal of the outer layer of each victim's clothing. Acetylcholine (ACh) must be deactivated to prevent over stimulation of the receptor neuron. In the presence of nerve agents, ACh must be deactivated through the administration of medications. The antidotes of choice are Atropine Sulfate and Pralidoxime Chloride (2-PAM). Administer 100 percent oxygen via non-rebreather facemask; endotracheal intubation may be indicated with severe exposure. Establish IV access and administer 2mg of Atropine and 600mg of 2-PAM. If IV access is not available, these medications can also be administered through IM injection. A kit is available on each ambulance containing 6 each Atropine and 2-PAM auto injectors. Ensure to keep at least 1 set each for EMS personnel. High doses of atropine may be required to resolve muscarinic effects of nerve agents. Care must be taken with the administration of intravenous atropine in the context of an ischemic heart; hypoxia must be corrected prior to the administration of atropine. The patient must be closely monitored for dysrhythmias and other side effects of administration. The end-point of administration of the antidote should not be pupillary constriction, as this sign could be a result of the localized effect of nerve agent vapor on the pupil, and may last several weeks after exposure. If the patient experiences seizures, Diazepam (Valium) may be administered in 2mg doses IV or IM until the seizure is terminated. Valium is also available via auto injector (10mg).

WMD Agent	Route of Exposure	Signs and Symptoms	Onset of Symptoms	Decontamination Solutions	Pre-hospital Care
Nerve Tabun (GA) Sarin (GB) Soman (GD) VX	Inhalation Skin Absorption	Salivation Lacrimation Urination Defecation Emesis Miosis Seizure (wet) Coma Death	Seconds To 18 hours	Universal Soap and Water wash	Respiratory Support Atropine 2mg up To 6mg max 600mg 2-PAM to 1800mg Diazepam up To 10mg or per Protocol.

BIOLOGICAL WEAPONS INDEX

Biological agents have been around since the beginning of time. These agents may be inhaled, ingested, injected, or contracted through direct contact with an infected patient. Like chemical weapons, they are also disseminated by means of aerosol release. They can also be directly applied to a surface. To date, biological weapons have not been deployed in a large-scale military operation because of the potential consequences of their use.

Biological weapons use living agents or the by-products of living agents, such as bacteria, viruses, and other pathogenic microorganisms, to produce disease or death in humans, animals or plants. Biological agents may be spread in various ways: as released from munitions in the form of aerosols.

There are no simple and rapid methods to definitively detect biological agents, unlike the case for chemical and nuclear agents. The positive detection and identification of a pathogen can be obtained only by taking samples of the organisms, growing a culture of the organism under laboratory conditions, and then subjecting the culture to a variety of biochemical and biological tests.

Biological weapons can be classified into bacteria, viruses, and toxins.

Pathogens can be airborne, blood borne, waterborne, or transmitted by vectors (ticks, mosquitoes, flies, and fleas). Possible delivery systems range in complexity and effectiveness from an agricultural sprayer mounted on a truck to a specialized cluster warhead carried on a ballistic missile. The key to producing large-scale respiratory infections is to generate an aerosol or stable cloud of suspended microscopic droplets, each containing from one to thousands of bacterial or viral particles. Fog and smoke are examples of visible aerosols.

Biological agents are virtually untraceable, and very few detection methods are available until a disease has been produced or manifested. Biological incidents require an incubation period, making it unlikely that responders will immediately know that an incident has

occurred. Liquids are easier to make, but harder to distribute. Powders are harder to make, but easier to disseminate.

Routes of entry involves the respiratory, gastrointestinal, and integumentary systems, as well as mucus membranes, including the eyes. Patient treatment varies with the disease, but includes overall, supportive care, specific antibiotics or antivirals.

Symptoms of infection with a biological agent will present as undifferentiated or atypical illness and should be treated as a public health hazard. The agents presented here are chosen as a result of known or suspected previous use by military powers as a weapon.

When in close proximity to or treating patients suspected of disease from biological weapon, personal protective equipment (PPE) should include, at a minimum, gloves, gown, eye protection, and a HEPA filter mask. With some diseases, particularly those that are contagious, EMS Personnel will wear the Tyvek suit, your full-face air-purifying respirator, and shoe covers that are issued to you. PPE should be properly disposed of immediately after contact with infectious patients and care should be taken to prevent cross-contamination.

Anthrax Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. Anthrax most commonly occurs in warm-blooded animals, but can also infect humans. For terrorist purposes, anthrax spores can be produced in a dry form, stored, and then ground into particles. When inhaled, the spores will produce a respiratory infection that will result in shortness of breath and pulmonary infiltration. This may progress to respiratory failure within a week. Anthrax will go dormant without a host and wait for a new host to infect. Anthrax infection can occur in three forms: cutaneous, inhalation, and gastrointestinal.

Cutaneous Most anthrax infections occur when the bacterium enters a cur or abrasions on the skin, such as when handling wool, hides, leather or hair products of infected animals. Skin infections begins as a raised itchy bump that resembles an insect bite but within one to two days develops into a vesicle and then a painless ulcer, usually one to three centimeters in diameter, with a characteristic black necrotic area in the center. Lymph glands in the adjacent area may swell. About 20 percent of untreated cases of cutaneous anthrax will result in death. Deaths are rare with appropriate antibiotic therapy.

Inhalation

Initial symptoms may be mistaken for the flu or a cold. After several days, the symptoms may progress to severe breathing problems and shock. Without treatment, inhalation anthrax usually results in death in one to two days after onset of the acute symptoms.

Intestinal

The intestinal form of anthrax may follow consumption of contaminated meat and is characterized by an acute inflammation of the intestinal tract. Initial signs of nausea,

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loss of appetite, vomiting, and fever are followed by abdominal pain, vomiting of blood, and severe diarrhea. Death from intestinal anthrax results in 25 to 60 percent of untreated cases.

Plague

Plague is an infectious disease caused by the organism *Yersinia pestis*, which is a rod-shaped, non-motile, and non-sporulating. All human populations are susceptible to plague. Plague is generally transmitted from infected rodents through fleas. Plague has two forms, pneumonic, and bubonic. The pneumonic form is seen as the primary form after purposeful aerosol dissemination of the organism. The bubonic form is seen after purposeful dissemination through the release of infected fleas. The organism remains viable for some time in dry sputum, flea feces, and buried bodies, but is killed within several hours of exposure to sunlight.

Route of Entry

Plague is usually spread through bites of infected fleas, contact with mucus membranes and inhalation.

Signs and symptoms

Incubation time is two to ten days for bubonic plague and two to three days for pneumonic. Generally, symptoms develop first with headache, fever, myalgia, malaise, swollen lymph nodes, and a productive cough with bloody sputum. Black necrotic and purpuric lesions caused by endotoxemia are also often present.

Treatment

Supportive measures including some pain control and fluids, cough control, and antibiotics.

Tularemia

Tularemia is a bacterial disease caused by *Francisella tularensis*. Humans typically acquire tularemia from bites of infected animals, deerflies, mosquitoes, or ticks. Inhalation of contaminated dusts or ingestion of contaminated foods and water will also produce clinical disease. It is highly pathogenic, requiring very few organisms to cause infection. Respiratory exposure by aerosol would cause typhoidal or pneumonic tularemia. It can remain viable for weeks in water, soil, carcasses, and hides. It is highly resistant for months to temperatures at freezing and below, and can remain viable for years in frozen rabbit meat, but is rather easily killed by disinfectants and heat.

