

Section II

Daily Operations

II(A) PERSONAL AND PATIENT SAFETY

1. All operations conducted by, or affiliated with, Buncombe County EMS will meet minimum standards for safety.
2. Any employee creating a hazardous situation through improper use of equipment, non-use of appropriate safety equipment, or improper compliance with safety procedures will be subject to disciplinary action.
3. EMS personnel must make an evaluation of risk factors prior to the initiation of rescue, extrication, or movement of patients. Employees are to remain aware of potential health and safety hazards in the working environment.
 - a. Safety Hazards
 - b. Biological Hazards
 - c. Electrical Hazards
 - d. Fire and Explosion
 - e. Chemical Exposure
 - f. Oxygen Deficient Environments
 - g. Ionizing Radiation
 - h. Heat Stress
 - i. Cold Exposure
 - j. Noise
4. Helmets and protective coats must be worn by EMS personnel at all extrication procedures, rescue operations, and structure fire operations.
5. Eye and hand protection shall be secured and used where applicable, particularly at the scene of motor vehicle collisions.

6. Equipment on Buncombe EMS ambulances shall be properly secured at all times.
7. Oxygen D cylinders should never be stood on end.
8. When a patient is being treated and transported, the following safety procedures are to be used:
 - a. Appropriate patient lifting and transfer techniques must be employed in all situations. If there is any question that a patient can be safely moved by EMS personnel (heavy patient, difficult terrain, etc.), assistance should be requested.
 - b. Straps or ties are to be used with all patients on stretchers, long spine boards, scoop stretchers, and stair chairs.
 - c. EMS personnel are to use BCEMS stair chairs to move patients from confined areas or up and down stairs. The patient's furniture is not to be used to transfer or transport the patient.
 - d. Patients should not be raised or lowered on ambulance stretchers until straps are fastened and the side rails are up.
 - e. After patient transfer to a hospital bed, the hospital bed's side rail must be raised and the bed lowered before EMS personnel leave the patient. Hospital staff present in the room may request otherwise.
 - f. When a patient is on an elevated ambulance stretcher, one member of the EMS crew shall remain in control of the stretcher at all times.
 - g. Blankets and linen are to be secured by straps fastened on the outside of all covers.
 - h. EMS personnel will not ride on ambulance stretchers while performing CPR, nor allow others to do so.
 - i. Upon arrival at medical facilities, patients are removed from the vehicle by Buncombe EMS personnel. In the event hospital personnel are asked to assist with the unloading of a stretcher, EMS personnel will operate or supervise operation of the stretcher mechanism.

9. EMS personnel are responsible for the protection of patients from weather conditions. Blankets are to be applied in cold weather and tarps should be used to shield patients from precipitation. Sun protection is important during summer months.
10. EMS crews will be responsible for confirming that extrication crews shield patients from flying debris and glass during rescue operations.
11. Field personnel are to request that the EMS supervisor be notified during any extrication or rescue situation that will exceed 15 minutes in length.
 - a. In extremes of heat or cold, the EMS supervisor will respond to the scene, along with a back up EMS unit if indicated, to provide rest periods for the initial crew.
 - b. Cold or warm drinks will be brought to such scenes by the supervisor.

II(B) TELECOMMUNICATIONS

1. Buncombe County EMS operates on two radio systems, Mobile CAD Terminals (MCT) and via telephone to provide emergency medical care and transportation to the public. To expedite the efficient operations of EMS and reduce confusion, proper communications techniques will be used by Buncombe EMS personnel at all times.
 - a. Radio and MCT communication must be kept to a minimum and maintained in a courteous, professional manner. There is no place in official communication for personal opinions, editorial tones, or ludicrous transmissions. The frequencies we use are utilized by other organizations, recorded for litigation and quality review, and are monitored by the public.
 - b. Telephone traffic between Buncombe EOC and field units are to be handled professionally and with courtesy. Calls that involve notification to respond should involve information necessary to make the response only. Other conversation is to be avoided.
2. All Buncombe EMS personnel shall utilize plain language, Treatment Codes, and Alphabet Code when communicating with Buncombe EOC or other Buncombe County units.
3. The following guidelines are to be observed for all Mobile CAD Terminal (MCT) operations:
 - a. Units will log on to the MCT at the beginning of each shift and with any change in personnel during the shift.
 - b. When out of the station and available, units will list themselves as "On the Air (OTA)".
 - c. When in quarters units will list themselves as "Available".
 - d. When out for a meal away from the station units will list themselves as "Out at Meal", listing the location of the meal in the comments section.
 - e. When clearing from a call, units will enter the patient's last name in all caps in the notes section of the call log surrounded by 2 equals signs, e.g.

==SMITH==. The unit will then enter the treatment code when clearing from the call.

