OKOLONA FIRE PROTECTION DISTRICT

DIVISION OF EMERGENCY MEDICAL SERVICES

STANDARD OPERATING GUIDELINES

This document supplements Okolona Fire Protection District's Employee Handbook, SOG's & SOP's developed for fire suppression, Board of Trustees Official Meeting Minutes and all rules adopted by the Board of Trustees.

OKOLONA FIRE PROTECTION DISTRICT
DIVISION OF EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines

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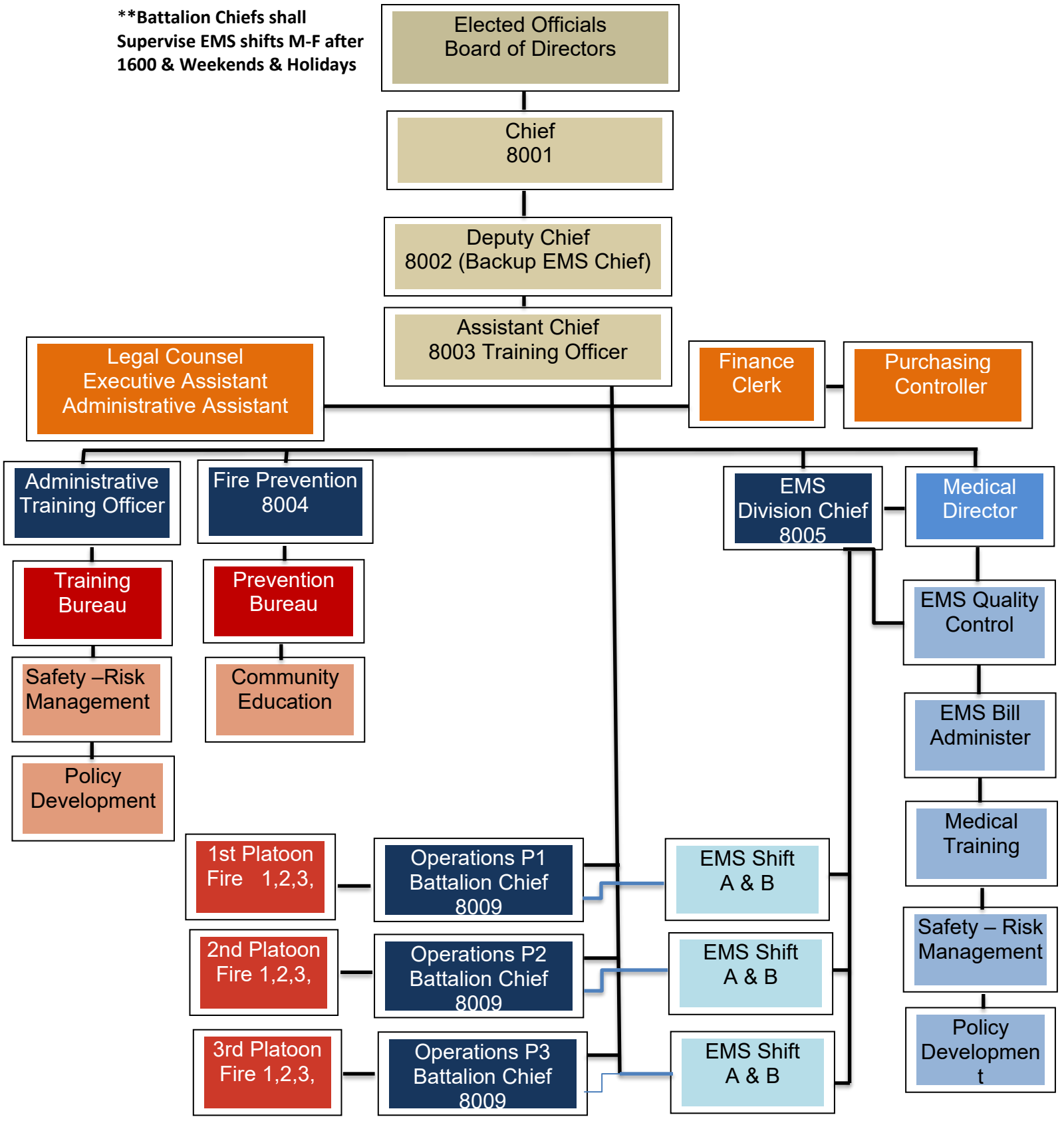
**Battalion Chiefs shall Supervise EMS shifts M-F after 1600 & Weekends & Holidays
Elected Officials Board of Directors
Chief 8001
Deputy Chief 8002 (Backup EMS Chief)
Assistant Chief 8003 Training Officer
Legal Counsel Executive Assistant Administrative Assistant
Finance Clerk
Purchasing Controller
Administrative Training Officer
Fire Prevention 8004
EMS Division Chief 8005
Medical Director
Training Bureau
Prevention Bureau
EMS Quality Control
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1st Platoon Fire 1,2,3,
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Safety – Risk Management
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EMS Shift A & B
Policy Developmen t
3rd Platoon Fire 1,2,3,
Operations P3 Battalion Chief 8009
EMS Shift A & B

Mission Statement

Preserve life and property while promoting public safety through: leadership, management and action as an emergency services provider.

Vision

Remain a dynamic leader as an innovative fire department and EMS provider with the highest level of service available by being a cohesive group for OFPD's betterment and our community.

Goals

- Further develop an organization that effectively manages OFPD's resources
- Promote OFPD's organizational pride
- Develop the most progressive Training and Fire Prevention Bureaus possible
- Provide the most effective emergency response possible

Core Values

Okolona Fire Protection District's members are the most valuable resource that we support our mission with. We recognize that our organization has a collective personality and the values of its members enhance the organization.

- Positive Attitude – We value trust, fairness, pride, respect, dedication, integrity, honesty, and well-being.
- Readiness – We value preparedness through training and education, the health and wellness of our members, dedication and an understanding that lives are more valuable than property.
- Involvement – We value the free exchange of ideas, a commitment to excellence, and a shared vision with one voice through unity of our members.
- Discipline – We value a professional attitude with high moral work ethic that can enhance all of the members of our team.
- Excellence – We value the evaluation of efficiencies, effectiveness in delivering the highest quality of service possible to our community with the utmost professionalism and integrity.

OKOLONA FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines

Implementation Date

01/14/2021

SOG # 100 Introduction/Service Area

Purpose: Outline Okolona Fire Protection District's *(OFPD)* Standard Operating Guidelines.

100.01 ***Introduction***

Okolona Fire Protection District's Division of Emergency Medical Services Standard Operating Guidelines contain the general policies, guidelines, procedures, rules and regulations governing Department EMS operation. It has been published for the information and guidance of EMS members, as well as institutions outside of the department, who need to coordinate their relationship with EMS on a regular basis.

100.02 Policies are guides to action, and sometimes exceptions must be made in specific cases. Infrequent exceptions do not invalidate the basic policy. Request for an exception to a policy may be made through the chain of command to the OFPD EMS Division Chief who then must obtain approval from the Chief or Deputy Chief. If there is a situation that needs immediate attention or action, the shift Supervisor in charge of the situation should evaluate the facts involved and take those steps necessary to handle the situation in a reasonable and prudent manner.

100.03 Occasionally policies require revision to reflect changes in the department or its operations. Suggestions for such changes should be submitted in writing and forwarded through the chain of command in a timely manner. The Shift Supervisor will review all suggestions and make recommendations to the Division Chief. The final authority to change a policy of OFPD lies with the Division Chief, who will present the change to the Chief and Board of Trustees for approval. Items that need immediate change will be forwarded to all personnel in the form of an Administrative Directive. These Directives shall be reviewed and placed in SOG revisions as they occur for continuity.

100.04 All members will be given access to the required policies, procedures and protocols. These policies will be provided to all new members during the initial orientation and as updates are required. Each member will receive an electronic copy when any update is required and they will provide a

signature of receipt. Written copies will also be made available at OFPD Stations.

100.05 These EMS Standard Operating Guidelines are in addition to Okolona Fire Protection District Policies and Procedures as well as any rules adopted by the Board of Trustees or action taken in formal BOT officially approved meeting minutes. In no way shall these EMS SOG's supersede or usurp the policies of Okolona Fire Protection District.

100.06 A copy of the SOG's will be provided to the Okolona Fire Protection District Board of Trustees and reviewed at least every three years or more often if changes in the KRS, KAR or Federal law warrant such review. Revisions to these SOG's require review by the OFPD EMS Division Chief, Deputy Chief, Chief and Legal Counsel. Changes shall only take effect upon approval by the OFPD Board of Trustees and shall be accurately reflected in official meeting minutes.

101.01 ***<u>Geographical Service Area</u>***

101.02 The geographical service area for OFPD EMS is based on an area designated as "Metro Louisville and Jefferson County with emphasis on the Okolona Fire Protection District" approved by the KY CHFS Certificate of Need Office through the Kentucky Board of Emergency Medical Services.

101.03 In order for OFPD to respond outside its geographical service area or to support a facility, the following criteria must be met;

A. Documentation that the facility has given a good faith effort to utilize the EMS provider licensed for that geographical area.
B. Notification to the EMS provider for that area of the service request.

101.04 In the following instances, OFPD will go outside its geographical area to provide services

A. Mutual aid as outlined in Agreements on file
B. Mass Casualty assistance
C. Non-emergency transports from damaged or closed healthcare facilities.

102.01 ***<u>Scope of Care</u>***

OFPD will provide emergency and non-emergency care as dispatched by MetroSafe 911. OFPD will not routinely provide interfacility or critical care transports. OFPD will, in extreme situations, assist with transfers to specialized centers if resources are available (trauma center, obstetrics, STEMI care etc.) Normal ambulance staffing is a Paramedic/ EMT crew.

OKOLONA FIRE PROTECTION DISTRICT
DIVISION OF EMERGENCY MEDICAL SERVICES
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Implementation Date

01/14/2021

SOG # 200 Code of Ethics, Conduct and Standards

Purpose: Establish minimum guidelines for the conduct of OFPD personnel and ensure that OFPD personnel portray a high degree of trust and competence to public and professional contacts.

200.01 ***UNBECOMING CONDUCT:***

Any breach of peace, neglect of duty or any conduct on the part of any member, whether within or out of the boundaries of Okolona Fire Protection District, which tends to undermine the good order, efficiency or discipline, or which reflects discredit upon OFPD or any member thereof, even though these offenses may not be specifically outlined, shall be prohibited conduct.

200.02 No member shall threaten or assault any other member. Members who aid, abet or incite any altercation between members shall be held responsible along with those actually involved.

200.03 No OFPD member shall refuse any emergency run.

201.01 ***CONDUCT TOWARD THE PUBLIC:***

Members shall meet the public with professional courtesy and consideration. Questions will be answered in a civil and courteous manner. Members will use proper grammar and English, avoiding slang, derogatory expressions and profane or abusive language while talking to the public. Members shall be orderly, attentive, respectful and shall exercise patience and discretion in the performance of their duties. They shall give all authorized information to persons requesting it and shall give their name and title if requested.

201.02 **Congregation of OFPD Units:**

Units shall not congregate in public places to cause public complaint or reflect inefficiency.

202.01 ***CUSTOMER SERVICE PHILOSOPHY:***

It shall be the duty of every member to promote good public relations by providing a high level of professional service in every contact with citizens and healthcare professionals. It is the mission of OFPD to provide the patients/customers that are served by OFPD with the best pre-hospital care possible. Avoidance of conflicts should be the goal of every OFPD member. A professional presence is required of all OFPD personnel, even if hospital personnel, family members or neighbors may not respond appropriately. If after explaining OFPD policy, no solution has been reached, the crew should act in the best interest of the patient and contact the Supervisor on duty.

203.01 ***PROFESSIONAL CONDUCT – MAJOR OFFENSES:***

Pursuant to KRS 75.130, Members may be subject to dismissal if they knowingly promote, encourage or engage in, or publicly endorse, condone or advocate conduct which involves:

a) Harassment, intimidation, or terroristic threatening of any person or group, whether it is by use of force or violence or otherwise, on the basis of race, religion, nationality or ethnic background, or by any reason.
b) The use of force, violence, or other tactics in violation of law.
c) Any other conduct or activity set forth in “a” and/or “b” which:
    1. Is inconsistent with the member’s duty and responsibility to OFPD and/or to the public;
    2. Would adversely affect public confidence in OFPD;
    3. Would result in internal discord, adversely affect member morale, or retard the efficiency of any public service; or
    4. Otherwise would interfere with, impair, or prevent OFPD from carrying out its duties and responsibilities to the public. (Failure to appear for a shift/ AWOL, etc.).