Signs and symptoms

Tularemia presents in a number of forms, including these three:

Ulceroglandular: The most common, usually characterized by fever, chills, headache, and malaise, and ulcerated skin lesion and painful regional lymphadenopathy. The skin lesions are normally located on the fingers or hand.

Typhoidal: Manifests as fever, prostration, and weight loss but without lymphadenopathy. Pneumonia may be associated with any form but is most common in this one. Diagnosis of primary typhoidal tularemia is difficult, as signs and symptoms are non-specific and there frequently is no suggestive exposure history.

Oculoglandular: Occurs after inoculation of the conjunctivae with infectious material. Patients have unilateral, painful, purulent conjunctivitis with preauricular or cervical lymphadenopathy. Chemosis, periorbital edema, and small nodular lesions or ulcerations of the palpebral conjunctiva are noted in some patients.

Treatment:

Early antibiotic treatment with medications such as Cipro or tetracycline is crucial. First responders are unlikely to see a patient with Tularemia, except as one needing transport. Universal precautions are a must, but respiratory protection is not required.

“Q” Fever

This organism is a rickettsial agent that is resistant to heat and desiccation. It is highly infectious by the aerosol route, with a single inhaled organism able to produce clinical illness, making this a possible terrorist choice. It presents with non-specific symptoms of fever, cough, and pleuritic chest pain may occur as early as ten days after exposure. Patients are not critically ill, and the illness lasts from two days to two weeks. Q fever is generally a self-limited illness even without treatment.

Brucellosis

Brucellosis is an infection caused by several species of *Brucella* organisms that are highly infectious via the aerosol route. It is estimated that inhalation of only 10 to 100 bacteria is sufficient to cause disease in humans. Symptoms include irregular fever, headache, profound weakness and fatigue, chills, sweating, arthralgias, myalgias, depression and changes in mental status. Treatments include doxycycline and rifampin. Therapy with rifampin, a tetracycline, and an aminoglycoside is indicated for infections with complications such as endocarditis or meningoencephalitis.

Glanders

Glanders can be acquired by contact with infected animals, primarily those of the equine species. Although this disease has been eradicated in the U.S. for approximately 50 years, it has been weaponized and can be transmitted via aerosol. It presents with fever, sweats, muscle aches, diarrhea, chest pain on breathing and a rash of papules and pustules, as well as photophobia and tearing of the eyes. The rash is easily mistaken for smallpox but does not occur on the palms of the hands or the soles of the feet. Glanders is most always fatal without treatment. No vaccine is available for human use.

Cholera

This agent has purportedly been investigated in the past as a biological weapon. Cholera does not easily spread from person to person. Therefore, to be an effective biological weapon, major drinking water supplies would need to be heavily contaminated. Cholera has an incubation of four hours to five days with an average of two to three days. Cholera generally presents with vomiting, abdominal cramps, headache, and voluminous diarrhea most often known as “rice water” diarrhea. Fluid loss may exceed 5 to ten liters per day. Without treatment, death may result from severe dehydration, hypovolemia and shock. Care should be supportive with fluid and electrolyte replacement. A vaccine is available, but provides only about 50% protection that lasts for no more than six months.

VIRUSES

SMALLPOX

Smallpox is a highly contagious disease caused by the virus *variola*. There are two strains: *variola major*, with the more severe symptoms and a higher mortality rate of 20 to 40 percent, and *variola minor*, which has less severe symptoms and a mortality rate of about 1 percent. A patient with small pox is highly contagious and will remain so until all the scabs have separated. At the current time, the entire world is susceptible to infection with smallpox since vaccinations in most places were discontinued in the 1970's. The routes of entry for small pox consist of: inhalation of droplet nuclei from an infected person and dermal contact with the sores and scabs.

Signs and symptoms:

Incubation period is between five to twelve days. Clinical manifestations begin acutely with malaise, fever, rigors, vomiting, headache, and backache. Within two to three days after infection, lesions appear and quickly progress to pustular vesicles. They are more abundant on the extremities and face, and develop synchronously. The patient presents with fever, headache, myalgias, and malaise. The lesions must be differentiated from chicken pox, which have lesions at all stages of development and prefer the trunk of the body, but do not appear on the palms and the soles.

Treatment:

Smallpox vaccine is most often administered by intradermal inoculation. Vaccination within three to four days of known exposure will usually prevent occurrence of the disease. Treatment should be supportive in nature. Once lesions appear, patients cannot be decontaminated but should be isolated until all scabs have separated. This is critical to prevent spreading of the disease. Responders should immediately wash their hands and clothing after dealing with smallpox patients.

Venezuelan Equine Encephalitis

Venezuelan equine encephalitis (VEE) virus is endemic in northern South America, Trinidad, Central America, Mexico, and Florida. Eight serologically distinct viruses belonging to the VEE complex have been associated with human disease. These agents also cause severe disease in horses, mules, burros and donkeys. VEE has been weaponized and could theoretically be produced in either wet or dry form. A biological warfare attack with the virus disseminated as an aerosol would almost certainly cause disease in humans.

Signs and symptoms:

Sudden onset of illness with generalized malaise, spiking fevers, rigors, severe headache, photophobia, and myalgias. Nausea, vomiting, cough, sore throat, and diarrhea may follow. Inflammation of the meninges of the brain and of the brain itself is likely to occur.

Treatment:

Supportive care with anti-inflammatory medications like acetaminophen and ibuprofen may give relief from headaches and body aches. Patients with meningitis may need anticonvulsants.

Viral Hemorrhagic Fever

Viral Hemorrhagic fever describes a diverse group of diseases including Ebola, Marburg viruses, Yellow Fever, Rift Valley Fever, and Congo Crimean Hemorrhagic Fever. The viruses may be spread in a variety of ways, including contact with body fluids and inhalation of aerosolized droplets.

Signs and symptoms:

Fever, easy bleeding, small blood-like bruises (petechiae and purpura) hypotension, edema, muscle aches, headaches, possibly central nervous system (CNS) signs and respiratory signs.

Treatment:

Care should be supportive, avoid intramuscular injections, aspirin and other anticoagulant drugs. Fluid therapy during transport may be helpful. Patient isolation and strict infection control are needed. In some cases, prophylactic ribavirin can be administered to exposed responders.

TOXINS

Botulism

WMD Agent	Route of Exposure	Signs and Symptoms	Onset of Symptoms	Decontamination Solutions	Pre-hospital Care
Anthrax	Inhalation Skin Absorption	General Malaise Fever Chills Chest Pain Dry cough Eclipse of symptoms	1 to 6 days	Universal Soap and Water wash	Symptomatic care Hospital Isolation Ciprofloxacin Doxycycline Penicillin

NERVE AGENTS

Nerve agents are specific organophosphorus compounds that are considered the most dangerous of the chemical warfare agents. Similar physiological effects are produced by carbamates and other organophosphate based pesticides. However, nerve agents are 100-500 times more potent than these other compounds.