- f. When using the messaging feature, all communications will be kept professional. This feature should not be used for relaying personal or confidential information. Everything entered into the MCT is recorded and will not be changed or deleted, and is public record.
4. The following guidelines are to be observed for radio traffic from Buncombe EMS units to Buncombe EOC, as well as other mobile units:
 - a. Radio traffic will be controlled by Buncombe EOC at all times.
 - b. Personnel are not to transmit until transmissions by others are completed.
 - c. A normal tone of voice is all that is required to speak into the microphone. Shouting will distort audio quality and make it difficult to understand. As personnel are involved in emergency situations daily, it is expected that transmissions be made clearly and calmly.
 - d. When giving a message to Buncombe EOC, state "Buncombe EOC" and then the unit number. This will avoid confusion between Buncombe EMS units and those of other agencies.

EXAMPLE:

Unit: "Buncombe EOC, EMS 9 requesting med channel to Mission Communications".

EOC: "EMS 9, Med 5 to Mission Communications".

- e. Information associated with transport may be given to EOC immediately after stating unit number. Messages that require the operator to record data such as mileage or information to be given to another agency should be given only after contact has been made and the radio operator states "go ahead".

EXAMPLE:

Unit: "Buncombe EOC, EMS 2"

EOC: "EMS 2 go ahead"

UNIT: "Request APD reference crowd control"

EOC: "EMS 2, O.K."

- f. All traffic to Buncombe EMS units will be acknowledged by voice transmission. Clicking the microphone is unacceptable.
- g. Units will not consider transmissions acknowledged unless answered by EOC.
- h. Buncombe EOC must be constantly updated by radio or MCT of each unit's location or intended destination. This includes all stops between destinations such as stores or eating establishments.
- i. Personnel are expected to inform Buncombe EOC if their unit is closer to an emergency call than another unit. Proceed only if directed by EOC.
- j. EMS personnel shall respond to any initial call from Buncombe EOC by giving unit number and location. If the ambulance is on a median divided highway, the direction of travel must also be given.

EXAMPLE:

EOC: "EMS 8"

UNIT: "EMS 8, Merrimon Ave at Gracelyn" or
"EMS 8, 19/23 northbound at Broadway".

- k. Traffic on all frequencies will be limited to transmissions that concern the delivery of EMS to the citizens of Buncombe County. Any discussion which may be handled by telephone after a call shall be done so in this manner. Personal messages are not to be transmitted. Should a crew receive inappropriate radio traffic, they should not respond.
- l. The location and street number will be repeated back to EOC immediately after dispatch.

EXAMPLE:

UNIT: "Buncombe EOC, EMS 3."

EOC: "EMS 3, go ahead."

UNIT: "Responding to 207 Coxe Avenue, ABCCM."

- 5. All requests for additional assistance will be given to Buncombe EOC in a manner that makes clear what is needed, where it is needed, and the type of response (routine or emergency) desired.

Resources commonly requested:

- a. Additional or replacement EMS unit(s). State number of injuries and units requested.
- b. Rescue Apparatus: Describe what job needs to be performed, rather than stating what equipment should be brought.
- c. Fire Department: State need for stand by, fire suppression, or hazard control.
- d. Law Enforcement: Describe the problem.
- e. Additional personnel: State how many persons are needed.
- f. EMS Management: Describe nature of the problem.

ALPHABET CODE

- A. ADAM
- B. BAKER
- C. CHARLES
- D. DAVID
- E. EDWARD
- F. FRANK
- G. GOLF
- H. HENRY
- I. IDA
- J. JOHN
- K. KILO
- L. LINCOLN
- M. MARY
- N. NORA
- O. OCEAN
- P. PAUL
- Q. QUEEN
- R. ROBERT
- S. SAM
- T. TOM
- U. UNION
- V. VICTOR
- W. WILLIAM
- X. X-RAY
- Y. YANKEE
- Z. ZEBRA

TREATMENT CODES

- A. (ADAM) Advanced Life Support utilized: Cardiac Monitor, IV, Meds, ETC.
- B. (BAKER) Basic Life Support
- C. (CHARLES) Cardiac Arrest while in the care of Buncombe EMS
- D. (DAVID) Dead on scene or transport of body
- O. (OCEAN) Assist another organization with ALS, patient transported in their unit.
- R. (ROBERT) Patient refused our offer of transport.

MOBILE CAD TERMINAL (MCT) TREATMENT CODES

- EA. Advanced Life Support
- EB. Basic Life Support
- EC. Cardiac Arrest
- ED. Dead on scene or transport of body
- ENN. Not Needed, cancelled on scene or enroute
- EO. Assist other organization with ALS, transported in their unit.
- ER. Patient refused our offer of transport.