204.01 ***PROFESSIONAL CONDUCT MINOR OFFENSES***

Members, pursuant to KRS 75.130, may be subject to progressive discipline in incidences of but not limited to:

a) Tardiness/ Attendance
b) Incomplete documentation
c) Failure to complete assignments
d) Citizen/ facility complaints

205.01 ***<u>PROGRESSIVE DISCIPLINE</u>***

Minor offenses will result in discipline that is progressive in nature. However, any discipline must follow the provisions of KRS 75.130. Offenses that are considered major offenses or not outlined here will not necessarily follow the progressive discipline procedure and may result in suspension/ termination for the first offense. The steps of the progressive discipline process will be removed one year from the infraction date **<u>but maintained in the personnel file pursuant to the OFPD Record Retention and Destruction Policy</u>**. Suspension may also occur at any time dependent on the offense but only in compliance with KRS 75.130. The following is provided as a guide through the progressive discipline phase and is outlined in the Okolona Fire Protection District, Division of Emergency Medical Services Policies and Procedures.

First Offense	Verbal Warning (Documented)
Second Offense	Written warning
Third Offense	Suspension
Fourth Offense	Termination

205.02 Pursuant to KRS 75.130, no member or employee of a fire protection district shall be reprimanded, dismissed, suspended, or reduced in grade or pay for any reason except inefficiency, misconduct, insubordination, or violation of law or of the rules adopted by the board of trustees of the fire protection district, and only after charges are preferred and a hearing conducted. Shift Supervisors shall initiate the procedures contained in KRS 75.130 for any violation of these SOG's (However, ANY PERSON may file charges). Offenses that could involve suspension shall be handled pursuant to KRS 75.130 (5). All disciplinary records shall be maintained by Okolona Fire Protection District pursuant to the most recent version of the Okolona Fire Protection District Records Retention & Destruction Policy as well as any provision found in Title 202 Chapter 7 of the Kentucky Administrative Regulations.

206.01 ***<u>NON-DISCRIMINATION</u>***

Equal Employment Opportunity

Okolona Fire Protection District is an equal opportunity employer and its policies, procedures, and personnel programs are administered without regard to race, color, religion, sex, age, national origin or disability. It is our intent that this policy applies to recruitment and placement, promotions, retention, compensation and benefits and other privileges, personnel programs, Fire District policies, and conditions of employment.

You share in the responsibility of preventing discrimination. Any act of individual discrimination by an employee while on District business will result in KRS 75.130 disciplinary action.

If you feel you have been discriminated against, discuss your concerns with your immediate Supervisor or the Fire Chief within forty-eight (48) hours of the occurrence of the alleged act of discrimination. A thorough investigation of all complaints will be undertaken immediately.

Kentucky Civil Rights Act

(1) It is an unlawful practice for an employer:

(a) To fail or refuse to hire, or to discharge any individual, or otherwise to discriminate against an individual with respect to compensation, terms, conditions, or privileges of employment, because of the individual's race, color, religion, national origin, sex, age forty (40) and over, because the person is a qualified individual with a disability, or because the individual is a smoker or nonsmoker, as long as the person complies with any workplace policy concerning smoking;

(b) To limit, segregate, or classify employees in any way which would deprive or tend to deprive an individual of employment opportunities or otherwise adversely affect status as an employee, because of the individual's race, color, religion, national origin, sex, or age forty (40) and over, because the person is a qualified individual with a disability, or because the individual is a smoker or nonsmoker, as long as the person complies with any workplace policy concerning smoking; or

(c) To require as a condition of employment that any employee or applicant for employment abstain from smoking or using tobacco products outside the course of employment, as long as the person complies with any workplace policy concerning smoking.

(2) (a) A difference in employee contribution rates for smokers and nonsmokers in relation to an employer-sponsored health plan shall not be deemed to be an unlawful practice in violation of this section.

(b) The offering of incentives or benefits offered by an employer to employees who participate in a smoking cessation program shall not be deemed to be an unlawful practice in violation of this section.

(3) In addition, it is unlawful for an employer to fail to make reasonable accommodations for any employee with limitations related to pregnancy, childbirth, or a related medical conditions who requests an accommodation, including but not limited to: (1) the need for more frequent or longer breaks; (2) time off to recover from childbirth; (3) acquisition or modification of equipment; (4) appropriate seating; (5)

temporary transfer to a less strenuous or less hazardous position; (6) job restructuring; (7) light duty; modified work schedule; and (8) private space that is not a bathroom for expressing breast milk.

Anti-Harassment Policy

It is the policy of Okolona Fire Protection District to promote a productive work environment and to not tolerate verbal or physical conduct by any employee or non-employee that harasses, disrupts, or threatens another employee or that interferes with another's work performance or that creates an intimidating, offensive, or hostile working environment.

Employees are expected to maintain a productive work environment that is free from harassing or disruptive behavior. No form of harassment will be tolerated, including harassment based on: race, color, sex, religion, age, national origin, disability, military status, sexual orientation, status as a veteran or any other legally protected status. (Legally protected status is determined by federal, state or local law and the above are examples of protected classes which may be expanded from time to time by the Courts).

Sexual Harassment

Sexually harassing or offensive conduct in the workplace, whether committed by supervisors, managers, non-supervisory employees, volunteers, or other non-employees, is also prohibited. This conduct may include:

• Unwanted physical contact or conduct of any kind, including sexual flirtations, touching, advances, or propositions;

• Verbal abuse of a sexual nature;

• Demeaning, insulting, intimidating, or sexually suggestive comments about an individual's dress or body;

• The display in the workplace of demeaning, insulting, intimidating, or sexually suggestive objects or pictures;

• Demeaning, insulting, intimidating, or sexually suggestive written, recorded, or electronically transmitted messages.

• Dating or romancing a co-worker (even if consensual) regardless of the status of the individuals in any organizational chart.

Also, no supervisor, lead person or manager is to threaten or insinuate, either explicitly or implicitly, that an employee's refusal or willingness to

submit to sexual advances will affect the employee's terms or conditions of employment or form the basis for any employment decision affecting an individual's employment.

Other Harassment

Conduct of the kind described above that is directed at an individual because of his/her race, color, religion, national origin, age, disability, sexual orientation, military status or status as a veteran or any other legally protected status is prohibited and may result in KRS 75.130 disciplinary action, up to and including termination.

Reporting Harassment

Any employee who believes that they have been subjected to or witnessed unwelcome harassment or other prohibited discriminatory behaviors in violation of Okolona Fire Protection District's policies has a responsibility to report the situation immediately. The report should be made to the Fire Chief, a supervisor or the Chair of the Board.

This requirement for reporting does not take the place of and is not an implication that the employee cannot file a formal complaint with the appropriate Agency within the statutory time limit.

It is the Fire District's policy to thoroughly investigate all complaints of harassment promptly and confidentially. Following appropriate investigation, any employee who has been found by our Organization to have harassed another employee in violation of this policy will be subject to appropriate sanctions, from a written warning in his/her file up to and including KRS 75.130 termination, depending on the circumstances. Any employee making a complaint under this policy will, subject to the limitations of employee privacy, be notified of any action taken by Okolona Fire Protection District.

All complaints of harassment or discrimination are taken seriously and investigated promptly and in as impartial and confidential a manner as possible. Employees are required to cooperate in any investigation. Retaliation against any individual who reports harassment or participates in an investigation of such a report is strictly prohibited.

Any employee, supervisor, lead person, or manager, who is found to have violated this anti-harassment policy, including the prohibition against retaliation for reporting harassment or participating in an investigation, may be subject to disciplinary action, up to and including termination.

207.01 ***SOLICITATION OF OUTSIDE ASSISTANCE:***

Members shall not request the aid of any political office to intercede for them in promotions, dismissals or disciplinary actions.

208.01 ***POLITICAL ACTIVITY:***

The appointment and continuance of personnel as members of the department shall depend solely upon their ability and willingness to comply with the Kentucky Administrative Regulations regarding their certification and licensure as well as compliance with the rules of the department. Employment shall not be a reward for political activity or contribution to campaign funds.

208.02 No member shall be forced to pay or collect any assessments made by political organizations, contribute to political campaign funds or to be active in politics.

209.01 ***CHAIN OF COMMAND:***

Members shall recognize and respect the chain of command in all official correspondence and communications. In certain instances, the immediate Supervisor may assume the responsibility of bypassing the chain of command as a means of expediting the arrival of a communication to its ultimate destination. In doing so he/she must be prepared to justify the departure from normal procedure.

210.01 ***CONDUCT TOWARD COMMANDING OFFICERS AND SUBORDINATE PERSONNEL:***

No member shall at any time be insubordinate or disrespectful to any member. Members shall treat officers, subordinates and associates with respect. They shall be courteous and civil at all times. When on duty and particularly in the presence of others, members will be referred to by title. Members shall not use derogatory or critical language regarding an order or instruction issued by an Officer. Any OFPD Officer has command authority over any member of lesser rank concerning department matters. Decisions regarding medical treatment shall be made by the highest medical authority at the scene.

211.01 ***OBEDIENCE TO ORDERS/ UNITY OF COMMAND***

Members shall obey the lawful orders of an Officer at all times. Should an order conflict with one given previously by another Officer, or with any departmental order, the member to whom the order is given shall respectfully call attention to the conflict. If the Officer giving such an order fails to eliminate the conflict, the last order given shall be followed and the responsibility shall fall upon the Officer who issues the conflicting order.

212.01 ***QUESTIONS REGARDING ASSIGNMENTS:***

Members in doubt as to the nature or details of their assignment shall seek such information from their Officers by going through the chain of command.

213.01 ***MANNER OF ISSUING ORDERS:***

Orders from Officers shall be in clear, understandable language, civil in tone and issued solely for the purpose of achieving the goals and objectives of the service.

214.01 ***UNJUST, IMPROPER OR UNLAWFUL ORDERS:***

Members who are given non-medical orders which they believe are unjust or contrary to procedures must obey the order to the best of their ability and then appeal the matter through the chain of command. No member is required to obey any order which is contrary to federal or state law or local ordinance.

215.01 CREDENTIALS

Pursuant to the Kentucky Administrative Regulations (KAR), all OFPD members must keep all credentials current. This includes, but is not limited to, the following certifications:

Emergency Medical Technicians - 202 KAR 7:301:

- Kentucky Driver's License
- Kentucky Emergency Medical Technician certification
- American Heart Association (AHA) BLS Healthcare Provider

Paramedics – 202 KAR 7:401:

- Kentucky Driver's License
- Kentucky Paramedic certification
- American Heart Association (AHA) BLS Healthcare Provider
- American Heart Association (AHA) Advanced Cardiac Life Support (ACLS)
- American Heart Association (AHA) Pediatric Advanced Life Support (PALS). (Achieved within 90 days of hire)

It is up to each individual member to ensure that his or her certifications are renewed as appropriate, and copies of current certifications and licenses forwarded to the OFPD Training Officer or designee for filing. Failure to maintain necessary credentials will result in KRS 75.130 discipline as outlined in OFPD policy. Only AHA approved courses will be

accepted for BLS, ACLS and PALS.

216.01 ***KNOWLEDGE OF LAWS AND REGULATIONS:***

EVERY MEMBER IS REQUIRED TO ESTABLISH AND MAINTAIN A WORKING KNOWLEDGE OF ALL LAWS AND ORDINANCES APPLICABLE IN HIS/HER AREA OF JURISDICTION AND THE PROCEDURES OF OKOLONA FIRE PROTECTION DISTRICT AND SPECIFICALLY KRS CHAPTER 75, KRS CHAPTER 311A AND KAR TITLE 202 CHAPTER 7. IN THE EVENT OF IMPROPER ACTION OR BREACH OF DISCIPLINE, IT WILL BE PRESUMED THAT THE MEMBER WAS FAMILIAR WITH ALL LAWS, ADMINISTRATIVE REGULATIONS, RULES OF THE OKOLONA FIRE PROTECTION DISTRICT BOARD OF TRUSTEES AS WELL AS ALL OKOLONA FIRE PROTECTION DISTRICT PROCEDURES, POLICIES AND GUIDELINES.

217.01 ***MEDICAL CONDUCT:***

Members shall stay within guidelines set forth by the Kentucky Board of Emergency Medical Services, the State Cabinet for Human Resources, departmental policies and procedures, adopted protocols set forth by the EMS Division Chief, Medical Director and radio orders received from Medical Control.

217.02 Members will not be responsible for medical actions taken prior to their arrival on the scene or after their termination of treatment of the patient, provided proper written documentation exists.

217.03 All patient care documents will be completed by the end of the shift. Failure to turn in run forms or other required documentation and/or falsifying medical information, will result in KRS 75.130 disciplinary action.

Further, any violation of KRS 519.060 shall be reported to the appropriate authorities in addition to KRS 75.130 disciplinary action.

519.060 Tampering with public records.

(1) A person is guilty of tampering with public records when:

(a) He knowingly makes a false entry in or falsely alters any public record; or

(b) Knowing he lacks the authority to do so, he intentionally destroys, mutilates, conceals, removes, or otherwise impairs the availability of any public records; or

(c) Knowing he lacks the authority to retain it, he intentionally refuses to

deliver up a public record in his possession upon proper request of a public servant lawfully entitled to receive such record for examination or other purposes.

(2) Tampering with public records is a Class D felony.

Effective: July 14, 1992 History: Amended 1992 Ky. Acts ch. 16, sec. 1, effective July 14, 1992. -- Created 1974 Ky. Acts ch. 406, sec. 168, effective January 1, 1975.