Symptoms of exposure may occur within minutes to hours depending on the dose and route of entry into the body.

Symptoms of an Exposure to a Nerve Agent:

- **Eyes:** Pinpoint pupils, blurred and dimming vision, pain in and above the eyes aggravated by bright light.
- **Skin:** Excessive sweating and fine tremors of the muscles under the skin.
- **Respiratory System:** Runny nose and nasal congestion, chest pressure, cough, and difficulty breathing.
- **Digestive System:** Excessive salivation, abdominal pain, nausea, vomiting, involuntary urination and defecation.
- **Nervous System:** Giddiness, anxiety, difficulty in thinking, difficulty in sleeping, and nightmares.

Outward Warning Signs of a Nerve Agent Release

- *Explosions that dispense liquids, mist, or gases.*
- *Explosions that seem to only to destroy a package or bomb device.*
- *Unscheduled and unusual spray being disseminated.*
- *Abandoned spray devices.*

- *Numerous dead animals, fish, and birds.*
- *Lack of insect life.*
- *Mass casualties without obvious trauma.*

Common Nerve Agents

Chemical Agent	NFPA 704	UN ID#	DOT Hazard Class
Sarin (GB)	411	2810	6.1
Soman (GD)	411	2810	6.1
Tabun (GA)	421	2810	6.1
V-Agent (VX)	411	2810	6.1

BLISTER AGENTS

Blister agents are heavy oily liquids. In the pure state, they are colorless and nearly odorless, but in the impure state they are dark-colored and have odor strongly suggesting mustard, onion, or garlic. Blister agents cause severe burns to the skin, eyes, and tissue in the respiratory tract. If a large area of the skin is involved, significant amounts of agent can be absorbed into the bloodstream and cause severe systemic poisoning.

Symptoms of an Exposure to a Blister Agent

- **Eyes:** Exposure time until symptoms appear - ½ to 12 hours. Reddening, congestion, tears, burning and gritty feeling in the eyes. In more severe cases, marked swelling of the eyelids, severe pain and spasm of the eyelids.
- **Skin:** Exposure time until symptoms appear - 1 to 12 hours. Initially mild itching only followed by redness, tenderness, and burning pain in the affected area. Later, burns appear, some with large fluid-filled blisters. The blisters appear particularly in the groin and armpit where the skin is warm and moist.
- **Respiratory System:** Exposure time until symptoms appear - 2 to 12 hours. Burning sensation in the throat and nose, hoarseness, profusely runny nose, severe cough, severe shortness of breath.
- **Digestive System:** Exposure time until symptoms appear - 2 to 3 hours. Abdominal pain, nausea, bloodstained vomiting, and bloody diarrhea.

Outward Warning Signs of a Blister Agent Release

- Explosions that dispense liquids, mists, or gases.
- Explosions that seem only to destroy a package or bomb device.
- Unscheduled and unusual spray being disseminated.
- Abandoned spray devices.
- Mass casualties without obvious trauma.
- Definite pattern of casualties and common symptoms.
- Civilian panic in potential target areas (government buildings, public assemblies, subway system, etc).

Common Blister Agents

Chemical Agent	NFPA 704	UN ID#	DOT Hazard Class
Mustard	411	2810	6.1
Lewisite	411	2810	6.1

BLOOD AGENTS

Blood agents produce casualties by interfering with the blood's ability to transfer oxygen to the cells, which can lead to death by asphyxiation. Signs and symptoms of blood agent poisoning include rapid death if exposed to high concentrations. Small concentrations cause respiratory distress, vomiting, diarrhea, vertigo, and headache. Large numbers of casualties displaying these common symptom and reports of peach blossom or bitter almond odors indicate a possible blood agent release.

Blood agents are liquids under pressure. The discovery of lecture bottles and gas cylinders is a possible clue to their presence. Most blood agents are derivatives of cyanide compounds. The discovery of packages of cyanide salts and acids that are precursors for blood agents may also be considered clues.

Common Blood Agents

Chemical Agent	NFPA 704	UN ID#	DOT Hazard Class	DOT
ERG				
Hydrogen Cyanide (AC)	442	1051	6.1	117
Cyanogen Chloride CK	442	1589	2.3	125

CHOKING AGENTS

Choking agents produce casualties by severely stressing respiratory system tissues. This distress produces copious fluids, which can result in death by asphyxiation.

Signs and symptoms that choking agents were release include severe irritation of the respiratory tract and eyes, as well as coughing and choking. Reports of a strong chemical odor would be characteristic. Most people recognize chlorine, and phosgene has an odor like newly cut hay.

Choking Agent DOT Information

Chemical Name	NFPA 704	UN ID#	DOT Hazard Class	DOT
ERG				
Chlorine	300 ox	1017	2.3	124
Phosgene	400	1076	2.3	125

IRRITATING AGENTS

Irritating agents are also known as riot control agents or tear gas. They cause respiratory distress and copious tearing that incapacitates a victim. These agents are generally not lethal, but under certain conditions, they can act as an asphyxiant.

Another common compound that produces effects similar to tear gas is pepper spray. The active ingredient in pepper spray is capsicum, a natural organic compound extracted from hot peppers. Signs will include casualties complaining of burning and irritation of the eyes and throat. In severe exposures or when direct contact with the liquid occurs, complaints of burning skin as well abdominal pain may also be present. Exposure to these agents is accompanied by tearing, coughing, choking, difficulty breathing, nausea and vomiting. Additional signs and symptoms may include the following:

- A characteristic peppery odor in the area of the event.
- A characteristic pepper odor on the clothing of person exposed.
- Reports of tear gas-like odor from those exposed.
- Identification of tear gas munitions used by either military or police.
- Identification of discharged personal protection devices.
- Brownish colored stains on objects near the site of the suspected release.
- Dye stain near the site of the suspected release.

Common Irritating Agents

Name	Military Abbreviation	PEL/TWA	
IDLH			
Chloropicrin	none	0.10 ppm	4
MACE	CN	0.05 ppm	100
Tear Gas	CS	0.05	ppm
Capsicum/Pepper Spray	2mg/m3 none		

INCIDENT MANAGEMENT FOR CHEMICAL OR BIOLOGICAL AGENT INCIDENTS

Management of the incident is based on three steps:

1. Establishing and updating incident priorities:
 - Life safety
 - Incident stabilization
 - Property and environmental conservation
 - Investigation of cause and origin

2. Continuing to size up the incident:
 - Present situation
 - Predicted behavior
3. Establishing and updating incident action plan:
 - Strategic goals (what needs to be done)
 - Tactical objectives (how will it be done)
 - Task operations (who and when)

Radiological/ Nuclear Weapons

Technological advances and access to increasing amounts of information have improved terrorists' ability to acquire and use radioactive material. In addition to using radioactive material, terrorists might also target nuclear facilities such as:

- Military Bases
- Nuclear Powered Vessels
- Nuclear Power Plants
- Nuclear Waste Facilities

The least probable is a nuclear power plant due to target layout and site security. However, a disgruntled employee working in a spent rod facility in Japan recently released just enough radiation to set off monitors. This is an example of why it is believed that these targets can be hit only with inside support.