II(C) PUBLIC RELATIONS

1. Buncombe County EMS personnel are constantly in contact with the public. Public opinion of the organization is formed by observation of EMS personnel at all times. Employees should remember to make each impression of BCEMS a good one.
2. As public servants, EMS personnel shall act courteously and provide assistance to the limits of their ability.
3. Good public relations are a necessity of any organization that receives funding from the taxpayers. Accordingly, Buncombe EMS strives to improve its public image and gain the public's confidence through explanation of equipment and services. Displays, demonstrations, public talks, and standbys will be provided whenever possible. EMS Supervisors, Training Officer, and on duty field personnel will provide these services.
4. Although EMS personnel are expected to take a leadership role in patient care situations, crews must use tact in dealing with bystanders, families, friends, and other agencies. A dictatorial or dogmatic leadership style will inevitably alienate willing helpers. Employees should be particularly aware that many volunteers have no obligation to follow rudely phrased direction.
5. Every patient encountered by BCEMS personnel shall be treated with respect and dignity.
6. Citizens, first responders, and volunteer providers are a vital link to emergency care in Buncombe County. EMS personnel are expected to maintain a good working relationship with these persons.
7. An appropriate title of Mr., Ms., or Doctor shall be used with the family names of adults. Elderly patients should not be called by their first name unless known personally by the EMS crew. Casual nicknames such as "Hon", "Sweetie", or "Pal" are inappropriate.
8. Buncombe EMS personnel shall not become involved in a patient's personal affairs. This includes unsolicited advice and questions not pertinent to the treatment and transportation of a patient.

9. Federal law strictly prohibits the release of medical information to anyone who is not involved in the care, unless a bona-fide need for such information exists. Do not discuss patient situations in any public place with anyone not involved with the care of the patient.

II(D) FIELD OPERATIONS

1. Upon notification to respond, Buncombe EMS personnel will do so within three minutes. Buncombe EOC will not be notified by radio or by MCT of the response until both personnel are in the unit and the vehicle is rolling. It is expected that the unit be rolling within 3 minutes of receiving the call.
2. Should there be a question about which unit is to respond, no argument is to be given at the time of notification. If a serious error has occurred, advise the dispatcher. Otherwise, notify the EMS Supervisor after completing the call.
3. Crew members will secure the station (turning off appliances, locking doors, etc.) before leaving.
4. During response to the call, the attending technician will handle all radio and MCT communication, provide navigation by map, and assist the driver in watching traffic.
5. Upon arrival, the crew will immediately proceed to the patient with the appropriate equipment-- jump box, oxygen, handheld radio etc. There is very little emergency care that can be completed with just the clip board!
 - a. Any emergency response to buildings with more than one floor, complexes, nursing homes, shopping malls, etc. where immediate access between the unit and patient is not possible, requires taking all possibly needed equipment when first entering the area. This must include stretcher, jump box, monitor, portable radio, and other equipment as indicated by the nature of the call.
6. Upon reaching the patient, the attending technician will proceed with primary survey and patient assessment.
7. The vehicle driver will assist the attending technician with vital signs and assist in any manner requested.
 - a. The attending technician shall not leave the patient unless absolutely necessary.

8. Prolonged and detailed questioning of patients shall be avoided. Ask only for pertinent and necessary information.
9. When multiple persons are injured, the attending technician will determine the number injured. Triage will be conducted and an effort made to correct life-threatening conditions. The vehicle driver will assist as needed and request additional assistance if required.
 - a. When additional assistance arrives, the crew attendant will assign and designate treatment priorities.
 - b. The first on-scene EMS personnel shall be responsible for patient care and will coordinate all efforts until properly relieved by the EMS management.
 - c. On-scene command will assign patients to units and transport staff for each unit.
10. When an Intermediate unit requests Buncombe EMS paramedic support, the following guidelines should be followed:
 - a. The intermediate unit will secure patient's history and meds, load the patient, and proceed to a convenient rendezvous point.
 - b. The crew of the paramedic unit will lend assistance to the transport unit. The attending paramedic will assist in patient care. Both crew members may be needed.
11. Transportation of patients to medical facilities.
 - a. Patients will be transported to the ALS sponsor hospital, or the Asheville VAMC, of their choice unless otherwise directed by the receiving hospital or medical control.
 - b. When patients request transport to a non ALS sponsor hospital, i.e. Haywood, McDowell, or Pardee the on duty EMS supervisor will be contacted for permission to transport outside of the county.
 - c. All emergency cases will be transported to the nearest appropriate emergency department.
 - d. Emergency transports to hospitals are permitted when EMS personnel cannot control life-threatening conditions or medical protocol indicates rapid transport.

- e. The destination hospital will be notified promptly by radio. These communications shall be in accordance with the standing protocols.
- 12. The attending crew member is in charge of treatment of the patient(s) at the scene, while in transit to a medical facility, and until relieved by: 1) a physician, 2) competent hospital staff member, 3) EMS personnel of equal or higher credentials.
- 13. Paramedics may assume on-scene authority over EMT-Intermediates and are expected to do so for any patient who exhibits a need for paramedic level care.
- 14. The crewmember of highest certification is expected to take leadership in any action of question. If crewmembers are equally certified, the most experienced medic is to take charge.
- 15. In situations that are very questionable and do not concern immediate patient care, the on-duty EMS Supervisor shall be consulted.