218.01 ***REPORTING VIOLATIONS OF LAWS, ORDINANCES OR PROCEDURES:***

Any member having knowledge of another member violating medical or vehicular laws, ordinances, administrative regulations, any Kentucky Revised Statute, The Kentucky Constitution or Okolona Fire Protection District policies, procedures or guidelines shall report same in writing to the Division Chief through the chain of command. If the member believes that the information is of such gravity that it must be brought to the immediate attention of the Division Chief or Deputy Chief or Chief, the official chain of command may be bypassed.

219.01 SECURITY OF DEPARTMENTAL RECORDS:

No person shall enter record files or computer data without the authority of the Division Chief or his/her designee. A current roster containing the names of the personnel authorized in the record files shall be maintained by the Division Chief.

219.02 Members shall not give or make a copy from the records of the department, nor permit such records to be removed or destroyed from any building or office of the department, except by the permission of competent authority, established procedures or due process of law. No member shall knowingly reveal contents of records to unauthorized persons. Nothing contained in this paragraph shall in any manner be an attempt to violate the Kentucky Open Records Act (KRS 61.870 to 61.884) or the separate Okolona Fire Protection District Open Records Policy which is incorporated by reference as if fully set forth in this document.

220.01 DUTY TO MAINTAIN RECORDS:

All member whose duties require them to maintain departmental records shall do so in accordance with the Kentucky Open Records Act (KRS 61.870 to 61.884), the separate Okolona Fire Protection District Open

Records Policy which is incorporated by reference as if fully set forth in this document and the separate Okolona Fire Protection District Records Retention & Destruction Policy which is incorporated by reference as if fully set forth in this document. Release of records, reports or patient information concerning activities of OFPD EMS will be released only through OFPD's billing company or the Division Chief or his/her designee subject to HIPAA with the advice of legal counsel. Records will be maintained electronically by OFPD unless otherwise noted in each category.

220.02 OFPD patient records and reports are confidential and subject to HIPAA. Release of these records and reports shall be in compliance with HIPAA.

220.03 Patient Care Reports - The Patient's Medical Care Record will be posted electronically at the receiving health care facility at the time that the patient is delivered except during times of operational strain. Electronic Patient Care Reports (EPCR) will be backed up through the OFPD EPCR Vendor. Information will be protected, exchanged, transmitted, reproduced and back up and stored in accordance with Vendor policies and the Business Association Agreement. All policies shall be HIPAA compliant. Patient Care Reports shall be maintained for a period of time as determined by the most recent version of 202 KAR 7:555 (as of 1/14/2021 this is at least 7 years from the date on which the service was rendered or in the case of a minor, at least 3 years after the minor reaches the age of majority). Records may only be destroyed pursuant to the most current version of the separate Okolona Fire Protection District Records Retention & Destruction Policy and only after consulting the most current version of the Kentucky Local Governments General Records Retention Schedule prepared by the Local Records Branch Archives and Records Management Division.

220.04 Financial Records - Will be maintained by OFPD. Financial statements, budget request files, journals, ledgers, personnel records, audit reports, financial reports and statements will be maintained in accordance with the separate Okolona Fire Protection District Records Retention & Destruction Policy and only after consulting the most current version of the Kentucky Local Governments General Records Retention Schedule prepared by the Local Records Branch Archives and Records Management Division.

220.05 Vehicle and Equipment Maintenance - Records shall be kept for the life of the vehicle. In the event of refurbishment, they will be maintained for the life of the ambulance patient care compartment.

220.06 Quality Assurance records will be maintained by the Quality Assurance Officer. These records will be maintained for a period of time to include two recertification cycles (Four years).

220.07 Unusual Incidents - Administrative Incident reports will be kept for a

minimum of five years.

220.08 Safety/Ambulance Accidents - Will be kept indefinitely. This will allow for trending as well as to serve in the event of delayed litigation.

220.09 Compliance Program Documentation - Records involving member medical surveillance will be kept for a minimum of thirty years after termination of employment. Other compliance documentation will be kept for the period of time outlined by the overseeing agency. Documents involving HIPAA training will be kept for a minimum of six years.

220.10 Member Health - Will be kept for 30 years after member separation. See OSHA - 29 CFR 1910.1020.

220.11 Customer Comments - Will be kept for a minimum of one year.

220.12 Training Records - Will be kept for a minimum of seven years. Records that demonstrate completion of specific programs will remain in the member's training file indefinitely. Records of drivers training will be maintained for a minimum of seven years.

220.13 Certification and Credentialing - Will be kept for a minimum of one certification cycle prior to the current certification of credential.

220.14 Personnel Files - will be maintained in accordance with the separate Okolona Fire Protection District Records Retention & Destruction Policy and only after consulting the most current version of the Kentucky Local Governments General Records Retention Schedule prepared by the Local Records Branch Archives and Records Management Division. Staffing schedules shall be kept for a minimum of one year per 202 KAR 7:555.

220.15 Medication Records- Transaction reports from a medication wholesale supplier or distributor will be maintained for a period of six years as outlined in the Drug Supply Chain Security Act Requirements. OFPD will keep on file the Federal and State license of the medication supplier.

220.16 If an inquiry is made by an authorized agent of an insurance company, information about the time of the run, location, or any other non-patient information may be released by the OFPD contracted billing company.

221.01 ***DATA BACK UP***

All electronic data will be backed up every week night. This back up will be at an offsite location that compresses and encrypts the data. These offsite systems will also have battery backup. Electronic data backups will be under the supervision of the Division Chief. Paper run/ billing sheets will be available in the event of EPCR computer failure.

222.01 ***TRUTHFULNESS:***

All members are required to speak the truth at all times, whether under oath or otherwise. Members shall not make false reports or knowingly enter, for any department record, inaccurate, false or improper information.

223.01 ***SMOKING AND SMOKELESS TOBACCO:***

Smoking, the use of chewing and smokeless tobacco, vaping, e cigarettes or other tobacco products is prohibited while engaged in the care and transport of a patient. The use of any tobacco product in the vehicle will be prohibited. Smoking will only be allowed in designated areas.

224.01 ***CONSUMPTION OF INTOXICANTS OR DRUGS:***

No on duty member is permitted to consume intoxicants. Prescription drugs may be taken, under physician guidance, if it does not impede the member's ability to safely perform their duties.

224.02 Off duty members may not consume intoxicants when in uniform or wearing any part of the uniform. Members may not consume intoxicants off duty to the extent that such consumption renders them unfit for their next shift.

224.03 Any member reporting for duty in an intoxicated condition or suspected of being intoxicated shall be immediately requested to have a breath analyzer/ blood test and be suspended from duty by the Chief pursuant to KRS 75.130. In addition, the Division Chief will be notified and KRS 75.130 disciplinary charges shall be filed.

225.01 ***INTOXICANTS OR ILLEGAL DRUGS ON DEPARTMENT PREMISES:***

No member shall bring any non-prescribed intoxicant or illegal drug into any department building, vehicle, or area, nor permit same to be brought therein.

226.01 ***RANDOM DRUG SCREENING PROGRAM***

In an effort to safeguard patients and employees as well as provide an environment that prevents medication diversion, OFPD will utilize a random drug screening process. This process will be in coordination with the agency's Drug Free Workplace designation. For post-accident investigation see SOG # 408.05. The following guidelines shall be utilized in conducting random drug screening:

1. Baptistworx or its successor shall randomly draw 3 OFPD KRS Chapter 75 members/employees per month for urinalysis. These members/employees shall be drawn from a roster that will remain updated and provided by OFPD to Baptistworx or its successor. All KRS Chapter 75 members shall be included on the eligible list.

2. If a member/employee is randomly drawn, they will be directed at the beginning of the shift to Baptistworx or its successor from 0800-1600 Monday through Friday in an out of service status to complete urinalysis on their next regularly scheduled shift. Baptistworx or its successor will also be notified that the employee is enroute. In the case of PRN personnel their next shift will be identified and notified by the Division Chief, Health Fitness Coordinator or Chief at the start of that day. If the time is greater than the next one-month schedule, the alternate may be utilized.

3. To maintain the random selection, if an employee is redrawn in a calendar year, they will proceed for urinalysis as requested.

4. If an employee refuses urinalysis, this will be considered “Reasonable Suspicion” and they will face KRS 75.130 discipline up to and including termination.

5. OFPD shall be notified by Baptistworx or its successor of negative urinalysis by mail. The employee may request results from Baptistworx or its successor and a copy will be provided.

6. OFPD shall be notified immediately of a “Pending” urinalysis. The employee will then complete a Health Screening and History that will be reviewed by the Baptistworx (or its successor) Medical Review Officer for determination of a positive or negative screening. This will then be reviewed by the Director of Baptistworx (or its successor), Division Chief and the OFPD Health Fitness Coordinator. A positive screening will result in the employee being removed immediately from any patient care situation or operation of OFPD vehicles. Applicable KRS 75.130 disciplinary action will be determined based on the OFPD Fitness for Duty Policy.

7. If there is a suspicion of a “Cold Specimen”, the employee will be asked to drink up to 40 oz of water within a three-hour period per Baptistworx (or its successor) Protocol to produce a non-observed specimen. If a negative dilute situation exists, it will be considered reasonable suspicion and a retest under supervision of the Medical Review Officer will occur.

227.01 ***ACCEPTANCE AND ISSUANCE OF REWARD, GIFTS, FEES, GRATUITIES AND LOANS:***

No member shall accept any reward, gift, fee, gratuity, loan, token or money for favors provided as an inducement to perform or refrain from performing any official act; nor shall any member engage in any act of extortion or other means of obtaining money or other items of value through their position. If an individual or the service receives baked goods or other food products as recognition or thanks for services received, the items will be available for all employees to partake along with disclosure of where the items originated. OFPD will not make monetary donations or contributions.

Additionally, **Okolona Fire Protection District's Code of Ethics is incorporated into this document as if fully set forth herein**.

228.01 ***PHYSICAL FITNESS FOR DUTY:***

All members shall maintain proper physical condition in order to be able to perform their assigned duties. An annual physical shall be completed by the member at the department's cost.

229.01 ***SLEEPING ON DUTY:***

Since OFPD shifts are based on 12 hours, members are expected to report for duty properly rested. In the unlikely event that an employee is scheduled for a 24-hour shift, Supervisors have the discretion to allow the individual to sleep for a portion of the shift. Operational readiness shall not be affected.

230.01 ***CIVIL ACTION: SUBPOENAS:***

Members shall not give any written or recorded statement based on their official activities unless they are under subpoena to do so for the taking of a disposition or other official hearing. This does not prohibit giving oral unrecorded answers to questions from attorneys or other persons properly interested and seeking basic information. Members are under no obligation to give statements regarding civil cases unless subpoenaed. At no time may the rendering of oral recorded statements violate the confidentiality of records of OFPD.

231.01 ***MEMBERS CHARGED WITH A CRIME:***

Members summoned to district, circuit or other court, or before any judge concerning matters in which they or other members may become a defendant in a criminal case, must report the facts in detail to their Supervisor at once for transmission through the chain of command. Also,

notification will be made to the Kentucky Board of Emergency Medical Services regarding any charges covered under state regulations.

232.01 ***DEPARTMENTAL INVESTIGATIONS: TESTIFYING***

Members are required to truthfully answer questions or render reports and relevant statements in a departmental investigation when so directed by the Division Chief.

233.01 ***RECOMMENDING ATTORNEYS / PHYSICIANS:***

No member, while on duty, shall recommend or suggest to any patient the name of any attorney, counsel or physician.

234.01 NON-MEDICAL PROBLEM RESOLUTION

In the event that the member feels that an action, policy or procedure is unfair, the following steps will be taken.

a) Reporting - The issue will be immediately brought to the attention of the member's immediate Supervisor. If the issue involves the immediate Supervisor, the member will notify the involved Supervisor that they intend to present the matter to the OFPD Division Chief.
b) Investigation Process - The Division Chief will conduct an investigation of the situation and all supporting documentation will be collected. The Division Chief may assign an impartial Supervisor to assist in the investigation if necessary.
c) Decision Making Process - All supporting documentation and the findings of the Investigation process will be submitted to the OFPD Division Chief. The Division Chief may consult with available resources (ex. Chief) to facilitate an accurate and fair decision.
d) Member Feedback - The member will receive feedback on the manner in a timely fashion on conclusion of the investigation. Corrective measures to assure a safe and fair work environment will be completed.
e) Trends – If during the course of an investigation it is determined that the issue at hand seems to be following the course of becoming a trend, information from previous incidents will be recalled and examined to see if in fact, the current issue is related. If a trend is confirmed by the investigator, it shall be noted and the topic of the issue will be formally reviewed by the Agency Command Staff to include the Quality Assurance Officer to ensure relief of issue.

235.01 WORKPLACE VIOLENCE PREVENTION

OFPD is committed to preventing workplace violence and to maintaining a safe work environment.

- All members/employees, including Officers and management

should be treated with courtesy and respect at all times.