Effects of a Nuclear Detonation:

The high cost and limited accessibility of radiological agents mean that a nuclear detonation is the least likely terrorist scenario. It is important, however, to understand the unique characteristics and effects of a nuclear detonation. The nuclear detonation has several phases: burst, blast, electromagnetic pulse (EMP), and back-blast.

Burst Phase:

- a. Air is the most effective detonation area because the airburst allows upper winds to carry fallout materials for miles. In general, the higher the burst, the farther the fallout will travel.
- b. Surface detonations cause large amounts of earth or water to vaporize by the heat of the fireball and drawn up into the radioactive cloud. In cases of water, surface (and shallow underwater) bursts, the particles tend to be lighter and smaller and therefore produce less local fallout.
- c. Subsurface detonations include an additional phenomenon called "base surge," a cloud that rolls outward from the bottom of the column produced by a subsurface

explosion. This is the usual means for testing.

d.

Blast Phase:

The blast phase, caused by the burst, generates an overpressure. In other words, a massive rush of heat, wind, and energy leaves the center of the burst during an explosion.

EMP Phase:

The generated heat is called thermal nuclear radiation, and is intense enough to incinerate a human. Along with the heat and wind is a phenomenon known as EMP. This wave of energy would theoretically render all electrical equipment inoperable.

Back-Blast Phase:

This is the final phase of a nuclear detonation, and consists primarily of the exhaust and concussive force of the explosions. During this phase, everything that is not nailed down, is sucked up into the center of the mushroom cloud, caught by upper winds, and then falls to the earth. This fallout can spread contamination many miles from the original blast site.

Area of Effect:

Trained emergency personnel can enter a known yield or size of the weapon into a computer, and predict the extent of damage and contamination caused by a nuclear detonation. Example:

A one-kiloton detonation (equivalent to 1,000 tons of TNT) results in:

- a. A horizontal range from ground zero of approximately 60 miles.
- b. Thermal radiation of $5 \times 10^4 = 50,000$ CAL/cc, with a mass energy of 80 million kilowatts per hour.
- c. Maximum thermal energy achieved in 0.014 seconds
- d. Initial radiation of one million REM's. Radiation of 5,000 REM's or greater will cause 100 percent mortality rate in two days.

Radiological Dispersal Devices

A radiological dispersal device (RDD) is defined as any device (including any weapon or equipment), other than a nuclear explosive device, that is specifically designed to disseminate radioactive material causing destruction, damage, or injury by means of the radiation produced by the decay of such material. A RDD has a high probability of use because of the accessibility to the necessary materials such as medical waste, X-Ray sources, and spent fuel.

X-ray materials are increasingly sought by terrorists because security is rather lax in most cases. Usually this material is carried from place to place in the technicians or service personnel's vehicles.

An RDD is a combination weapon that is made of radioactive source that is placed around a conventional explosive. These weapons are strategically placed as to expose the most people. When the device explodes it scatters the radioactive material out over an area, exposing many people to different levels of radiation. The small particles and limited equipment make detection difficult and cleanup virtually impossible.

First responders should approach and position themselves uphill and/or upwind. First arriving units should stage additional vehicles appropriately. Using the DOT-ERG Guide #163, isolate and secure the area.

Types of radiation

Examples of radiation include visible light, sound, radio waves, microwaves, heat, ionizing radiation, etc. Each example here has measurable physical properties and interacts with matter it comes in contact with. We will be most concerned here with ionizing radiation. This is radiation that is released from a source and travels through the air or other medium to a receiving body.

Alpha Particles:

Alpha particles are composed of two neutrons and two protons. Alpha particles do not penetrate the skin and can easily be shielded by a thin layer of paper or clothing. If however an alpha emitter gets inside the body through inhalation, ingestion, or via a wound, localized radiation damage can occur.

Beta Particles:

Beta radiation may travel meters in air and is moderately penetrating. Beta can penetrate human skin to the "germinal layer", where new skin cells are produced. If beta particles remain in the skin for a prolonged period of time, they may cause skin injury. PPE provides some protection against most beta radiation.

Gamma Rays:

Gamma radiation is able to travel many meters in air and many centimeters in human tissue. It readily penetrates most materials, and is sometimes called "penetrating" radiation. Gamma rays like x-rays, which are also penetrating. Gamma rays constitute both an external and internal hazard to humans. Dense material is needed to shield from gamma radiation. For Example you will need 2 feet of lead, 4 feet of concrete, or 6 feet of water to shield from Gamma rays. PPE provides little shielding from gamma radiation, but will prevent skin contamination from the material.

Types of radiation exposures:

Most individuals are exposed to about 360 millirems per year from natural causes and manmade sources. Smoking 1.5 packs of cigarettes a day for 1 year produces an accumulative radiation dose of 16 rem. If an individual is exposed to more than 100 rads at one time, predictable signs and symptoms will develop within a few hours, days, or weeks,

depending on the dose. Fifty percent of individuals exposed to a single dose of 450 rads will die without medical intervention.

There are three types of exposures to radiation:

External radiation:

Occurs when part or all of the body is exposed to penetrating radiation from an external source. During exposure the body can absorb the radiation, or the radiation can completely pass through. This is like a normal chest x-ray. Following this type or exposure, the individual is not radioactive and can be treated as normal.

Contamination:

The second type of radiation injury involves contamination with radioactive materials. Contamination means that radioactive materials in the form of gases, liquids, or solids are released into the environment and contaminate people externally, internally or both. An external surface of the body such as the skin can become contaminated, and if radioactive materials get inside the body through the lungs, gastrointestinal tract, or wounds, the contaminant can become deposited internally.

Incorporation:

The third type of radiation injury that can occur is incorporation of radioactive material. Incorporation refers to the uptake of radioactive materials by body cells, tissues, and target organs, such as bone, liver, thyroid, or kidneys. In general, radioactive materials are distributed throughout the body based upon their chemical properties. Incorporation cannot occur unless internal contamination has occurred.

These three types of accidents can happen in combination and can be complicated by physical injury or illness. External radiation is not considered a medial emergency due to the length of time it takes for symptoms to present. It does require medical treatment, but just not in an emergent setting. On the other hand, contamination accidents must be considered medically urgent, since they might lead to internal contamination and subsequent incorporation. Incorporation can result in adverse health effects several years after exposure if the amount of incorporated materials is high.

Symptoms:

Gastrointestinal symptoms are regularly seen at acute doses greater than 600 rads and result to damage to the epithelial cells lining the intestinal tract. The higher the dosage the sooner the symptoms of nausea and vomiting develop. Persistently high fever and bloody diarrhea despite adequate fluid and electrolyte replacement are ominous signs. CNS symptoms are seen with acute radiation doses in excess of 1,000 rads and are probably due to diffuse microvascular leaks within the brain. Damage to these vessels results in loss of fluids and electrolytes. The patient rarely lives long enough to suffer any hematological of gastrointestinal symptoms. Symptoms of shock may develop quickly in these patients, and is also associated with cardiovascular collapse.