II(E)MEALS AWAY FROM STATION

1. EMS personnel may go to restaurants for meals or buy food and return to the station if procedures are followed. If not, each EMS base has cooking and food storage facilities that will be used.
2. Meal times:
 - a. Breakfast: one member of the crew must have worked for BCEMS the previous night shift.
 - b. Lunch: may be taken after 1100 hrs.
 - c. Dinner: may be taken if one member of the crew worked the day shift.
3. No more than 3 meal breaks are allowed per 24 hour period.
4. Meals or pickups are permissible only within the unit's response district. Crew members shall decide on one location for a particular meal. Units on move up/stand by may go to eating establishments in the area they are covering. Only one unit shall eat at the same establishment at any one time.
5. Meals will not last longer than one hour.
6. EMS personnel shall be prepared to leave for emergency response or non-convalescent responses.
 - a. Each employee must prepay or immediately return to an establishment if called out from a meal. Failure to do so is considered a serious violation of policy.
7. Calls and patients will not be discussed in restaurants.
8. Radio traffic from portable radios should not be audible to others in the restaurant. The radio shall not be switched to patient report frequencies.
9. EMS personnel must ensure that EOC can contact them while in a restaurant.

10. EMS vehicles at restaurants or other locations must be parked in an area where emergency response can be initiated without delay. Fire lanes and handicap spaces are not to be used.
11. One unit may elect to assist another crew by providing mealtime response coverage. The covering crew must position their unit in an area that provides easy access to both districts.

II(F) OPERATIONS AT BASE

(Also see section: "Visitors at EMS Offices and Bases")

1. Posted station rules are to be followed by Buncombe EMS personnel.
2. Before proceeding to other activities, personnel are responsible for leaving base areas clean and orderly.
3. Beds shall be made in the morning and kept neat during the shift.
4. Station duties will be performed by both EMS personnel (this includes part-time, PRN, and full-time personnel working extra shifts) and begun immediately after the unit check (or as directed by individual station rules).
5. Long distance calls will not be charged to station numbers.
6. Smoking is allowed in designated areas only. At bases without such areas, personnel will smoke only with the express consent of others present. Smoking is not allowed inside EMS quarters.
7. Units at EOC must follow the posted station rules for EMS 2 & 12.
 - a. The two county-reserved spaces at the First Congregational United Church are for reserve and EOC based units only. No private vehicles may park in the church lot. No vehicles of any description are to be parked in the Preferred Properties Lot.
 - b. Units are not to block alley access or staff parking at EOC.
 - c. All units will have a county issued parking permit displayed on the rear view mirror at all times.

II(G) PERIODIC DUTIES FOR ALL EMS UNITS

1. DAILY

- a. At shift change, an oncoming paramedic will count and verify with signature the number of narcotics present. This must be done in the presence of the responsible off going crew member.
 - i. Many policies regarding the control of narcotics are the result of Federal Law. Paramedics are strongly encouraged to be familiar with and adhere to these policies: Buncombe County will not be responsible for legal defense or assistance when an employee has violated EMS policy and subsequently been charged with a Drug Enforcement violation.
- b. Check all supplies and equipment by the unit checklist. Complete special daily cleaning and checks listed on check sheet. Any missing supplies or equipment should be replaced and/or reported to the EMS supervisor.
- c. Immediately after equipment check, the interior and exterior of the unit is to be cleaned.
- d. Daily cleaning tasks are listed on the unit checklist.
- e. Perform station duties as required by posted rules.
- f. If the off going crew is on a call, the on coming crew should begin station duties.
- g. The unit and station may become dirty during the shift, therefore on duty personnel are expected to clean more than once if necessary.

2. MONTHLY

- a. First of the month:
 - i. Check and record expiration dates on all drugs and fluids on the unit and in the supply cabinet.
 - ii. Break seals on all sealed equipment and check for in date, completeness, and/or damage.

b. Waxing of the unit: according to a schedule from the supervisor's office.

3. SUNDAYS

a. Complete inventory check sheet for supply cabinet and fax or deliver to EMS supervisor's office by 1800 hrs.

b. Update Mobile CAD Terminal (MCT) at EOC.

II(H) RESPONSIBILITIES FOR PATIENT CARE

1. On paramedic units, the responsibility for patient care rests with the EMT-Paramedic.
2. All patients will receive the maximum care indicated by their condition, as advised by Medical Control, or dictated by Treatment Protocol.
3. Patients placed on the cardiac monitor or receiving paramedic-level medications will be attended by a paramedic. Paramedic attendance is required when a patient has received any paramedic-level intervention.
4. All patients complaining of chest pain, syncope, receiving paramedic level medications, or other paramedic-level procedures will be placed on the cardiac monitor. A six-second strip shall be included with the call report for all monitored patients.
5. Paramedics are responsible for complete familiarity with the Treatment Protocol.
6. It is the responsibility of both crewmembers to ensure that drugs and fluids are maintained at proper temperature.
7. To properly discharge their function as support for paramedics, EMT-Intermediates are responsible for familiarity with paramedic treatment protocols.
8. When there is a question concerning the care or transport of a patient, contact medical control.
9. Field personnel are responsible for the presence, cleanliness, and proper function assigned equipment while on duty. Field personnel must be able to properly operate all equipment.