- Employees/members are expected to refrain from fighting, “horseplay,” or other conduct that may be dangerous to others.
- Conduct that threatens, intimidates, or coerces another employee/member, a patient, or a member of the public at any time, including off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual’s sex, race, age, or any characteristic protected by federal, state, or local law.
- All threats of (or actual) violence, both direct and indirect, shall be reported as soon as possible to the Shift Supervisor, Division Chief or Chief.
- Even without a specific threat, all employees/members should report any behavior they have witnessed that they regard potentially threatening or violent or which could endanger the health or safety of an employee.
- An incident report shall be completed any time there is actual or a threat of violence. Employees/members are responsible for making this report regardless of the relationship between the individual who initiated the threatening behavior and the person or persons being threatened

OFPD will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as is practical in order to maintain workplace safety and the integrity of its investigation.

Members/employees determined to be responsible for threats of (or actual) violence or other conduct that is in violation of these guidelines will be subject to prompt KRS 75.130 disciplinary action up to and including termination of employment.

OFPD encourages employees/members to bring their disputes or differences with other employees to the attention of their Supervisor or other member of management before the situation escalates into potential violence.

Also, see SOG 206.01 regarding non-discrimination and harassment within this document.

236.01 PREDICTABLE RISK

As an agency that has members/employees who face any number of potential injury generators and potential damage to company equipment, this SOG will define actions to be taken in the event of each occurrence. However, this list is not exhaustive.

236.02 Work-Related Injury/Illness:

If at any time a member/employee notifies a Supervisor of an injury that has occurred while on duty, a “First Report of Injury/Incident Report” will be completed by the injured member/employee and reviewed by the Supervisor. If the injury requires treatment, the member/employee will report to Baptist Worx (or its successor) during business hours unless the injury is of an emergent nature. If the injury occurs during periods of time when Baptist Worx (or its successor) is not available or is emergent, then the member/employee shall be seen in an emergency department of the member/employee’s choice.
The “First Report of Injury/Incident Report” will be reviewed by OFPD Administrative staff. OFPD Administrative Staff shall ensure each of the required information fields are completed. Once the paperwork is turned over to Human Resources, the claim is under their control and review.
If the injury is a result of equipment failure, the piece of equipment will be removed from service to be inspected by a qualified representative.
If the medical issue is determined to be an occupational exposure, the Infection Control Plan will be followed.

236.03 Damage to Department Property:

If at any time a member/employee damages or finds damaged equipment or other property belonging to OFPD, a departmental Incident Report will be completed along with an Equipment Repair Form. Command Staff of the agency will determine which Officer will investigate and handle the repair needed to be made. If it is determined that the equipment/property was damaged in the normal course of work, no action will be taken against the member/employee. If negligence is found to be a factor, the member/employee may be subject to administrative disciplinary action pursuant to KRS 75.130.

236.04 Loss or Theft of Department Property:

Once an item is discovered missing, a Supervisor will be notified by the member/employee making the discovery. A departmental incident report is to be completed as well. The assigned investigating Supervisor will review recent responses in which the piece of equipment could have been used. The completed truck inventory sheets for the vehicle or station in question will be reviewed as well. All findings will be presented to the Division Chief. If theft is suspected, appropriate action to include law enforcement involvement may be taken.

236.05 **Clinical Errors:** Refer to SOG # 900 Quality Assurance / Quality Improvement Program.

236.06 **Civil Risk:** If at any time an employee learns of a potential legal action or civilian complaint regarding OFPD as a result of treatment provided by OFPD, the employee will notify the Chief, Division Chief **and Legal Counsel immediately.**

OKOLONA FIRE PROTECTION DISTRICT
DIVISION OF EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines

Implementation Date
01/14/2021

SOG # 300 Treatment and Transport of Patients

Purpose: To ensure that all patients receive the most professional and competent medical care possible.

300.01 ***SPECIAL RESCUE/EXTRICATION:***

The highest ranking or senior OFPD Paramedic or EMT and the fire departments highest ranking Officer on the scene shall conduct the efforts of the rescue/extrication together. The highest ranking fire officer shall be the Incident Commander while the highest ranking Paramedic shall be responsible for patient care. Specialized rescue (Confined space, High/Low angle, water, etc.) will be conducted by Fire Department resources.

300.02 ***DRAWING BLOOD SAMPLES:***

Personnel shall not draw blood solely at the request of a police officer for use as evidence. Any such request should be referred to the hospital emergency department where the patient is transported.

300.03 ***PATIENT PERSONAL PROPERTY:***

When possible, personal property should be left on or with the patient or patients' family. Prior to departing the hospital, the ambulance should be checked for any other personal effects and disposed of properly. If the crew should later discover that personal property has been left in the ambulance, they should contact their shift Supervisor. The Supervisor may, at their discretion, allow the crew to return the property while on duty. If property is discovered in the ambulance at the beginning of the shift, the next shift Supervisor must be notified. The Supervisor will determine the last crew to use the ambulance. It will then become the responsibility of the crew that violated the property disposal procedures to provide a written explanation of the incident. In the event that the patient is dead on arrival at the scene, personal property / effects shall be turned over to a police officer or the authorized representatives of the Coroner's office.

300.04 ***PATIENT MEDICATIONS:***

Only in extreme circumstances shall employees of OFPD remove patient medications from their residence. Due to the potential loss of patient medication throughout the transport and admission process, OFPD does not assume responsibility for patient medications.

301.01 ***DECEASED ON ARRIVAL OR DURING TRANSPORT:***

When OFPD arrives on the scene and the patient appears to be dead, the following guidelines shall be used in making any final determinations:

In instances of trauma, the patient is:

1. PULSELESS
2. APNEIC
3. ABSENT BLOOD PRESSURE
4. NO PUPILLARY REFLEX

In instances of medical cardiac arrest, asystole in two leads is also required.

Should the above guidelines be met, OFPD personnel shall call for the Coroner. Police shall also be notified and requested to respond to the scene if foul play is suspected. OFPD personnel must remain on the scene until released by a police officer, or coroner.

301.02 An EPCR will be filled out on the deceased person with as much information as possible, i.e. name, patient medical history, signs of morbidity, temperature, color, and other medical data surrounding the death should be included in the documentation.

301.03 OFPD shall not transport a corpse under normal circumstances. If requested to do so by the Coroner's office, approval from the Division Chief will be required.

301.04 OFPD personnel will recognize and honor when possible, the Kentucky EMS DNR Form or Kentucky Medical Orders for Scope of Treatment (MOST) form.

301.05 If a patient expires during transport with a valid Kentucky EMS DNR or MOST form, they will continue to the selected ED as the Coroner advised.

302.01 ***MEDICAL COMMAND AND CONTROL***

Medical control during all phases of medical care will be the responsibility of the highest-ranking paramedic on the scene. In addition to standing protocols, primary on-line Medical Control will be provided via radio by physicians at University of Louisville Emergency Department (UL ED) and Norton Children's Hospital (Pediatric patients) on a 24 hour/ day basis. UL ED will also be available during any emergency event. In the event of equipment failure, communications barrier or other unusual circumstance, cell phones may be utilized or the OFPD Medical Director contacted directly. Destination ED's may be contacted by the crew to provide patient information.

The OFPD paramedic on the scene is in charge of the medical emergency, unless a physician takes formal control. If this occurs, the paramedic shall contact medical control immediately and advise the medical control physician of the circumstances. If after proper identification, the paramedic or EMT relinquishes the medical control of a patient to an intervening physician and the treatment of the patient differs from OFPD protocols, the physician should agree to accompany the patient to the hospital.

If an intervening physician is present and on-line medical direction does exist, the on-line physician is ultimately responsible. If there is a disagreement between the physicians, the paramedic/EMT should take orders from the on-line physician and place the intervener physician on the radio with the on-line physician. The on-line physician has the option of managing the case alone, working with the intervener physician, or allowing the intervener physician to assume full responsibility for the patient.

302.02 The shift Supervisor will continue to be in overall charge of personnel and their actions.

302.03 If a paramedic and an EMT are riding together as a crew, the paramedic shall remain in medical control regardless of the seniority of the EMT.

302.04 If two EMT's or two paramedics without rank are riding together the senior EMT or paramedic will be in control of the medical emergency and will be held responsible for the actions of the crew at the emergency scene.

303.01 ***PSYCHIATRIC PATIENTS:***

OFPD will make psychiatric patient runs when requested to do so by the patient, patient's family, social services, guardian, or Law Enforcement. If it's determined that the patient has not harmed themselves and does not pose a risk to harm themselves, PD will be responsible for transport. Refer to KRS 503.100 below for additional responsibilities of crew.

303.02 503.100 Prevention of a suicide or crime.

(1) The use of physical force by a defendant upon another person is justifiable when the defendant believes that such force is immediately necessary to prevent such other person from:

(a) Committing suicide or inflicting serious physical injury upon himself; or
(b) Committing a crime involving or threatening serious physical injury to person, substantial damage to or loss of property, or any other violent conduct.

(2) The use of deadly physical force by a defendant upon another person is justifiable under subsection (1)(b) only when the defendant believes that the person whom he seeks to prevent from committing a crime is likely to endanger human life.

(3) The limitations imposed on the justifiable use of force in self-protection by KRS 503.050 and 503.060, for the protection of others by KRS 503.070, for the protection of property by KRS 503.080, and for the effectuation of an arrest or the prevention of an escape by KRS 503.090 apply notwithstanding the criminality of the conduct against which such force is used.

Effective: January 1, 1975
History: Created 1974 Ky. Acts ch. 406, sec. 35

304.01 ***TRANSPORTATION OF PRISONERS:***

Prisoners under arrest do not retain the right to designate the hospital to which they will be taken. A sworn officer must accompany all prisoners in the patient treatment compartment of the ambulance.

305.01 ***TRANSPORTATION OF MINORS:***

Unless emancipated, no patient under the age of eighteen (18) may refuse treatment or transport, nor may they sign a form refusing treatment or transport. Patients under the age of eighteen (18) will be transported to the facilities providing the appropriate level of care for the illness or injury or an appropriate facility designated by the family or legal guardian.

306.01 ***PATIENT RESTRAINT***

Restraint of patients that are a danger to themselves or others shall be conducted as outlined in the "Restraint Protocol- Pre-Hospital" in the Okolona Fire Protection District Division of Emergency Medical Services Medical Protocols.

306.02 When transporting a patient on any OFPD stretcher, **ALL** the restraint straps shall be used. This provides four sets of straps and includes the chest harness straps. The chest harness straps shall not be wrapped or tied under the stretcher. If a stretcher is found to be missing any portion of the restraint system, it shall be reported to the Supervisor for immediate replacement.

306.03 **Pediatric Restraint**- When transporting pediatric patients all efforts shall be made to make everything as safe as reasonable possible. Guidelines outlined in the September 2012 National Highway Traffic Safety Administration (NHTSA) Working Group Best-Practice Recommendations for the Safe Transportation of Children in Emergency Ground Ambulances DOT HS 811 677 should be followed.

1. With all patients, do not leave monitoring or other equipment unsecured in moving EMS vehicles.

2. Do not have a child/ infant held in a parent, caregiver or OFPD personnel's arms or lap during transport.

3. Child seats involved in a crash may be utilized unless a moderate to severe crash was sustained per the NHTSA.

4. Pediatric patients should be secured to the stretcher using the vertical restraints across each shoulder and three horizontal restraints positioned at the chest, waist and knees.

5. Non-pediatric patients that are transported or those not in immediate distress should be transported in the rear facing EMS provider's seat in a

size appropriate child restraint system. Do not use the rear facing only child seat in the rear facing EMS provider's seat.

6. For multi-patient/ mass casualty events, if not possible to secure all patients to the above guidelines, transport patients within the space available in non- emergency mode, exercise extreme caution and driving at a reduced speed.

307.01 ***<u>CONSENT FOR TREATMENT / RIGHT TO REFUSE:</u>***

In the event a patient or his/her legal guardian refuses treatment or transport, the OFPD crew will confirm that the patient demonstrates decisional capacity to make an informed refusal of care. The OFPD crew shall then inform the responsible parties of the risks involved should treatment or transport not be completed. The patient or his/her guardian should be requested to sign the refusal form. In the event a patient or legal guardian refuses to sign a refusal of treatment or transport form, the crew shall document on the run form that the patient and or guardian refused to sign and have the notation signed by a third party.

307.02 If a problem arises in the field with either patient consent or refusal, and the crew cannot reach a satisfactory solution, the shift Supervisor, or Division Chief will be contacted immediately. All personnel should review their actions in accordance with KRS 214.185 (see below) and KRS 304.40-320.

307.03 If on scene with law enforcement involving a patient who is being incarcerated, the police officer will sign for a patient refusal if needed.

KRS 214.185 Diagnosis and treatment of disease, addictions, or other conditions of minor.

(1) Any physician, upon consultation by a minor as a patient, with the consent of such minor may make a diagnostic examination for venereal disease, pregnancy, or substance use disorder and may advise, prescribe for, and treat such minor regarding venereal disease, substance use disorder, contraception, pregnancy, or childbirth, all without the consent of or notification to the parent, parents, or guardian of such minor patient, or to any other person having custody of such minor patient. Treatment under this section does not include inducing of an abortion or performance of a sterilization operation. In any such case, the physician shall incur no civil or criminal liability by reason of having made such diagnostic examination or rendered such treatment, but such immunity shall not apply to any negligent acts or omissions.