Section VII

Forms and Other Resource Materials

ATTACHMENT A
Hepatitis B Vaccination Declination Form

Sign and return this form only if you DO NOT want a hepatitis B vaccination.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee

Date

Printed Name

Signature of Witness

Date

Printed Name

**ATTACHMENT B
MONTGOMERY COUNTY DEPARTMENT
OF HUMAN RESOURCES**

JOB DESCRIPTION

Job Title: Paramedic

Department: EMS

Date: May 24, 2006

Reports To: Captain

PURPOSE OF JOB

Provides advanced emergency care to sick and injured persons in emergency situations. Duties and responsibilities include operating an ambulance; providing emergency medical care to patients; transporting to hospital; dispatching radio operations; counting and maintaining ambulance inventory and performing general maintenance and cleaning of ambulance and other related duties.

ESSENTIAL DUTIES AND RESPONSIBILITIES

The following duties are normal for this job. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

- Operates ambulance and responds to emergency medical calls; assesses and determines needs of the patient and/or situation; communicates information to the emergency medical dispatcher; assigns priorities of care; develops a treatment plan and communicates plan to crew members. Initiates basic and advanced life support procedures, according to established standing orders. Assesses the effects of treatment.
- Directs and coordinates transport of the patient to the appropriate medical facility. Maintains rapport with the patient, support agencies and with hospital personnel. Establishes contact with Medical Control Physician as needed to discuss treatment.
- Prepares and completes medical, supply, and patient charting and related documents and reports.
- Checks operating systems of ambulance including sirens, lights, engine and drive train, fluid levels, and radio operations. Reports problems for maintenance.
- Obtains certification and participates on specialized rescue teams such as diving, confined space and high angle rescue for patient care and/or body recovery.
- Cleans and washes the exterior and interior of ambulance.
- Maintains supplies and fuel quantities.
- Performs general housekeeping of living quarters.
- Attends medical in-services as well as medical consultation with peers and hospital staff.

- Assists in community education and public relations.
- Performs other duties as required.

MINIMUM TRAINING AND EXPERIENCE

High School Diploma (or GED) required or any equivalent combination of education, training, and experience that provides the requisite knowledge, skills, and abilities for this job. Must possess a valid Tennessee driver's license. Must possess Paramedic Certification.

(ADA) MINIMUM QUALIFICATIONS OR STANDARDS REQUIRED TO PERFORM ESSENTIAL JOB FUNCTIONS

PHYSICAL REQUIREMENTS: Must be physically able to operate a variety of emergency medical equipment such as EKG, IV Infusion Pump, Pulse Ox meters, oxygen equipment, etc. Must be able to use body members to work, move or carry objects or materials. Must be able to exert in excess of 100 pounds of force occasionally, and/or up to 50 pounds of force frequently. Physical demand requirements are at levels of those for active work. Must be able to lift and/or carry weight of 50 to 100 pounds.

DATA CONCEPTION: Requires the ability to compare and or judge the readily observable functional, technical, structural, or compositional characteristics (whether similar to or divergent from obvious standards) of data, people, or things.

INTERPERSONAL COMMUNICATIONS: Requires the ability of speaking and/or signaling people to convey or exchange technical, financial and administrative information. Includes giving assignments and/or directions to co-workers or assistants.

LANGUAGE ABILITY: Requires the ability to read a variety of informational documentation, directions, instructions, and methods and procedures relating to paramedic and emergency care. Requires the ability to write reports with proper format, punctuation, spelling and grammar, using all parts of speech. Requires the ability to speak with and before others with poise, voice control and confidence using correct English and a well modulated voice.

INTELLIGENCE: Requires the ability to learn and understand basic principles and techniques, to make independent judgments in absence of supervision and to acquire knowledge of topics related to the job of Paramedic.

VERBAL APTITUDE: Requires the ability to record and deliver information to supervisors and elected officials; to explain procedures and policies; and to follow verbal and written instructions, guidelines and objectives.

NUMERICAL APTITUDE: Requires the ability to add and subtract totals, multiply and divide, determine percentages, determine time and weight and utilize statistical inference.

FORM/SPATIAL APTITUDE: Requires the ability to inspect items for proper length, width and shape.

MOTOR COORDINATION: Requires the ability to coordinate hands and eyes in using automated equipment.

MANUAL DEXTERITY: Requires the ability to handle a variety of items, office equipment, control knobs, switches, etc. Must have the ability to use one hand for twisting or turning motion while coordinating other hand with different activities. Must have minimal levels of eye/hand/foot coordination.

COLOR DISCRIMINATION: May require the ability to differentiate colors and shades of color.

INTERPERSONAL TEMPERAMANT: Requires the ability to deal with people (i.e. staff, supervisors, general public and elected officials) beyond giving and receiving instructions such as in interpreting departmental policies and procedures. Must be adaptable to performing under considerable stress when confronted with an emergency life and death situation.

PHYSICAL COMMUNICATION: Requires the ability to talk and/or hear; (talking – expressing or exchanging ideas by means of spoken words). (Hearing – perceiving nature of sounds by ear).

KNOWLEDGE OF JOB

Has general knowledge of the policies, procedures and activities of the County and ambulance services practices as they pertain to the performance of duties relating to the job of Paramedic. Has general knowledge of emergency medical care and paramedic practices as necessary in the completion of daily responsibilities. Knows how to keep abreast of any changes in policy, methods, computer operations, equipment needs, etc. as they pertain to departmental operations and activities. Is able to effectively communicate and interact with supervisors, members of the general public and all other groups involved in the activities of the department. Is able to assemble information and make written reports and documents in a concise, clear and effective manner. Has good organizational, human relations and technical skills. Is able to use independent judgment and work with little direct supervision when necessary. Has the ability to comprehend, interpret, and apply regulations, procedures, and related information. Has comprehensive knowledge of the terminology, principles and methods utilized within the department. Has the mathematical ability to handle required calculations.

Montgomery County is an equal Opportunity Employer and complies with the requirements of the Civil Rights Act of 1866 (Section 1981) and 1964 (Title VI, VII,) Americans with Disabilities Act (ADA), Rehabilitation Act of 1973, Age Discrimination in Employment Act (ADEA), Equal Pay Act (EPA) and the Uniformed Services Employment and Re-employment Rights Act (USERRA).

DISCLAIMER

The information provided in this description is designed to indicate the general nature and level of work performed by incumbents within this position. It is not to be interpreted as a comprehensive inventory of all duties, responsibilities, qualifications and working conditions required of employees assigned to this position. Management has the sole discretion to add or modify the duties of the position and to designate other functions at any time. This position description is not an employment agreement or contract.

ACKNOWLEDGMENT

I, _____, have read this position description in its entirety and fully understand the expectations, requirements and hazards associated with this position, and that the job description and duties are subject to change at the discretion of the Montgomery County. I also understand that if employed by the Montgomery County, I am employed as an at-will employee and that the Montgomery County or I may terminate the employment relationship at any time, without notice, and for any lawful reasons

Signature of Incumbent

Date

Signature of Supervisor

Date

ATTACHMENT C
**MONTGOMERY COUNTY DEPARTMENT
OF HUMAN RESOURCES**

JOB DESCRIPTION

Job Title: EMT

Department: EMS

Date: May 24, 2006

Reports To: Captain

PURPOSE OF JOB

Assists paramedics and provides emergency care to sick and injured persons in emergency situations. Duties and responsibilities include operating an ambulance; providing emergency medical care to patients; transporting patients to hospital; dispatching radio operations; counting and maintaining ambulance inventory and performing general maintenance and cleaning of ambulance and other related duties.