II(I)SCHEDULING, LEAVE, UNIT COVERAGE, TIME SHEETS

1. A schedule of the following week's employee assignments is available to EMS personnel by noon each Wednesday. A copy is posted on the door of the EMS supervisor's office. Employees may call the EMS supervisor or office assistance to obtain assignments.
 - a. EMS personnel requesting extra duty for the following week must make shift requests by noon Tuesday of each week. Phone requests may be given to the EMS supervisor or office assistant and written requests should be placed on the spindle in the office assistant desk. Requests may be made further in advance by dating a written request and placing it on the spindle.
 - b. EMS personnel are expected to perform all duties regardless of assignment status. Part time, PRN, and full time personnel working an extra shift will perform all the functions of a regular crewmember. This includes cleaning, maintenance, and equipment retrieval.
2. Full time employees will be limited to regular duty, unless extraordinary circumstances exist.
3. Part time employees will be limited to 4 duty shifts per week, unless personnel shortages dictate otherwise. Permanent Part time employees shall request 36 hours of work time per week, since part time personnel are considered benefited employees they may be placed on the schedule as deemed necessary if 36 hours of work time is not available to the employee. (example, an employee requests to work Sunday pm., and Monday 24 hrs, but none of these are available, the employee may be placed on the schedule later in the week to meet staffing needs) As a condition of employment, permanent part-time employees are required to be available both week days & weekends. Therefore it is also required that each permanent part-time employee request at least (1) 12-hour Saturday or Sunday shift every other weekend.
 - a. Part-time employees cannot request assignment to a particular unit.
 - b. Late requests will be considered after all other requests have been reviewed.
 - c. Part time employees shall request to work a minimum of 5 County designated Holidays. Working 24 hours on a holiday does not constitute two holiday shifts.

4. PRN employees will be limited to 2 duty shifts per week.
5. Employees that are scheduled as float are required to contact the on duty EMS Supervisor to check and see if they are needed for that shift. AM floats must contact the Supervisor at 0630, PM floats at 1700.
6. Written requests for shift exchanges must be received and approved by an EMS Supervisor prior to the scheduled exchange. Personnel will not exchange more than two 12 hour shifts in one week. Swap sheets must show when both ends of the exchange will occur. Exchange must be in the same Saturday thru Friday week.
 - a. Personnel will not be allowed to exchange with "open" shifts.
 - b. Exchanges will be for 12 or 24-hour blocks only.
 - c. Probationary employees are not allowed to exchange shifts until completion of the probationary period.
7. Duty shifts are the day shift, 0730 - 1930 hrs. and the night shift, 1930 - 0730 hrs. EMS personnel are to be present in uniform, prepared to receive report, and ready to count drugs with off-going personnel promptly at shift change.
8. Employees requesting sick leave shall personally notify the on-duty supervisor of impending absence. Such calls should be placed prior to 0630 for a day shift, prior to 1500 for a night shift.
9. The EMS Supervisor may require a written "return to work" statement from a physician in any of the following situations:
 - a. Employee is absent for 3 or more shifts.
 - b. Employee is absent the day before, the day of, or the day after a holiday.
 - c. Any other absence at the discretion of the supervisor.
10. "Return to work" statements may include office visit receipts, insurance documents, or official statements. A prescription pad note will not be acceptable.
11. Employees who become ill on duty should notify the supervisor immediately, so a replacement may be found.

12. In the event of an unexpected absence or tardiness by another employee, on-duty employees may be asked by an EMS Supervisor to remain on duty until a unit can be covered.
13. Shifts that become available after the weekly schedule is prepared are filled on a first come, first serve basis. Employees available to work are encouraged to call and be placed on schedule to fill any potential vacancies.
14. Vacation and holiday leave is awarded by seniority to full time and part time employees whose requests are received by the last day of January. After this time, requests are honored on a first come basis. An employee may not request time off which will not be accrued during the year.
 - a. The entire staff will not have more than 28 vacation/holiday shifts per week. No more than 3 employees on a shift will be allowed vacation/holiday leave simultaneously. These values may change according to work force availability.
 - b. Vacation time will not be given on holidays unless sufficient personnel exist to staff EMS units.
 - c. Unless a verifiable emergency exists, vacation requests other than those received at the first of the year will be received and approved, no later than noon Tuesday the week before the requested day.
 - d. Anyone wishing to cancel a vacation on the vacation calendar must do so three (3) weeks prior to the date. Failure will result in that person still being scheduled off.
 - e. The above outlined criteria may be changed temporarily by authorization of the Director to meet the immediate staffing needs of the department.
15. Court leave is granted for jury duty and EMS related court cases.
 - a. Copies of subpoenas for this time will be turned into the EMS Supervisor Office upon return to duty.
 - b. Jury duty pay checks will be turned into the Emergency Management Administrative Officer.