(2) Any physician may provide outpatient mental health counseling to any child age sixteen (16) or older upon request of such child without the consent of a parent, parents, or guardian of such child.
(3) Notwithstanding any other provision of the law, and without limiting cases in which consent may be otherwise obtained or is not required, any emancipated minor or any minor who has contracted a lawful marriage or borne a child may give consent to the furnishing of hospital, medical, dental, or surgical care to his or her child or himself or herself and such consent shall not be subject to disaffirmance because of minority. The consent of the parent or parents of such married or emancipated minor shall not be necessary in order to authorize such care. For the purpose of this section only, a subsequent judgment of annulment of marriage or judgment of divorce shall not deprive the minor of his adult status once obtained. The provider of care may look only to the minor or spouse for payment for services under this section unless other persons specifically agree to assume the cost.
(4) Medical, dental, and other health services may be rendered to minors of any age without the consent of a parent or legal guardian when, in the professional's judgment, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.
(5) The consent of a minor who represents that he may give effective consent for the purpose of receiving medical, dental, or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor's parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor.
(6) The professional may inform the parent or legal guardian of the minor patient of any treatment given or needed where, in the judgment of the professional, informing the parent or guardian would benefit the health of the minor patient.
(7) Except as otherwise provided in this section, parents, the Cabinet for Health and Family Services, or any other custodian or guardian of a minor shall not be financially responsible for services rendered under this section unless they are essential for the preservation of the health of the minor.

Effective: June 27, 2019

KRS 304.40-320 Informed Consent - When Deemed Given

In any action brought for treating, examining, or operating on a claimant wherein the claimant’s informed consent is an element, the claimant’s informed consent shall be deemed to have been given where:
(1) The action of the health care provider in obtaining the consent of

the patient or another person authorized to give consent for the patient was in accordance with the accepted standard of medical or dental practice among members of the profession with similar training and experience; and
(2) A reasonable individual, from the information provided by the health care provider under the circumstances, would have a general understanding of the procedure and medically or dentally acceptable alternative procedures or treatments and substantial risks and hazards inherent in the proposed treatment or procedures which are recognized among other health care providers who perform similar treatments or procedures;
(3) In an emergency situation where consent of the patient cannot reasonably be obtained before providing health care services, there is no requirement that a health care provider obtain a previous consent.

Effective: July 1, 1976

308.01 ***MANDATORY REPORTING***

All required reporting events will be conducted by personnel in a timely fashion. Examples of these include but are not limited by:

Kentucky Board of EMS

Kentucky Board of EMS Requires that the agency or individual will report incidences of certified/ licensed personnel involving misdemeanors, felonies and substance abuse.

OFPD EMS Division Chief

The OFPD EMS Division Chief, with guidance from the Medical Director if needed or required, maintains final authority regarding medical issues of the service. Some examples of necessary reporting include, but are not limited to medication errors, patient untoward effects, hospital/ physician disputes, quality assurance Issues, education/ training issues, etc. The EMS Division Chief will approve all clinical performance standards and service medical care protocols.

Kentucky Department of Public Health

Any communicable disease as outlined in 902 KAR 2:050 must be reported through the Kentucky Department of Public Health. OFPD personnel involved will contact the OFPD Infection Control Officer to assure that reporting requirements are met.

Adult Protective Services

With suspicion or evidence of abuse/neglect exists; OFPD personnel shall contact MetroSafe to have police sent to the location. Every effort shall be made to provide for the safety of the individual. The Department of Social Services/Adult Protective Services shall be contacted prior to going

available from the event. This shall be done through dispatch and on a recorded line. For domestic violence events the potential victim shall be provided educational materials relating to domestic violence required by KRS 209A.130 as set forth below.

(1) If a professional has reasonable cause to believe that a victim with whom he or she has had a professional interaction has experienced domestic violence and abuse or dating violence and abuse, the professional shall provide the victim with educational materials related to domestic violence and abuse or dating violence and abuse including information about how he or she may access regional domestic violence programs under KRS 209A.045 or rape crisis centers under KRS 211.600 and information about how to access protective orders.

(2) A nonprofit corporation designated by the cabinet pursuant to KRS 209A.045 as a primary service provider for domestic violence shelter, crisis, and advocacy services in the district in which the provider is located shall make the educational materials required under this section available on its Web site or in print form for professionals to provide to possible victims of domestic violence and abuse or dating violence and abuse.

Effective: June 19, 2017.

Child Protective Services

When suspicion or evidence of abuse/neglect exists, OFPD personnel shall contact MetroSafe to have police sent to the location. Every effort shall be made to provide for the safety of the child. The Cabinet for Health and Family Services (CHFS) - formerly Child Protective Services shall be contacted prior to going available from the event. This will be done through dispatch and on a recorded line.

309.01 ***HOSPITAL DESTINATIONS***

Patients shall be taken to the appropriate hospital of their choice, as directed by Kentucky Administrative Regulations. The Paramedic/ EMT in charge of the patient's care shall advise a patient if the hospital of their choice is unable to handle the situation that the patient is presenting with. After advising the patient that the hospital they wish to go to does not provide the equipment, staff or capability necessary to treat their condition, and the patient still insists on transport to a specific hospital, contact Medical Control and advise them of the situation. If the patient still insists on going, transport the patient to the hospital of their choice. If the patient has no preference of hospitals and doesn't know where else to go, personnel will advise the patient the name of the next closest hospital capable of managing the patient's condition and gain permission to transport them to that hospital.

OFPD shall not endorse healthcare facilities or conduct exclusive, preferential or coercive transport practices.

310.01 ***REFUSAL OF CARE***

OFPD personnel shall not recommend refusal of appropriate treatment or transport to patients. In the event that a patient is refusing care and or transport against medical advice, the OFPD crew shall:

1. Confirm that the patient is alert and oriented to person, place, time and event.
2. Explain the potential consequences of refusal of care.
3. Conduct as thorough of a patient assessment as possible.
4. Have the patient sign the refusal of care portion of the OFPD run sheet. If possible, have a witness sign the refusal. If the patient refused to sign the release attempt to have a witness sign to verify the refusal.
5. Have the patient communicate to you that they understand the nature of the presenting problem, the risks and consequences of refusal and other treatment and transport options.
6. Instruct patient that they can always request EMS back if conditions change. Make efforts to see if the patient will be alone or if someone will remain with them.
7. Document the run carefully on the OFPD EPCR sheet. Include steps that were taken to convince the patient of the need for transport as well as instructions given.

311.01 OFPD will cancel if another department is on scene and will take the refusal.

311.02 ***SCHOOL BUS ACCIDENTS/ MINOR ACCOUNTABILITY***

Incident involving school busses and large numbers of minors will occur. Treatment and accountability of these minors should be conducted using the following guidelines:

1. Any injured child will be evaluated and transported by OFPD. See SOG # 800 Mass Casualty and Disaster Triage Plan
2. If capable, the Jefferson County School bus driver will start accountability of students and a command representative should start to the scene from the school.
3. An additional bus will be started from the school to allow for rapid segregation and transport of non –injured students.
4. If additional information is needed after the event, a member of the Jefferson County School Board will be contacted for follow up.

312.01 ***THOMAS J BURCH SAFE INFANT ACT***

This act allows an individual to surrender a new born infant of less than 30 days old to any hospital ER staff, EMS Provider or Firefighter/ Police Officer at a station. It is intended to prevent abandonment in an unsafe environment. OFPD has labeled packets available in each ambulance and station. Specific instructions are included in each packet.

OKOLONA FIRE PROTECTION DISTRICT
DIVISION OF EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines

Implementation Date

01/14/2021

SOG # 400 Use of Service, Response and Command Vehicles; Fleet / Driving Safety Program

Purpose: Outline procedures EMS personnel shall follow while operating any motor vehicle in their official capacity. In order to reduce or prevent vehicle accidents, this policy applies to all members of the Okolona Fire Protection District Division of Emergency Medical Services.

400.01 ***GENERAL***

All members must be at least eighteen (18) years of age, be physically capable and must possess a valid Kentucky operator's license prior to operating any vehicle issued to the Okolona Fire Protection District Division of Emergency Medical Services. Members shall notify the Division Chief and/or Designee of any changes that may affect either his/her legal or physical ability to drive a Department vehicle and continued insurability. Drivers of emergency vehicles must have at least two (2) years of non-emergency driving experience.

400.02 Any member operating an OFPD vehicle shall exercise due diligence to operate the vehicle safely. The member shall also be responsible for any driving infractions incurred while operating said vehicle. All members shall be subject to annual operator's license checks conducted by OFPD.

400.03 Members shall take precautions to avoid any/all appearance of impropriety when using Department vehicles. Appropriate conduct and courtesy shall be used at all times. Each member shall comply with all traffic laws while operating an OFPD vehicle and while operating non-OFPD vehicles in an official capacity.

400.04 Under no circumstances shall a member operate a department vehicle, or personal vehicle for official purposes, while the member is physically, medically or emotionally impaired.

400.05 Members shall report any accident involving a department vehicle to the Division Chief and/or designee, regardless of damage or lack of injuries. Such reports must be made as soon as possible and no later than twenty-

four (24) hours after the accident. Members are expected to cooperate fully with authorities in the event of an accident. However, they should make no voluntary statements other than in reply to questions of investigating officers. For further information on accidents involving department vehicles, see the policy on Vehicle/Unit Accident Reporting.

400.06 All occupants of an OFPD vehicle shall wear seatbelts at all times that the vehicle is in operation except as permitted herein. The only exception being when the EMT or Paramedic in the rear of the Ambulance must remain unbelted in order to render treatment to a patient. All patients will be secured with a seat belt if upright. Stretcher patients will be secured completely with all three sets of stretcher straps and the chest harness per the manufacturer's recommendation.

400.07 Whenever the vehicle fuel level falls below ¾ tank, the employee/member driving it at that time shall be responsible for refilling the fuel tank. Fuel will be provided at the department's expense.

400.08 The Maintenance Bureau shall maintain records on each vehicle.

400.09 All OFPD vehicles shall drive with headlights on at all times.

400.10 There will be no smoking in any department vehicle at any time.

400.11 **Transport of Non-Injured Family Members -** OFPD will transport the patient's family members to the hospital using the following criteria:

a. Individual is 18 years of age or older
b. Sufficient seat belts exist
c. In the best judgment of attending EMS personnel, it will not interfere with patient care.

400.12 **Transport of Children** Will be conducted using the following criteria. (See also SOG # 306.03)

a. Sick or injured children will be secured and treated appropriately as a patient.
b. Healthy or uninjured children shall be properly restrained in an age appropriate child carrier or the child safety seat provided in the OFPD ambulance supervisor's chair. Upon arrival at the hospital, the hospital staff should assume responsibility for uninjured minors and the transfer of responsibility appropriately documented on the EMS run report.

400.13 Cell Phone usage- Refer to Electronics Policy SOG #2200

401.01 ***SERVICE VEHICLES***

Service vehicles shall be used for official department business only.

401.02 The member using the vehicle shall be responsible for cleaning the vehicle.

401.03 If a member needs to use a service vehicle for Department business after hours, he/she must obtain permission from the Division Chief and/or designee if feasible.

402.01 ***RESPONSE/COMMAND VEHICLES***

The Chief and/or designee, under the authority granted by OFPD Board of Trustees will assign response vehicles to the Division Chief. Abuse or misuse will subject the user to disciplinary action and loss of use of the issued vehicle.

402.02 Anyone riding as a passenger in a vehicle operated by OFPD shall wear a safety belt at all times.

402.03 Department response vehicles may be used for employees travel to approved training classes or seminars, businesses and other locations deemed appropriate by the Division Chief or Chief.

402.04 Personnel assigned department vehicles are responsible for upkeep, cleaning, maintenance of the vehicle along with all equipment that is OFPD property.

402.05 No alterations shall be made to the issued vehicles (in appearance, mechanical or equipment) without prior written authorization from the Chief or Board of Trustees.

402.06 For any department issued vehicle see the OFPD SOP titled "Department Issued Vehicles" for further restrictions and potential IRS issues resulting from improper usage.

403.01 ***DRIVERS TRAINING REQUIREMENTS***

Okolona Fire Protection District Division of Emergency Medical Services shall provide all members with a Basic Defensive Driving Program that shall include both classroom and practical instruction. The goal of this program shall be to instruct the member in vehicle handling characteristics, defensive driving, collision avoidance, skids, and laws/policies regarding emergency vehicle response and operation.

403.02 Okolona Fire Protection District, Division of Emergency Medical Services shall offer Defensive Driving Review Sessions each year following the initial Basic Course. Employees/members shall complete 4 hours of drivers training every two years as required by 202 KAR 7:560 Section 2.