ESSENTIAL DUTIES AND RESPONSIBILITIES

The following duties are normal for this job. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

- Responds to emergency medical calls; operates ambulance to transport patients; assists paramedic assessing and determining needs of the patient and/or situation; communicates information to the emergency medical dispatcher; assigns priorities of care; develops a treatment plan and communicates plan to crew members. Initiates basic and advanced life support procedures, according to established standing orders. Assesses the effects of treatment.
- Directs and coordinates transport of the patient to the appropriate medical facility. Maintains rapport with the patient, support agencies and with hospital personnel. Establishes contact with Medical Control Physician as needed to discuss further treatment.
- Provides patient transports to medical offices/facilities and hospital in non-emergency situations.
- Prepares and completes medical, supply and patient charting and related documents and reports.

- Checks operating systems of ambulance including sirens, lights, engine and drive train, fluid levels, and radio operations. Reports problems for maintenance.
- Cleans and washes the exterior and interior of ambulance.
- Maintains supplies and fuel quantities.

- Performs general housekeeping of living quarters.
- Attends medical in-services as well as medical consultation with peers and hospital staff.
- Assists in community education and public relations.
- Performs other related duties as needed.

MINIMUM TRAINING AND EXPERIENCE

High School Diploma (or GED) required; or any equivalent combination of education, training, and experience that provides the requisite knowledge, skills, and abilities for this job. A valid Tennessee driver's license is required. Must possess EMT Certification.

(ADA) MINIMUM QUALIFICATIONS OR STANDARDS REQUIRED TO PERFORM ESSENTIAL JOB FUNCTIONS

PHYSICAL REQUIREMENTS: Must be physically able to operate a variety of emergency medical equipment such as EKG, IV Infusion Pump, Pulse Ox meters, oxygen equipment, etc. Must be able to use body members to work, move or carry objects or materials. Must be able to exert in excess of 100 pounds of force occasionally, and/or up to 50 pounds of force frequently. Physical demand requirements are at levels of those for active work. Must be able to lift and/or carry weight of 50 to 100 pounds.

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LANGUAGE ABILITY: Requires the ability to read a variety of informational documentation, directions, instructions, and methods and procedures relating to emergency care. Requires the ability to write reports with proper format, punctuation, spelling and grammar, using all parts of speech. Requires the ability to speak with and before others with poise, voice control and confidence using correct English and a well modulated voice.

INTELLIGENCE: Requires the ability to learn and understand basic principles and techniques, to make independent judgments in absence of supervision and to acquire knowledge of topics related to the job of EMT.

VERBAL APTITUDE: Requires the ability to record and deliver information to supervisors and elected officials; to explain procedures and policies; and to follow verbal and written instructions, guidelines and objectives.

NUMERICAL APTITUDE: Requires the ability to add and subtract totals, multiply and divide, determine percentages, determine time and weight and utilize statistical inference.

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COLOR DISCRIMINATION: May require the ability to differentiate colors and shades of color.

INTERPERSONAL TEMPERAMANT: Requires the ability to deal with people (i.e. staff, supervisors, general public and elected officials) beyond giving and receiving instructions such as in interpreting departmental policies and procedures. Must be adaptable to performing under considerable stress when confronted with an emergency life and death situation.

PHYSICAL COMMUNICATION: Requires the ability to talk and/or hear; (talking – expressing or exchanging ideas by means of spoken words). (Hearing – perceiving nature of sounds by ear).

KNOWLEDGE OF JOB

Has general knowledge of the policies, procedures and activities of the County and ambulance services practices as they pertain to the performance of duties relating to the job of EMT. Has general knowledge of emergency medical care practices as necessary in the completion of daily responsibilities. Knows how to keep abreast of any changes in policy, methods, computer operations, equipment needs, etc. as they pertain to departmental operations and activities. Is able to effectively communicate and interact with supervisors, members of the general public and all other groups involved in the activities of the department. Is able to assemble information and make written reports and documents in a concise, clear and effective manner. Has good organizational, human relations and technical skills. Is able to use independent judgment and work with little direct supervision when necessary. Has the ability to comprehend, interpret, and apply regulations, procedures, and related information. Has comprehensive knowledge of the terminology, principles and methods utilized within the department. Has the mathematical ability to handle required calculations.

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DISCLAIMER

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ACKNOWLEDGMENT

I, _____, have read this position description in its entirety and fully understand and understand the expectations, requirements and hazards associated with this position, and that the job description and duties are subject to change at the discretion of the Montgomery County. I also understand that if employed by the Montgomery County, I am employed as an at-will employee and that the Montgomery County or I may terminate the employment relationship at any time, without notice, and for any lawful reasons

Signature of Incumbent

Date

Signature of Supervisor

Date

ATTACHMENT D
Handbook Acknowledgment

This Personnel Handbook describes important information about Montgomery County Emergency Medical Service, and I understand that I should consult with Montgomery County Emergency Medical Service management regarding any questions not answered in the Handbook. However, it is not all-inclusive of the policies or procedures of Montgomery County Emergency Medical Service.

The information, Policies and benefits described in this Handbook are subject to change. Whenever possible, all such changes will be communicated through official notices, and I understand that revised information may supersede, modify or eliminate existing policies at any time and without any prior notice.

If I am an employee, I have entered into my relationship with Montgomery County Emergency Medical Service voluntarily and acknowledge that there is no guarantee of employment. Accordingly, either Montgomery County Emergency Medical Service or I can terminate the relationship at any time. I understand that this Handbook is not a contract of employment, and does not alter the "at-will" nature of my employment of membership where the "at-will" relationship already exists.

I have received the Handbook and I understand that it is my responsibility to read and comply with the policies contained in this Handbook and any revisions made to it.

EMPLOYEE SIGNATURE

DATE

EMPLOYEE NAME PRINTED

Witness/Supervisor Signature

DATE

ATTACHMENT E
Confidentiality and Non-Disclosure Statement

The protection of confidential business information and trade secrets is vital to the interests and the success of Montgomery County Emergency Medical Service. Such confidential information includes, but is not limited to:

- Patient Information
- Compensation Data
- Patient and Customer Lists
- Financial and Billing Information
- Marketing Strategies
- Pending Projects and Proposals

All personnel are required to respect the confidentiality of all proprietary or confidential information and are expected to not disclose such information to individuals outside of Montgomery County Emergency Medical Service. We may require our personnel to sign a non-disclosure agreement as a condition of membership or employment. Personnel who improperly use or disclose any confidential information (including confidential business information or patient information) will be subject to disciplinary action, up to and including expulsion and termination.

EMPLOYEE SIGNATURE

DATE

EMPLOYEE NAME PRINTED

Witness/Supervisor Signature

DATE

ATTACHMENT F

Exit Interview Questionnaire

Montgomery County Emergency Medical Service conducts exit interviews with all employees who leave the organization. This interview is conducted by your supervisor and is designed to help the organization determine its strengths and weaknesses, and to identify important issues affecting the workplace, as well as identify possible compliance problems. This information is treated as confidential information.