16. Employees may be assigned to any unit during the period they are scheduled to work. The on-duty supervisor's first concern is providing uniform coverage. Personnel should recall that they are county employees, not employees of any particular zone. Transportation to another area is the responsibility of the employee.
 - a. A system of rotation for "pulling" personnel to cover other units or areas will be utilized depending on need. This rotation will be based on the group of personnel within each shift but may require changes during personnel shortages. Every effort will be made to make the process as fair as possible.
 - b. It is the responsibility of the employee to check the master schedule located in the EMS Supervisors office for schedule changes.
17. A full-time employee's extra shifts and a part timer's shifts that have been requested and assigned will not be cancelled for any reason other than valid sick leave.
 - a. Unapproved cancellation of shifts places the employee in the "absent without authorization" category.
18. Each unit crew is encouraged to agree upon and adopt a system of rotating driver and attendant responsibility.
19. Time Sheets are to be submitted no later than noon on the Saturday following the end of the pay period.

II(J) UNITS OUT OF SERVICE FOR PERSONNEL OR VEHICLE SHORTAGE

1. When a unit is out-of-service due to personnel shortage, the following procedure will be followed:
 - a. EMS 2 or 12 will be placed out-of-service. Regular employees may be reassigned to another unit or assigned duties by the EMS supervisor.
 - b. Part-time personnel or full-time employees working extras may be dropped from the schedule, by seniority, and will not be paid for the shift.
2. When a unit is out-of-service due to vehicle failure and reserve ambulances are unavailable, the following procedures will be followed:
 - a. EMS 2 or 12 will be placed out-of-service and that vehicle utilized by the crew in need of a vehicle.
 - b. Assignment of personnel to units is at supervisor's discretion.

II(K) OPERATIONS AT HOSPITALS

1. EMS personnel will escort the patient to the assigned treatment area and remain with the patient until relieved by the appropriate hospital personnel. Outpatients who require constant care shall be turned over to Emergency Dept. personnel.
2. Report all pertinent information about patient to the physician or nurse in charge of patient.
 - a. Record on the Visual Fire report narrative to whom the report was given.
 - b. Have the receiving hospital staff member sign for receipt of patient on ACR signature sheet.
3. Personnel should shut off unit when parked in patient unloading areas.
4. Immediately after report, the driver will move the vehicle to a location that will not interfere with other incoming EMS units or allow vehicle exhaust to enter the building. The driver will make the bed, secure equipment, and return the unit to service as soon as possible.
5. The attendant will be responsible for completion of the call report. A copy of the call report shall be left with the patient's chart.
 - a. When the attendant has completed assigned duties, he or she will assist the driver in reconditioning the unit.
 - b. After the driver has the ambulance ready for service, he or she will assist the attendant with the call report or other unfinished duties.
6. The unit will be available for response within 15 minutes after arrival at the facility and will leave the facility within 45 minutes of arrival. If more time is required, the supervisor will be promptly notified that additional time is needed. If the EMS supervisor is out of the office, the supervisor may be contacted by cell phone at 778-5914.
 - a. Requests for additional time to perform duties that may be completed at EMS bases will be denied.

- b. EMS units will respond to emergency calls regardless of documentation completion status.
7. If it is necessary to leave equipment at the hospital, the hospital staff will be requested to allow the EMS unit to use hospital equipment in place of the equipment left with the patient. If this is not possible, notify the Supervisor on duty.
 - a. Equipment left with a patient at a hospital is to be tagged "Return to Buncombe County EMS 255-5631".
 - b. A note should be secured to the dashboard of the EMS vehicle detailing what equipment was left and when it should be available for return.
 - c. Prior to driving to the hospital to pick up equipment, the EMS crew should call to ensure availability. If the unit will not be in the area to retrieve equipment, the supervisor should be notified.
 - d. It will be the responsibility of all EMS personnel on a particular unit to follow through with the recovery of "loaned" equipment.
8. EMS personnel will return to their district immediately after completion of duties at hospitals.
9. EMS crews shall not consume beverages and food provided for patients by the hospital.
10. All hospital and emergency department rules and procedures are to be followed by EMS crews.
11. Buncombe County EMS personnel shall be respectful and courteous to hospital personnel. Every effort should be made to promote good working relations with the hospital staffs.
 - a. Any serious disagreements or conflict with hospital personnel should be reported immediately to the on-duty EMS supervisor.
12. EMS personnel who have suggestions for change or questions regarding medical protocol should submit them in writing to an EMS Supervisor or the Training Officer. Suggestions will be forwarded to the EMS Coordinator, the Quality Management Committee, and the Director of Emergency Services for evaluation.