403.03 Members of Jefferson County Fire Protection Districts that are licensed by KBEMS and Louisville Metro EMS may operate OFPD EMS vehicles only if the following criteria have been met:

1. The individual has a valid Operator's License
2. The individual has received defensive/emergency driver training within the last year at their Fire Department.

404.01 ROLLOVER PREVENTION

All emergency vehicles are subject to rollovers, but ambulances are particularly vulnerable because of its center of gravity. The simplest method of prevention is to slow down. Excessive speed greatly reduces the ability to control the vehicle on curves or when making evasive steering moves. Excessive speed increases the likelihood that the weight will shift and cause the vehicle to become uncontrollable.

Another leading cause of vehicle rollover is over steering after dropping off the road surface onto the shoulder of the road. Over steering will cause the vehicle to roll over by causing the weight to severely shift from one side to the other and/or by the vehicle tires gripping the road at an excessive angle once brought back off the shoulder.

Recommendations to prevent rollover:

1. Take your foot off the accelerator and allow the vehicle to slow down gradually. Do not attempt to steer back at speed or under acceleration. Do not apply full braking! Use soft application of the brakes, natural deceleration and downshifting to bring the vehicle to a safe speed or complete stop.

2. Under soft shoulder conditions feather the accelerator to help maintain control of the vehicle while slowing.

3. Once the vehicle has been stopped or been brought down to a safe speed, gently steer the vehicle back onto the road surface using a lower gear and/or feathered acceleration to assist in overcoming the surface drop off or soft shoulder.

405.01 EMERGENCY RESPONSE PROCEDURES

The driver of the emergency response vehicle is responsible for its safe

operation at all times. The driver shall maintain positive control of the vehicle and drive in a defensive manner at all times. The provisions as outlined in this policy shall not relieve any operator of an emergency vehicle from his/her responsibility of exercising due regard for the safety of all persons on the highway. These provisions will not protect the driver from the consequences of his/her reckless disregard for the safety of others. Drivers that choose to disregard the provisions as outlined in this policy may be held personally liable for their actions and subject to departmental discipline

405.02 Drivers may exceed the posted speed limit by 10 mph or less, under the following conditions:

1. When using caution and due regard for the safety of all persons and property;

2. When weather and time of day permit the driver's visibility to clearly identify and avoid potential traffic problems within his/her anticipated path of travel.

405.03 Drivers of emergency response vehicles shall bring the emergency vehicle they are driving to a complete stop under the following circumstances;

1. When directed by law enforcement officer;
2. Red traffic lights;
3. Stop signs;
4. Negative right-of-way intersection;
5. Blind intersection;
6. When the driver cannot account for all lanes of traffic in an intersection;
7. When other intersection hazards are present;
8. When encountering a stopped school bus with flashing lights, the driver shall not proceed until eye contact with bus driver is made and directed to proceed;
9. When approaching an unguarded railroad crossing;
10. Or any other potential hazards or adverse conditions.

405.04 Drivers shall reduce the speed of his/her vehicle sufficiently at ALL intersections. The vehicle shall be under complete control and shall be driven at such speed that it can safely be stopped to avoid an accident should another vehicle or pedestrian enter the intersection. Emergency vehicle drivers shall yield to any vehicle already in any part of the intersection. EMS operators shall realize that the "Right of Way" must be granted by the other driver(s) and is not always given.

405.05 Drivers shall operate his/her vehicle under emergency conditions only when audible and visual warning signals are operating. During emergency operations, headlights will be on low beam. High beam lights may only be

used at night on open roads, and shall be dimmed for opposing traffic, as required by law. Drivers shall not respond on an emergency basis when any part of his/her warning equipment is inoperable.

405.06 Drivers shall be alert for other responding personnel and apparatus. The right of way for two (2) responding emergency vehicles shall be as follows:

1. Vehicle having the right of way by traffic control devices;
2. Vehicles that will be traveling through an intersection without negotiating any turns will have preference over vehicles having to turn;
3. Vehicles negotiating a right-hand turn at an intersection will have preference over a vehicle turning left;
4. The first vehicle in the intersection shall have the right of way. Drivers shall not use unsafe driving practices to take advantage of this rule.

405.07 Drivers following another responding vehicle shall allow sufficient distance between the vehicles to stop safely should the leading vehicle stop abruptly. Drivers should be aware of the possibility that motorists may pull into his/her path after yielding to the leading vehicle(s).

405.08 Drivers shall not overtake or pass other responding emergency vehicles, unless they have received special instruction from the lead vehicle instructing them to pass. In all cases, the driver shall pass on the left side of the vehicle, using caution.

405.09 Drivers shall reduce his/her speed when approaching a curve, hill, narrow or winding roadway, or when any special known hazard exists, especially when visibility is reduced or limited for any cause.

405.10 Drivers shall not travel on the left side of the median strip or center dividing line, unless necessary due to congested traffic. If necessary, drivers shall exercise caution, and shall travel at a speed not to exceed 10 mph.

405.11 Drivers shall pass on a motorist's left side when overtaking and passing, except when the motorist has stopped to turn at an intersection, or when the motorist has pulled to the extreme left and indicated awareness of the emergency vehicle's presence. Drivers may then pass on the right side but shall exercise caution.

405.12 Drivers shall slow down well in advance of an emergency scene, so as not to endanger personnel, equipment and bystanders already on the scene.

405.13 Drivers shall not exceed the posted speed limit (25 mph) while driving in an active school zone. An active school zone shall be defined as an area marked and designated as a school zone, during the normal hours of operation. Drivers shall exercise caution for children ANY TIME they are driving in a school zone or in the area of children.

405.14 RESPONSE CODES:

OFPD shall have four types of authorized responses to dispatched runs:

INSERVICE RUNS:

The unit will respond to the scene without lights and siren, obeying all traffic regulations. The unit may be reassigned by dispatch to any other need.

CODE 1 RUNS:

The unit will proceed in a timely manner. However, no lights or siren will be used and all traffic regulations will be obeyed.

CODE 2 RUNS:

The unit will proceed in a manner where the emergency lights are only used. This will be in a patient transport situation only where the siren may raise the anxiety level of the patient, thus becoming detrimental to the patient's well-being. This shall be the exception and not the rule.

CODE 3 RUNS:

The unit shall proceed as authorized by the KRS 189.940. All emergency equipment, lights and siren will be used at all times when operating in code 3.

405.15 DETERMINATION OF RESPONSE TO HOSPITAL

The unit transporting the patient shall decide what code will be used in route to the hospital. This decision shall be based solely on the patient's condition as determined by the attending paramedic or technician.

405.16 WEIGHT RESTRICTIONS

Okolona Fire Protection District, Division of Emergency Medical Services shall follow Title 49 Code of Federal Regulation 383.3 for all vehicle weight restrictions.

405.17 ESCORTING VEHICLES:

If more than one unit is used on a response, the unit carrying the patient shall proceed to the hospital by the code that the Technician or Paramedic who is attending the patient determines appropriate. Escorts by Law Enforcement vehicle shall follow the same safety measures outlined in SOG 407.

405.18 BACK UP RESPONSE:

When a unit is sent as a back-up, the code of the back-up unit shall be the same as the original responding unit, unless otherwise designated by the primary ambulance.

405.19 VEHICLE FAILURE DURING SHIFT:

If a vehicle becomes inoperable during a tour of duty from equipment failure, mechanical problems or damage from an accident or incident, the crew must notify MetroSafe and the Supervisor immediately. The Supervisor will report the issue to the Vehicle Maintenance Officer. If in the Supervisor's best judgment, he / she determine the vehicle is unsafe, it will be removed from service immediately.

405.20 The Vehicle Maintenance Officer will contact the maintenance provider and will schedule repairs if needed.

405.21 Any repair estimate above $1,000.00 must be reported to the Chief for approval.

405.22 Anytime an ambulance must be serviced outside of the OFPD, the following items will be removed from the vehicle and placed in the stock room at OFPD.

- Controlled medications, ALS drug bags, Monitor/Defib or AED, Portable O2 bag, all medications/ fluids susceptible to freezing or overheating
- Controlled substances will be placed in the supply room safe at OFPD Station.

405.23 REQUEST FOR WRECKER SERVICE:

If a wrecker will be needed for assistance or for towing a vehicle, the crew will contact the shift supervisor. The supervisor will contact the wrecker service; all departmental vehicles will be towed to OFPD Headquarters unless instructed differently by the Chief or Division Chief of OFPD.

405.24 UNIT READINESS:

It will be the responsibility of the crews to restock, clean and refuel the unit after each run if necessary. At no time shall an ambulance be left with less than ¾ tank of fuel. In the event of a late run, a truck status report shall be given to the on-coming crew for immediate attention. This is to ensure that the unit is properly supplied and ready for a response.

406.01 ***BACKING VEHICLES***

Due to the high incidence of backing related incidents, the following guidelines should be used:

1. If you can avoid backing, do so.
2. Never be in a hurry when backing.
3. If there is no spotter available.
    a. Reconsider backing up. Is it really necessary?
    b. Make a reasonable attempt to get someone to act as a spotter.
    c. If a spotter cannot be obtained, get out of the unit and walk around the unit completing a “circle of safety” and survey the backing area before proceeding to back unit, being sure to check overhead clearance.

406.02 DRIVER RESPONSIBILITIES

1. Bring the unit to a complete stop.
2. Roll window down completely.
3. Make a visual and verbal contact with the spotter. If you cannot see or hear the spotter, do not backup.
4. Driver and spotter must establish and continue eye contact in the left rear-view mirror at all times.
5. Drivers must have a thorough knowledge of spotter hand signals. (See SOG 408.03)
6. The spotter hand signals to the driver indicating that it is safe to begin backing.

406.03 SPOTTER RESPONSIBILITIES

1. Conduct a “circle of safety” and survey the backing area and all other sides of the vehicle checking for hazards before proceeding to back unit, being sure to also check for overhead clearance.
2. Communicate any observed hazards to the driver.
3. Place yourself eight (8) to ten (10) feet to the left rear of the unit.
4. Establish visual and verbal contact with the driver and continue eye to eye contact in the left rear-view mirror at all times.
5. Be familiar with hand signals before allowing backing maneuvers to begin.
    a. Stop- Both arms held stationary. Palms out
    b. Proceed- Both arms bent at elbow in repetitive motion.
    c. Left/ right- Both hands pointing
6. Stop the driver if any hazards are observed or if you are uncertain of the direction that the driver is maneuvering.

407.01 ***ACCIDENTS INVOLVING DEPARTMENT VEHICLES***

All vehicle accidents involving Department vehicles shall be reported to MetroSafe immediately after the accident. The report shall include the following:

1. The Vehicle number
2. The exact location of the accident
3. An indication of the need for medical assistance
4. An estimate of the extent and nature of vehicle damage and/or injuries
5. An indication as to whether or not the vehicle is drivable.

407.02 When the accident involves a member's personal vehicle while on official duty, the member may not be able to contact by radio. In this case, the member should contact MetroSafe by telephone as soon as possible and report the above information.

407.03 Based on the information given to them, MetroSafe will:

1. Dispatch any medical assistance needed
2. Notify the appropriate Police Department
3. Notify the Division Chief, Chief and/or Designee

407.04 Where the Okolona Fire Protection District, Division of Emergency Medical Services vehicle may be at fault or if serious vehicle damage, injury or death has occurred as a result of the accident, the Division Chief or Chief will notify the Okolona Fire Protection District Protection Board of Trustees.

408.01 ***ACTIONS TO BE TAKEN BY PERSONNEL INVOLVED IN THE ACCIDENT***

Initiate appropriate medical care as needed including informed refusal of care. Do not discuss the accident with anyone other than EMS and Police Department representatives. DO NOT admit any guilt of fault involving the circumstances of the accident.

Do not remove the vehicle unless it is creating a traffic hazard or under direction of law enforcement

1. Obtain witnesses' names, addresses and phone numbers.
2. Remain at the scene until permission to leave is secure from both Police and EMS Department representatives.
3. Unless medical care is needed, the driver will proceed to OFPD Headquarters for completion of documentation and incident report.
4. Upon completion, the accident report and all supporting documentation will be forwarded to the Division Chief for insurance purposes.

408.02 ACCIDENT INVESTIGATION

The Division Chief shall investigate all vehicle accidents involving EMS Department vehicles and personal vehicles responding to emergencies.

408.03 All accident investigations shall include separate interviews with the driver of the department vehicle or personal vehicle and all crew members. Other witnesses, both civilian and department members will also be interviewed. Names and addresses will be obtained and notes of each interview will be taken. Any available electronic/ video resources will be requested. All reports and statements will be collected before individuals are released from the scene. The OFPD driver will complete an Incident Report prior to leaving OFPD.

408.04 The following items should be collected at the scene by a Department representative:

1. Photographs
2. Accident statements
3. Police report number
4. Witnesses names, addresses, and phone numbers
5. Names, addresses and hospital of all injured parties
6. Name and badge number of Police Officer investigating the accident

408.05 In compliance with the Kentucky Drug Free Workplace policies, any member involved in an accident, in their personal vehicle or an EMS vehicle while responding to an incident, will be required to immediately complete a drug and alcohol test. The test will be at OFPD's direction and expense. A Supervisor will accompany the member to the testing facility. The results will be released to the Division Chief and will be distributed to the appropriate personnel.