The following questions may be included in the Exit Interview, and are in no way meant to be exhaustive. Any affirmative answers to questions about misconduct should be followed up with detailed questions designed to identify: (1) participants in the conduct, (2) witnesses to the conduct or others with knowledge of the conduct, (3) the date and place of the conduct, (4) location of any documents or physical evidence, and (5) any other information necessary to Montgomery County Emergency Medical Service to either verify or disprove the allegations.

About your departure

1. Do you feel that you are leaving on good terms with Montgomery County Emergency Medical Service?
2. Tell me about why you've come to the decision to leave Montgomery County Emergency Medical Service.
3. What are your main reasons for leaving?
4. How long had you thought about leaving?
5. Do you have another job to which you are headed?
6. If so, what does it have that Montgomery County Emergency Medical Service can't offer to you?
7. What could have been done to prevent your departure?
8. Would you like us to be a reference for you in the future?
9. Would you consider working here again? If not, why?
10. Would you recommend the Montgomery County as a place of employment/membership for family and friends? If not, why?

About your experience at Montgomery County Emergency Medical Service

11. How satisfied were you working here?
12. What was most satisfying about your job?
13. What was least satisfying about your job?
14. If you could change anything at Montgomery County Emergency Medical Service, what would it be?
15. Do you feel that you received adequate feedback, training and support while with Montgomery County Emergency Medical Service? If not, what could be improved?

16. Did you receive adequate job performance evaluations, as outlined by Montgomery County Emergency Medical Service policies? If not, what was missing?
17. Were you happy with the job expectations, pay, benefits, Policy requirements, etc.? If not, why, and what was inconsistent with your expectations?
18. Did any Policy requirements make your performance more difficult, or impose obstacles on your performance?
19. Were you happy with your supervisor? If not, why?
20. If so, is there anything that could be done to improve his/her management style?

Work environment

21. What suggestions can you offer to prevent other employees from departing in the future, under similar circumstances?
22. Do you feel that you could have done more here, or expanded your horizons and shown more of your capabilities and potential, but were denied that opportunity?
23. What is your impression of the way Montgomery County Emergency Medical Service handles internal communications (e.g. the ability to make complaints, request change, and offer advice to make things better)?
24. Do you have any suggestions as to how working conditions, benefits, and relationships between employees and management could be improved?
25. What can Montgomery County Emergency Medical Service do better to retain its best employees?
26. Were you the victim of any hostility, harassment, or other mistreatment, during your employment, and especially, after your announcement to leave?
27. What could be done to improve Montgomery County Emergency Medical Service as a whole?
28. Based upon your job description at the time of hire, do you feel that Montgomery County Emergency Medical Service met your expectations?
29. Did Montgomery County Emergency Medical Service help you to advance your career goals?
30. Did Montgomery County Emergency Medical Service provide a friendly, safe and pleasant work atmosphere?

Compliance

31. Did you ever witness any activity you thought was inappropriate (e.g. improper billing, poor quality of care, improper conduct, Policy violations)?
32. If so, did you ever report your concerns to management? If not, why?
33. If so, do you feel your concerns were adequately addressed?
34. If so, were the problems corrected and have they not recurred?
35. Are you aware of any activities that you feel may be construed as fraudulent and abusive, or in violation of Medicare program standards?
36. Are you aware of any conduct you feel is unethical, illegal, or observe any other activity in violation of policies? If so, elaborate.

37. Have you heard substantive rumors or reports (i.e., those you felt had some credibility) of alleged unethical or illegal conduct by other Montgomery County Emergency Medical Service employees or volunteers?
38. Are you aware of instances where personnel removed Montgomery County Emergency Medical Service documents or computer files without returning them to the Montgomery County Emergency Medical Service?
39. Are you aware of instances of breaches of confidentiality, involving Montgomery County Emergency Medical Service patient information or proprietary Montgomery County Emergency Medical Service information?
40. Do you believe that security, enforcement, and other privacy, confidentiality, and proprietary standards were adequately met?

Interview conducted by

Interview Date

ATTACHMENT G
EMPLOYEE'S INJURY STATEMENT

This form is to be completed in full by the injured employee and submitted to the Safety Division along with the First Report of Work Injury.

NAME _____

DEPARTMENT _____

DATE OF INJURY _____ **TIME OF INJURY** _____

INJURY STATEMENT

EMPLOYEE'S SIGNATURE AND DATE

SUPERVISOR'S SIGNATURE AND DATE

Yellow – Supervisor

Blue – Employee

Green – Witness

ATTACHMENT H
Montgomery County Government
1 Millennium Plaza, Suite 111
Clarksville, TN 37040
Phone: 931-648-5715

ACCIDENT/INCIDENT REPORT

WITNESS STATEMENT

Witness Name: _____ Date: _____

Department: _____

Home Address: _____

Home Phone No.: _____

Injured Employee's Name _____

Date of Accident: _____

Witness Statement as to how the accident occurred including precisely what he/she observed and did:

Witness Signature _____

Yellow – Supervisor

Blue – Employee

Green - Witness

ATTACHMENT I

Montgomery County Report of Injury Form

Name: _____			Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
DOB: _____		Race: _____		SSN: _____		
Address: _____				Phone: _____		
Department: _____			Job title: _____		Hourly Rate: _____	
Work Phone: _____			Supervisor: _____			
Date of Incident: _____		Date Reported: _____		Time Reported: _____		
Name of physician chosen (from Panel): _____						
Witnesses: #1 Name: _____		Address: _____			Phone: _____	
#2 Name: _____		Address: _____			Phone: _____	
Length of Employment:		Accident Location:		On Employer's Premises:		
<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-5 months <input type="checkbox"/> 6 mos. To 5 yrs. <input type="checkbox"/> More than 5 yrs.		_____ _____ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO		
				Job Classification:		
				Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/>		
Time of the injury:						
A. ____:____AM ____:____PM		B. Time Within Shift ____th hour		C. <input type="checkbox"/> straight shift		D. <input type="checkbox"/> 1 st Shift
				<input type="checkbox"/> rotating shift		<input type="checkbox"/> 2 nd Shift
						<input type="checkbox"/> 3 rd Shift
Severity of Injury			Phase of Employee's Workday at Time of Injury:			
<input type="checkbox"/> Fatality <input type="checkbox"/> Lost Workdays <input type="checkbox"/> Restricted Activity <input type="checkbox"/> Medical Treatment <input type="checkbox"/> First Aid <input type="checkbox"/> Other: _____			<input type="checkbox"/> During rest period <input type="checkbox"/> During meal period <input type="checkbox"/> Working overtime <input type="checkbox"/> Entering or leaving workplace <input type="checkbox"/> Performing work duties <input type="checkbox"/> Other: _____			
Task and Activity at time of accident:			Supervision at time of Accident:			
General Task: _____ _____			<input type="checkbox"/> Directly Supervised <input type="checkbox"/> Indirectly Supervised <input type="checkbox"/> Not supervised			