13. Blood alcohol labs will not be drawn by BCEMS personnel at any medical facility.
14. Crews responding to any care facility must receive a report from a responsible caretaker prior to departure. The crew should be sure to leave with all pertinent paperwork, transport destination instructions, and any patient belongings needed for the transport.
15. EMS Personnel shall not engage in gossip about other personnel or EMS business. The Buncombe County Personnel Policy provides harsh penalties for malicious gossip.

II(L) EMS RESTOCKING, SUPPLY LOCKERS

1. Supplies for Buncombe County EMS units will come from the EMS supply lockers or from the Supervisor's Office. No equipment will be exchanged with the receiving hospital.
2. Buncombe County EMS units are allowed to replace equipment used by first responders.
3. Narcotics, paralytics, and Haldol will be provided from the EMS Supervisor's Office.
4. Succinylcholine and Lorazepam (Ativan) will be replaced from the EMS Supervisors Office every 60 days.
5. The EMS Supply Locker will be inventoried every Sunday. The inventory sheet must be faxed or delivered to the EMS supervisor's office prior to 1800 hrs.
6. All personnel are responsible for keeping the unit supply cabinet orderly at all times.
7. Medications are to be rotated to allow the medications that are closest to expiring to be used first.
8. Medication boxes are not to be written on at any time. This prevents out of date medications from being sent back for credit.

II(M) COMPLETION OF DEPARTMENT CALL REPORT

1. All call reports are to be completed in Visual Fire.
2. A Visual Fire report is to be completed for all calls in which an EMS unit checks on scene, e.g. Transports, Refusals, Cancelled on Scene. Visual fire reports are not required for Cancelled in Route or Unit Move Ups.
3. Every effort should be made to complete documentation after each call.
4. Employees should utilize the Buncombe County ACR Signature Sheet with all patient contacts. This form is to be use for patient information and signatures from the receiving hospital, attending crew member, and patient's signature. The patient should sign the billing section of the signature sheet on every transport. If the patient is unable to sign, have an immediate family member or the patient's legal guardian sign for the patient, being sure to note same next to the signature. If a signature is not obtained, the reason why should be entered on the signature line.
5. A copy of the Visual Fire Report should be left with the patient's chart at the receiving hospital.
6. Call reports are expected to be complete. Personnel responsible for erroneous or incomplete call reports may be required to come to the EMS office when off duty to complete reports. Excessive omissions and errors on call reports may result in disciplinary action.
7. Official Standards:
 - a. All yellow fields are to be completed on every call entered into Visual Fire.
 - b. One crew member is to be listed as attending/in charge.
 - c. All procedures are to be entered with time preformed, success, and who preformed the procedure.
 - d. All medications are to be recorded with medication name, time of administration, amount given, route given, response, and person administering medication.

- e. At least one set of vital signs are to be entered for every patient contact.
 - f. Every patient should have a chief complaint, system involved, patient assessment, and symptoms entered on every report.
 - g. All trauma patients should have the trauma section completely filled out.
 - h. All chest pain and cardiac arrest patients should have the cardiac section filled out.
 - i. All child births should have the childbirth section completed.
 - j. A narrative should be entered for all calls. A complete narrative is essential to answering questions about the call and the patient care after the fact.
 - k. Mileage is to be entered for all transports, beginning from the scene and ending at the hospital.
8. The following items will be scanned and attached under images to Visual Fire reports:
- a. ACR Signature Sheet
 - b. Hospital insurance information form
 - c. ECG and 12 Lead strips
 - d. Medical Necessity forms
 - e. Narcotic Disposal form
9. If the Visual Fire report system is not available or is down, then the Buncombe County ACR Signature Sheet will be used as a paper copy, with a copy being given to the receiving hospital. The person providing patient care will be responsible for entering the paper report into Visual Fire when it becomes available.

II(N) INFORMATION CONCERNING PATIENTS, RECORDS, AND DEPARTMENT CONCERNS

1. The following information is considered public record and may be given to those who wish to know: location of call and response times.
2. In cases of death, EMS personnel shall withhold the name of the deceased from media representatives and others until the family is notified.
3. All information necessary for a physician to direct treatment of a patient becomes confidential under the physician-patient privilege and Federal privacy laws. This includes patient information and history gathered through oral communication, observation, and physical examination. EMS personnel shall keep such information strictly between themselves, supervisory personnel, the patient, and members of the health care team directly involved in patient care. Immediate family members of a competent adult or liberated or emancipated minor do not have an immediate right to this information.
 - a. Minors who are experiencing pregnancy problems are considered their own guardian.
4. EMS personnel are strongly encouraged to explain to family members and friends what they are doing for the patient while on the scene.
5. The call report contains confidential information and will not be examined by anyone other than the health team personnel involved with care of the patient or those involved in monitoring the EMS system.
6. An EMS supervisor or the Emergency Services Director may release a call report from Buncombe County EMS in the following situations:
 - a. A patient or legal guardian requests in person to see the record. Photo identification will be required.
 - b. A representative who holds a notarized release of medical information form signed by the patient or legal guardian.
 - c. A court order so requires.