408.06 FOLLOW UP/ DISCIPLINARY ACTION

The Chief or Division Chief shall review all available documentation and evidence collected as a result of a vehicle accident. This includes but is not limited to accident reports, employee/witness statements and electronic/ video evidence. The Chief/ Division Chief will determine if the accident was preventable and any remediation or corrective measures to be taken. These actions could include restriction of driving OFPD vehicles or training/ remediation.

In the case of an employee found at fault involving an accident while operating a department vehicle will be subjected to KRS 75.130 discipline prescribed by the OFPD Employee Handbook.

408.07 FAILURE TO REPORT AN ACCIDENT

Any member who fails to properly report an accident involving an EMS vehicle or falsifies such reports shall be disciplined in accordance with KRS 75.130.

409.01 FUEL PROCEDURES AND CONSERVATION

OFPD members should refrain from unnecessary fuel/ vehicle usage. If environmental conditions warrant, a vehicle may idle as needed. Voluntary movements with an ambulance should be minimized.

409.02 Fuel will be acquired at designated fuel stations. Station fuel tanks may be used as a backup.

410.01 *AMBULANCE SECURITY*

In order to ensure that unauthorized persons have no access to items inside an OFPD vehicle, all doors must be locked when not in a direct line of sight by the ambulance crew. This includes all doors and compartments. Whenever possible, automatic locking doors shall be used. When units are parked at stations, vehicle doors may be left unlocked if; the ambulance is parked inside of a locked building, or the ambulance is in the direct line of sight of OFPD personnel. Ambulances have factory installed anti-theft devices that shall be utilized when vehicle is left running.

411.01 DAILY AMBULANCE INSPECTION

An electronic daily checklist shall be completed by each shift who is assigned to a particular unit. At any time when a material discrepancy is noted, the employee shall notify their Supervisor and annotate the issue on the inside cover.

411.02 On the first day of each month, the crew shall deliver in to the administration office the prior month's narcotic inspection card and will receive a new card.

411.03 Crews assigned to a particular ambulance shall check the following items each shift for proper operation;

- Any vehicle damage
- Unusual noises (while running)
- Safety devices
- Electrical systems
- Gauges properly working
- Fuel (at least ¾ full)

- Tires (visual check)
- Climate control (crew/patient area)
- Window washer fluid
- Oil level
- Oxygen system
- Portable oxygen
- Monitor
- Stretcher (properly secured)

412.01 VEHICLE PREVENTATIVE MAINTENANCE

All EMS vehicles operated by OFPD shall undergo preventative maintenance at least according to the schedule below, the manufacturers recommended schedule, NFPA recommendations or recommendations of that OFPD person responsible for fleet maintenance;

Procedure	**Interval**	**Description**
Oil & Oil Filter Change	*Every 5,000 miles or 200 engine hours*	*Replace engine oil & filter*
Fuel Filter Replacement	*Every 10,000 miles or 400 engine hours*	*Replace filter*
Air Filter Replacement	*Inspect during oil change, replace as needed*	*Replace as needed*
Change Engine Coolant	*Every 45,000 miles or 1800 engine hours*	*Drain and refill with fresh coolant*
Lube Chassis	*Every other oil change*	*If equipped with fittings, lubricate suspension, steering linkage, ball joints, tie rod ends, axle "u" joints*
Automatic Transmission Service	*30,000 miles*	*Replace fluid and filter*
Change Axle Fluid	*97,500 miles*	*Drain and replace differential fluid*
Change Transfer Case Fluid	*60,000 miles*	*Drain and replace transfer case fluid*

412.02 The OFPD Maintenance Officer shall make recommendations for a differing service schedule if required.

412.03 The Maintenance Officer shall keep records of all repairs made to vehicles.

413.01 ***<u>VEHICLE CLEANLINESS</u>***

It is the responsibility of the assigned shift crews to ensure the cleanliness of the ambulance they are assigned. Weather permitting; the outside surface of the vehicle should be washed by the completion of the shift. The interior of the ambulance shall be cleaned after each patient encounter. See also SOG # 1204.01.

413.02 Trash cans shall be emptied at the end of each shift. A clean waste bag shall be placed in the trashcan.

413.03 Sharps containers shall be checked to determine replacement. Any sharps container that requires replacement shall be removed from the ambulance and put in the main biohazard waste collection site at the OFPD Station. A clean and unused sharps container shall be placed back on the ambulance replacing the used container.

413.04 All equipment used to treat a patient shall be disinfected immediately upon transferring the patient to their destination. The patient treatment area shall be disinfected as needed based on the modality of the patient transported.

414.01 ***<u>EQUIPMENT SECURITY AND SAFETY</u>***

All equipment weighing 3 pounds or more in both the patient care and crew compartment shall be secured in a manner to prevent patient and/or crew injury in the event of vehicle impact. The item(s) shall be secured with an enclosure, bracket mount or other appropriate securing device. Seatbelts are acceptable. Equipment shall remain in closed compartments or secured according to manufacturer's recommendations. When out of quarters and unattended (scene, hospital, detail, etc.) the ambulance shall be locked and secured.

414.02 Any crew leaving any item of OFPD equipment at a scene or hospital shall notify the shift Supervisor immediately regarding the equipment that was left and its location. The responsibility of recovery lies with the crew that left the equipment. The shift Supervisor shall advise the crew regarding what action to take.

415.01 ***<u>OFF DUTY RESPONSES</u>***

OFPD employees, driving OFPD vehicles are expected to render assistance to people that are sick or injured if they are the closest appropriate unit. In accordance with 202 KAR 7:701; if an employee is off duty and present on scene of a run and rendering aid to a patient, they shall contact the on-duty Shift Supervisor as soon as possible. They should attain the assigned run number, complete a patient care report and document the total amount of time assisting on the assigned run for

payroll purposes. This will also provide Medical Direction and Workers Compensation. OFPD will not issue personal medical equipment for use in an off-duty environment.
Controlled substances shall not be removed from the department's premises for providing off duty care.

OKOLONA FIRE PROTECTION DISTRICT DIVISION OF EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines

Implementation Date

01/14/2021

SOG # 500 Work Schedule and Leave

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

500.01 ***SCHEDULE:***

Each member/employee shall be assigned to a specific schedule. This schedule shall dictate the days worked and the days off. An employee is expected to work their entire shift as scheduled. If the employee is not present at the scheduled shift time, they shall be assessed an absence occurrence. For safety and employee performance 24-hour schedules will not be routinely allowed. Occasionally they may be necessary to maintain staffing levels (sick call, open positions, etc.). These will be assessed on a case by case basis. See also Fatigue Policy 2100.01.

500.02 The OFPD work calendar is published a month at a time. PRN employees should indicate their work availability no later than 15 days before the first day of the upcoming month.

500.03 Open Positions- The first week of each month the Division Chief will post all vacant positions for all full-time member/employees to express interest in, or part-time employees to request to move into a full-time position if available.

Official assignment shall be via OFPD email, ESO or any other appropriate scheduling system as well as posted at the station. The positions shall be assigned by the Chief or Division Chief. Consideration shall be given based upon seniority. If member/employees have the same start date, seniority shall be randomly drawn for during orientation. Newly awarded positions shall take effect the following month.

500.04 In the event of a long-term absence of a full-time member/employee, their

vacant spot may be filled by a temporary duty assignment (TDY) (Ex. Injured on duty, long term illness, etc.) During this absence an employee may request the Division Chief to fill this spot on a TDY. If the employee returns to work, he/ she will get their position back and the TDY employee will be allowed to select a position from any current open position in his or her job classification. If the absent member/employee was not able to return to work then his position would be posted for bid, the member/employee filling the spot on TDY will have the opportunity to request that spot along with any other eligible member/employee in the same job classification. All TDY spots are at the discretion of the Chief or Division Chief.

500.05 Any employee/member's schedule may be changed on a temporary or permanent basis by the Chief or Division Chief.

501.01 <u>OVERTIME ASSIGNMENT</u>

In an effort to provide a fair and fiscally responsible method of filling overtime, the following guidelines shall be used for all scheduled overtime. All efforts should be made to fill known shifts one month in advance to maximize use of part-time personnel. Schedule Software will be utilized to track shift availability and coverage needs. Personnel may note availability on Schedule Software. PRN personnel will note non-available times (See PRN Requirements). The shift will be awarded according to the guidelines outlined below in the following order.

1. The revolving call back list in Schedule Software.
2. The open position will be filled starting with equally qualified personnel and then move to the next higher level of qualified personnel.
3. Qualified personnel from the engine may be reassigned to the ambulance. Engine staffing may drop to three if minimums are met on both the ambulance and engine company.

   Minimum Staffing is: **Ambulance** – (1) ALS Provider, (1) EMT-B

502.01 <u>MANDATORY OVERTIME</u>

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

502.02 Extra detail events that are deemed significant for the service will follow

the same mandatory procedures as outlined above. These events will be on a case by case basis and evaluated by the Division Chief.

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

503.01 ***TRADING DAYS:***

OFPD personnel may trade off-days at the discretion of the shift Supervisor with the approval of the Supervisor or Division Chief. Prior approval must be obtained from the Supervisor involved. Trades requiring utilization of overtime are prohibited. Both employees must be able to complete the shift they are going to work in its entirety and if either party of the trade fails to meet the obligation of the trade then vacation or holiday time will be used and the employee failing to report considered AWOL. Full-time employee trades must be time for time trades. Full-time employees may give away partial shifts as long as they carry a sufficient vacation balance to cover the off time. Questions regarding a valid trade should be directed to the Division Chief.

504.01 ***VACATION:***

See Okolona Fire Protection District Employee Handbook for specifics.

504.02 If a member desires to use accumulated vacation leave, a request for vacation form will be completed and submitted to Schedule Software for approval. Requests should be made as far in advance as possible.

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

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

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

SEE SEPARATE SICK, EMERGENCY LEAVE AND FAMILY MEDICAL LEAVE policy which is made part of this SOG as if fully

set forth herein.

504.06 Members must notify the Supervisor by phone of their intention to use sick time at least two (2) hours before their shift is to begin. If the Supervisor is unable to answer, leave a message and be available for a return call. This must be done before each shift that the absence will occur. Multiple days off will need to be addressed with a Supervisor for scheduling purposes.

505.01 ***INJURED ON DUTY:***

See Okolona Fire Protection District Policies and Procedures AND Employee Handbook.

506.01 ***COURT DUTY:***

See Okolona Fire Protection District Policies and Procedures AND Employee Handbook.

507.01 ***MISCELLANEOUS LEAVE:***

See Okolona Fire Protection District Policies and Procedures AND Employee Handbook.

508.01 ***FAMILY MEDICAL LEAVE ACT:***

See Okolona Fire Protection District Policies and Procedures AND Employee Handbook.

509.01 ***RESIGNATION AND TERMINATION:***

Any member who plans to voluntarily terminate employment shall notify the EMS Division Chief at least three (3) weeks prior to the voluntary termination date. A termination letter will need to be completed and turned into the Division Chief and Chief.

510.01 LIGHT DUTY

Due to the nature of the work, OFPD EMS typically does not have Light Duty opportunities. Employees that are injured and off-duty greater than two weeks will be evaluated on a case by case basis. Consideration will include:

- Work available
- Nature of injury and restrictions
- Employee's job description.

511.01 ***PRN REQUIREMENTS***

The following requirements will be used for PRN or "as needed" personnel

1. Submit dates in Schedule Software that you are not available quarterly. (Jan-March, April-June, July-Sept, Oct-Dec). This will allow for faster notifications to be sent for shifts as needed.
2. Complete all educational requirements on time and on duty
3. Maintain current required certifications and forward copies to the Division Chief.
4. Check Okolona Fire Protection District e-mail each day you work.
5. Schedule and complete annual physical exam and T-Spot in the month of hire department timeframe (Fit for Duty physicals and PDS). PRN employees may submit Fit for Duty documentation from primary employer, less than one year old. PRN employees must submit documentation of Fit for Duty annually.
6. Adhere to all OFPD/ SOG's and policies and procedures.
7. Complete required annual compliance training each year.

If a PRN employee does not meet the scheduling requirement for one quarter in any year, he or she may be counseled. If the employee does not meet the requirements for a 2nd quarter in any rotating 12-month period, they may be terminated pursuant to KRS 75.130.

OKOLONA FIRE PROTECTION DISTRICT
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Implementation Date

01/14/2021

SOG # 600 Uniform Policy

Purpose: Provide a positive and professional appearance for all OFPD personnel

600.01 ***Introduction:***

It shall be the duty of all members/employees of OFPD to be attired in like fashion. Uniforms, other than those listed in this document, shall only be worn with approval of the Chief. These items are the property of OFPD and must be returned upon termination of employment with the service.

At the start of the shift, all members/employees shall be in proper uniform, well groomed, and with due regard to personal hygiene. All

members will wear full uniform on all calls and details unless otherwise directed by their Supervisor.