Specific Activity: _____ _____	Employee Was Working: <input type="checkbox"/> Alone <input type="checkbox"/> With others <input type="checkbox"/> Other: _____
Type of injury: _____	Body Part _____
What caused the injury? _____	
Were safety requirements followed? _____	
Equipment Used <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Respirator <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Gloves <input type="checkbox"/> Body Harness <input type="checkbox"/> Safety Vest <input type="checkbox"/> Other _____	
What happened and list steps taken to prevent reoccurrence: _____ _____ _____ _____ _____ _____ _____	
<p>I understand and agree that if benefits are paid by Montgomery County Government for an on the job injury , and the injury was due to the actions of a third party, the county has a right to a claim against the third party for the reimbursement of those benefits only. This in no way prohibits the employee from any recovery as a result of an injury inflicted by a third party to which he or she is legally entitled. I also acknowledge the information contained on this form is true and correct to the best of my ability.</p>	
Employee Signature: _____	Date _____

Prepared by: Supervisor: _____ Print Name _____ Signature Title: _____ Date: _____	Approved by: Department Head: _____ Print Name _____ Signature Title: _____ Date: _____
Additional information to be considered: _____ _____ _____	

Yellow – Supervisor

Blue – Employee

Green – Witness

Pink – Department Head

ATTACHMENT J
HIPAA Compliance Form
Release of Health Information

Date: _____

Employee Name: _____

The first-ever federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers took effect on April 14, 2003.

Developed by the Department of Health and Human Services (HHS), The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes provisions designed to protect the security and confidentiality of health information.

We are required by law to protect the privacy of health information about our employees. Individuals who are under consideration for employment by Montgomery County Government are required to sign this form allowing Risk Management to send pre-employment medical reports and information that will assist in the employment process.

This form is to be kept with the employment application and available to Risk Management should it be requested. Should you have any questions, please feel free to call 648-5715. Thank you for your cooperation.

Sincerely,
Sonda L. Finley
Risk Manager

AUTHORIZATION FOR MEDICAL INFORMATION

RE: Name: _____

Date of Birth: _____

SS#: _____

Release records to: _____

Consent:

This information is intended for use by the above named recipient only. I am aware that records released may contain information relating to psychiatric or psychological testing, physical abuse, or drug and alcohol abuse. This authorization will expire exactly one year from the date of my signature. I have the right to receive a copy of this authorization. I may revoke this authorization at any time in writing. I understand that information used or disclosed under this authorization may be subject to re-disclosure by the recipient without being further protected under the HIPAA rules.

Signature of Employee: _____ Date: _____

Witnessed By: _____ Date: _____

ATTACHMENT K

Human Resources Department
ON-THE-JOB-INJURY PROGRAM
Authorization for Wage Payment

Employee name: _____

PR # : _____

Department: _____

Date of Injury: _____

Per the attached certificate the above employee is medically restricted from work due to a work related injury from: _____ until _____.

The employee has elected to receive: 2/3rds average earnings
 100% average earnings *

* Subject to completion of sick/annual leave authorization below.

SICK/ANNUAL LEAVE USE AUTHORIZATION:

Under the provisions of Montgomery County Personnel Procedures, I wish to supplement the 2/3rds of earnings paid to employees restricted from work due to an on the job injury with my accumulated sick or annual leave time until exhausted, which will allow me to receive 100% of my regular earnings.

I understand that I will be required to sign a leave slip (s) for the required leave time needed to supplement my earnings to 100%.

Estimated number of hours required: _____

Employee Signature Date

Departmental Representative

Please attach doctor's certificate and forward to the Risk Management Section of the Human Resources Office.

If you have any questions, please call 648-5715.

ATTACHMENT L

C-42 MONTGOMERY COUNTY GOVERNMENT, SAFETY DIVISION
P.O. BOX 368 CLARKSVILLE, TENNESSEE 37041
Telephone Number (931) 648-5715 Fax Number (931) 920-1816

CHOICE OF PHYSICIAN AGREEMENT BETWEEN EMPLOYER/EMPLOYEE

The injured employee shall accept the Medical benefits afforded hereunder. The employer has designated a physician(s) or surgeon(s) not associated together in practice, if available in the community, from which the injured employee shall have the privilege of selecting the operating surgeon or the attending physician; and, provided further, that the liability of the employer for such services rendered the employee shall be limited to such charges as prevail for similar treatment in the community where the injured employee resides. The listing below of physicians or surgeons may include doctors of chiropractic within the scope of their licenses.

Gateway Occupational Medicine

Premier Medical Group

**1731 Memorial Drive, Suite 203
Clarksville, TN 37043
551-1507**

**2831 Wilma Rudolph Blvd.
Clarksville, TN 37043
552-9966**

The injured employee must submit himself to the examination by the employer's physician at all reasonable times if requested to do so by employer, but the employee shall have the right to have the employee's own physician present at such examination, in which case the employee shall be liable to such physician for such physician's services."

If the injured employee refuses to comply with any reasonable request for examination or to accept the medical or specialized medical services, which the employer has furnished, such injured employee's right to compensation shall be suspended and no compensation shall be due and payable while such injured employee continues such refusal.

According to the provisions of this agreement, I hereby have selected the following physician from the list provided to me by my employer.

Physician chosen: _____ Date of Injury: _____

Date of Selection: _____ Date of Appointment; _____

_____ Employer's Name			_____ Employee's Name		
_____ Street Address			_____ Street Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip

Telephone Number

Employer's Signature

Received list of Panel of Physicians: In person By phone **Date Received:** _____

Employee: Requested Medical Attention Denied Medical Attention at this time

Forwarded to Risk Management: _____ **Date Received by Risk Management:** _____

Yellow – Supervisor

Blue – Employee

Green – Witness

ATTACHMENT M

INCIDENT REPORT

Date of Incident: _____ **Time of Incident:** _____ **Run Report Number:** _____

Medic Unit #: _____ **Incident Location or Pick up Location:** _____

Destination: _____ **Name of Supervisor Notified:** _____

Name of Personnel Involved: _____

Patients Name: _____

STATEMENT

ATTACHMENT O

Controlled Drug Administration Form

Patients Name:

Run Report Number:

Medic Unit #:

Date/Time Administered:

Drug Seal #:

Drug Administered:

- | | | |
|---|------------|---------------|
| <input type="checkbox"/> Morphine Sulfate | 10mg/ml | 1ml Carpuject |
| <input type="checkbox"/> Valium/Diazepam | 5mg/ml | 2ml Carpuject |
| <input type="checkbox"/> Fentanyl | 250mcg/5ml | 5ml Ampule |
| <input type="checkbox"/> Versed/Midazolam | 5mg/ml | 1ml Vial |
| <input type="checkbox"/> Haldol/Haloperidol | 5mg/ml | 1ml Vial |
-

Amount Administered:

Receiving Medical Facility:

Signature of Paramedic Administering:

EMT-P License #:

Paramedic Administering Drug Printed Name:

Signature of Physician:

Date:

Amount Discarded:

Signature of Paramedic Discarding:

EMT-P License #:

Signature of Witness for Discarded Drug:

Title of Witness:

*Please attach the receipt for the replacement of drugs and place a copy of both with the patient run report.

ATTACHMENT P
Montgomery County Emergency Medical Services
Controlled Drug Seal and Verification Log

Date	Medic Unit Window #	Drug Replaced	Monthly Change Out ONLY	Run Report Number	Old Seal Number	New Seal Number	1st Verification*	2nd Verification*
			<input type="checkbox"/>					
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