- d. Medical Control requests a copy for Audit & Review or Quality Assurance purposes.
7. Only the Emergency Services Director or EMS Management may release information concerning operational matters.

II(O) REPORTING PERSONAL INJURY AND VEHICLE ACCIDENTS

1. EMS personnel shall immediately report an on-the-job injury to the supervisor on duty.
 - a. The employee will supply information to the EMS supervisor necessary for the supervisor to complete and forward the appropriate documentation.
 - b. The County Safety Officer must be contacted immediately and will specify what documentation must be forwarded to the Personnel Office.
 - c. At the supervisor's and/or county safety officer's discretion, an injury or accident may result in an employee's submission to a drug and alcohol blood test at the county's expense.
2. If the injury requires treatment by a physician, the employee will be treated at the Emergency Department of Mission Hospitals Memorial Campus, Mission Hospitals St. Joseph's Campus, or an emergency clinic.
 - a. The injured employee should inform office personnel at treatment facilities that the injury may be covered by worker's compensation benefits. The treatment facility should bill the county.
 - b. If the attending physician prescribes medication for treatment, the injured employee should follow the direction of the risk manager and/or safety officer to obtain the medications.
 - c. The EMS employee will obtain a statement from the attending physician stating how long the employee must be out of work.
 - d. A copy of the hospital's medical report shall be returned to the EMS Supervisor immediately.
3. The EMS Supervisor shall be responsible for completing and sending to the Personnel Dept. Industrial Commission Form 28 the same day the employee returns to work. This form is used if an employee is injured on the job and is absent for any period of time.

- a. The EMS employee must obtain a statement from the attending physician that he or she is released to assume full duty.
4. Personal injury to a patient under care of BCEMS personnel shall be reported to the EMS Supervisor on duty immediately.
 - a. EMS personnel should obtain names and contact information of witnesses for statements

EMS VEHICLE ACCIDENTS

The following procedures shall be followed when a Buncombe EMS unit is involved in a collision.

1. The crew attendant shall determine the number of patients, the need for additional resources, and begin triage of any injuries.
2. The vehicle driver shall immediately report to Buncombe EOC in the following format:
 1. "EMS ___ has been involved in an MVA."
 2. Give specific location.
 3. Number of injuries.
 4. Advise if unit is drivable.
3. The unit involved in the collision will not leave the scene.
4. If the unit involved is transporting a seriously ill or injured patient, transport may be continued if the crew has determined that collision damage is minor and no injuries exist.
5. If the unit involved has a patient on board, the crew driver will stand by with the fire extinguisher.
6. As soon as the accident scene is stabilized, the driver will obtain the information required by the accident reporting kit. This information will be turned over to the on duty supervisor. A new accident reporting kit must be obtained from the supervisor.
7. Buncombe EMS personnel will not discuss details of a unit-involved crash with anyone except the investigating officer, EMS Management, or the Buncombe County Safety Officer. Insurance information exchange cards located in the glove box of each unit are to be given to other drivers involved.

8. The EMS supervisor and other county authorities will investigate any accident that involves lost work time or damage to property.
 - a. The driver of an ambulance involved in a collision that produces more than \$1,500 damage to property or results in personal injury may be required to submit to a drug and alcohol blood test. The employee will not be responsible for paying for the test.
 - i. The County Safety Officer and investigating law enforcement officer will determine the estimated dollar amount of damage.
 - ii. The damage estimate will include both county property and the property of others involved in the accident.
 - iii. The EMS supervisor on duty will enact this policy regardless of determination of fault.

II(P) RESPONSE DEFINITIONS

1. EMERGENCY RESPONSE

Definition - Call indicating immediate need for rapid transport of acute illness or injury, as determined by the 911 telecommunicator. The nearest EMS unit and/or appropriate first responder will be dispatched.

2. NON-EMERGENCY RESPONSE

Definition - Calls indicating need for prompt transport, not of life threatening nature, as determined by the telecommunications dispatcher

All units answer non-emergency calls as necessary.

3. CONVALESCENT RESPONSE

Definition - Scheduled calls indicating non-urgent need for transport.

A. From hospital

- 1) To residence.
- 2) To an extended care facility.
- 3) To another hospital for diagnostic procedures.
- 4) To a doctor's office.

B. From an extended care facility

- 1) To a residence
- 2) To another extended care facility
- 3) To a hospital for scheduled procedures
- 4) To a doctor's office for routine checks, physicals, or x-rays.

C. From a doctor's office

- 1) To residence
- 2) To extended care facility
- 3) To another doctor's office

D. From residence

- 1) To another residence
- 2) To an extended care facility
- 3) To a hospital for outpatient treatment

4) To a doctor's office for routine checks, physicals, or x-rays.

E. Transport a deceased person.

Not more than 3 units will answer convalescent calls at any given time.