Uniform styles will be broken down into the following:

Class A Uniform- Command uniform to include coat and tie.
Class B Uniform -OFPD uniform with metal insignia
Class C Uniform -Navy Blue Golf type shirt with navy blue undershirt. Navy blue issued pants.
Class D Uniform- OFPD issued T-shirt.

600.02 CLASS A UNIFORMS:

The class A uniform is issued to the Division Chief and Chief. It consists of a double breasted, navy blue jacket and matching pants. Insignia will be worn as follows:

White dress shirt with brass fire buttons- Will display Okolona Fire Protection District patch on the left sleeve and a Jefferson County Fire patch on the right sleeve

Belt- Black in color

Shoes- Patent leather dress type shoe.

Dress Coat Insignia

Rank Insignia- Officers will display their rank centered on the epaulets. The number of bugles will be broken down as follows:

5- Chief (Colonel)
4- Division Chief (Lt.Colonel)
3- Major
2- Captain

Name plate- Jacket or shirt. Worn centered; top stitch on right breast pocket.

Medical Certification Pin - Jacket or shirt. Worn Centered on right breast pocket above service awards.

Service stripe – Worn on left lateral jacket sleeve. Each stripe signifies five years of service.

Sleeve piping- Gold horizontal bands around each arm at the cuff. The number of bands will be broken down as follows:

5- Chief (Colonel)
4- Division Chief(Lt.Colonel)

3- Major
2- Captain

Brimmed cover – “Stove Pipe” Style hat; navy in color for all personnel, white in color for officers. Service hat badge centered.

600.03 ***CLASS B AND C UNIFORMS:***

Uniforms are provided for the member by OFPD. These items are:

1. Three (3) navy blue golf shirts (short sleeve). T-shirt worn underneath
    A. PRN personnel will receive one (1).
2. Two (2) navy blue quarter zip pullovers (long sleeve),
    A. PRN personnel will receive one (1).
    B. Division Chief will wear white or navy blue button-down shirt when activities dictate the need.
3. Three (3) pairs of navy blue EMT style long pants.
    A. PRN personnel will receive one (1) pair.
4. One (1) winter coat with liner
5. Four (4) navy blue short sleeve T-shirts with OFPD logo
6. One (1) pair of steel/ composite shank work boots, black in color.
7. One (1) navy baseball style cap with OFPD logo. Hats are an optional wear item. Only OFPD Issued hats shall be worn.
8. Toboggan/ watch cap- OFPD issue only
9. Jackets- Provided by OFPD. This is the only jacket approved for wear while on duty.

BELT:

The belt shall be black leather in color and style. It may have a buckle, gold in color. Last resort type nylon belts are acceptable.

SHOES/BOOTS:

Boots shall be worn while on duty. Exceptions will be made if a valid medical reason exists to limit wearing of boots and with appropriate documentation. The boots are issued through the department. Boots must be clean and kept polished. OFPD will pay up to $125.00 for a pair of boots. If the member decides to buy a more expensive model they will be required to pay the difference.

PATCHES:

Only OFPD members/employees are to wear any garment with the OFPD patch or logo on it.

PERMISSIBLE INSIGNIAS:

The Division Chief and Chief will be issued a metal badge for use on the

Class A uniform.

NAME TAPES AND PLATES:

The uniform name embroidery shall consist of first initial, period, with complete last name, i.e. J. Smith. Name plates for the Division Chief and Chief will be gold with black lettering.

COLLAR EMBLEMS:

Officers will have a 1-inch insignia of their appropriate rank: Insignia will be worn ¾ inch from collar edge and parallel with collar stitching.

LONG UNDERWEAR:

Long underwear is permitted according to individual preference. No part of the garment will be visible outside of overlaying uniform items.

GLOVES:

Must be black in color and easily removable as to not interfere with wearing medical exam gloves.

SCARF:

Black/navy blue in color, no ornamentation designs or excessive fringe/tassels will be permitted. The scarf is subject to the Supervisors' approval.

RAINCOAT:

The coat will be ¾ length with reflective stripe optional. The reflective stripe shall be silver in color, around the bottom of the coat, cape, and at the cuffs.

ACCESSORIES:

Belt holster kits: This optional item must be black in color. It should contain pertinent medical/extrication equipment and must be approved by the Division Chief.

Radio holsters: Will be black in color.

Socks: Black socks must be worn with low cut shoes.

T- shirts: Must be worn with all uniforms. It shall be navy blue in color, with a crew type neck. The neck of the tee shirt must be visible while in summer uniform. Officers wearing white shirts shall wear a white T-shirt beneath the Class B uniform.

*600.04 **SERVICE /AWARD PINS***

SEE CURRENT OFPD SOG/SOP

Service / Award pins shall be worn on Class “A” uniforms only. They are worn centered on the right chest above the right pocket. They will be worn in a two or three-line row from left to right in the order received.

Pin categories include:

Valor- Awarded by the Chief for demonstrating strength of mind or sprit that enables a person to encounter danger with firmness.

Heroism - Awarded by the Chief for personnel exhibiting conduct that demonstrates a selfless act to attain a noble end.

Meritorious Service- Awarded by the Chief for persons distinguishing themselves for outstanding achievement or service to OFPD.

Lifesaving- Awarded by the Chief for service that result in a life being saved. Examples include; resuscitations that are discharged or any clear example where intervention by OFPD personnel result in a positive outcome where the result would have normally been death.

Commendation- Awarded by the Chief of OFPD for noteworthy actions.

Child birth- Awarded for delivery of an infant of viable age.

Field Training Officer (FTO) - Awarded to individuals who have completed the OFPD Preceptor program and successfully precepted one student.

EMS – Instructor – Awarded to those members who are certified/licensed as EMT – Basic, AEMT or Paramedic Instructors by KBEMS.

Critical Care Paramedic- Awarded by the Chief of OFPD for individuals that have completed a certified program and recognized by the Kentucky Board of EMS as a critical care paramedic.

*601.01 **UNIFORM REPLACEMENT:***

When uniforms or equipment are damaged or worn in the course of duty, the following procedures shall be followed:

A. The immediate supervisor will inspect the

damaged/worn garment.

B. The supervisor will direct the member to complete the electronic order form for replacement.
C. Arrangements will be made to provide the member with replacement items.
D. An inventory form will be completed when the item is replaced.
E. The uniform item will be removed from service and not utilized again.

602.01 ***APPEARANCE AND GROOMING:***

Male:

Hair will be neatly trimmed and tapered to the side of the head and to the back of the neck so as not to touch the top of the shirt collar.

Hair will be neatly trimmed over the ears.

Sideburns will be neatly trimmed and will not extend below the lower opening of the ear and will not extend forward at their lowest point.

Mustaches will not extend down over the upper lip or past the top of the lower lip. They must be kept trimmed at all times.

Beards are not permitted. Additionally, personnel will report for duty clean shaven. This is to comply with Federal Law regarding respirator usage.

Cologne is discouraged for street crews due to the potential of a patient being sensitive to the fragrance. If cologne is worn, it shall be a mild fragrance.

Jewelry shall not be worn in a fashion as to interfere with the efficiency of the job. Members shall not wear jewelry that creates a safety hazard such as entanglement or interfering with personal protective equipment. No visible necklaces or bracelets (unless medical bracelet) will be worn while in uniform.

Ear rings or visible piercings are not permitted.

Female:

Hair will be worn secured to the top of the head or short enough as not to touch the top of the shirt collar. If bangs are worn, they must be at least

one inch off of the eyebrows and no hair will be worn on the side of the face extending down over the ears.

Make-up may be worn while in uniform but it must be lightly colored and should give as natural appearance as possible.

Perfume is discouraged for street crews due to the potential of a patient being sensitive to the fragrance. If a perfume is worn, it shall be a mild fragrance.

Jewelry shall not be worn in a fashion as to interfere with the efficiency of the job. Members shall not wear jewelry that creates a safety hazard such as entanglement or interfering with personal protective equipment. No visible necklaces or bracelets will be worn while in uniform. Ear rings may be worn in the form of one set of post type earrings. No hoop or dangling style earrings shall be worn. Other visible piercings are not permitted.

603.01 ***INSPECTIONS:***

Inspections will be conducted for all uniformed members to include, but not limited to, grooming, uniform, physical hygiene and accessory equipment. If unacceptable deviations from SOG's are discovered the member may be sent home by the supervisor either as disciplinary action or to correct the problem. It shall be the member's responsibility to report uniform needs or problems to their immediate supervisor.

604.01 OPERATIONAL CHANGES OF UNIFORM:

Uniform changes will be at the discretion of the Chief. All personnel shall be attired in a like fashion.

604.02 Inclement weather wear will be at the discretion of the supervisor. This should be the exception and not the rule to the uniform policy.

604.03 The OFPD golf shirt will be worn anytime during a response, training or in the public view. The golf shirt may be removed as long as the employee is wearing a t-shirt and engaged in doing station chores or laborious tasks.

604.04 Detail uniforms will be at the discretion of the Division Chief or Chief. Details include: fairs, educational offerings, meetings, etc. The detail uniform will consist of the navy blue issued pants and OFPD issued shirt.

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SOG # 700 Hazardous Materials Incident Response Plan

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

700.01 ***RESPONSE:***

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

A. The dispatch center will obtain the information on the product, the amount, the nature of the incident, the weather conditions and all other information normally obtained in the triaging of a run.

B. Dispatch will notify the on-duty supervisor, Chief, and Division Chief.

C. The on-duty supervisor will make sure the Chief and Division Chief are notified and decide whether to send additional OFPD personnel to the scene and/or off duty personnel to the station or scene.

D. The on-scene OFPD commander will remain in the command post as liaison with the on-scene fire commander.

E. Coordinate with Jefferson County Hazardous Materials responders.

700.02 ***INITIAL ACTIONS***

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

Upon arrival of the fire department, OFPD personnel will relay any information and confer with the on-scene fire commander. The crew should then locate an area that can be used for decontamination of any

exposed victims. This area should be up wind, uphill and upstream and have good drainage. The crew should contact the on-scene fire commander for a water source to decon the victims.

700.03 PERSONNEL ACTIONS

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

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

   All OFPD ambulances shall have the following as equipment minimums:
   3- Full Face APR's (2 Regular, 1 small)
   2 - Level C suits
   4 - Multipurpose cartridges for respirators
   2 - Pair Booties
   4 - Pair Gloves
   1 - Plastic or body bag for wrapping the patient
   1 – Chemically resistant tape
   1 - DOT Emergency Response Guidebook
   1- Pair binoculars

B. Don Level C PPE, gloves and respirators.

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

700.04 DECONTAMINATION CORRIDOR

Use boundary tape or rope to mark off area.

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

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

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

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

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

700.05 VICTIM DECONTAMINATION

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

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

B. Have victim move into corridor and step into the containment basin. Have victim remove undergarments.

C. Wash victim with water alone from the head down (in powder contaminates brush off all powder before washing down.)

D. Have victims step out of pool and walk to the exit point of the corridor. Wrap victim in sheet or blanket.

E. Send victim to transport officer as in the disaster SOP.

F. OFPD personnel should indicate actions verbally and minimize exposure to the patient.

700.06 NON-AMBULATORY PATIENT DECON

A. The patient should be brought to the edge of the decontamination corridor in a Stokes basket or on a long spine board. The triage officer will cut away all clothing and leave the clothing in the hot zone.

B. The patient will be carried into the decontamination corridor and placed in the retention basin. One person may have to hold the stretcher head up if the pool has already been used. The patient will then be washed with soap and water. Upon a thorough washing with soap and water the patient will then be rinsed.

C. The patient will be carried to the exit point of the corridor. Here he/she will be covered with sheets and blankets and the transport officer will take charge of the victim.

700.07 OFPD SUPPORT ROLES

A. Decontamination of fire personnel. While it is the fire department's responsibility OFPD EMS may assist if requested and approved.

B. Medical advice as it relates to the tactical operation.

C. Tactical advice, where applicable.

D. Coordination with receiving hospitals.

701.01 ***<u>TRAINING</u>***

New members of the OFPD EMS will receive training at the Hazardous Materials Operations Level, prior to responding to a Hazardous Materials incident as stated in CFR 1910.120. Members shall be certified to but not limited to operations level training.

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

701.03 All members of the OFPD EMS shall receive annual refresher training, as stated in CFR 1910.120.

702.01 ***<u>COORDINATION</u>***

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

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SOG # 800 Mass Casualty and Disaster Triage Plan

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

800.01 ***<u>Mass Casualty and Disaster Triage Plan</u>***

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

800.02 ***<u>MCI TERMINOLOGY</u>***

Branch –Used when the number of divisions or groups exceeds the Span

of Control. Report to a Branch Leader

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

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

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

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

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

I.C.S - Incident Command System

MCI- Mass Casualty Incident (25-100 patients)

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

NIMS- National Incident Management System

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

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

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

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

S.O.G.- Standard Operating Guideline

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

800.03 ***ICS ROLES DEFINED***

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

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

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

Finance – If required, the BOT Treasurer will assist Logistics and ensure that monetary obligations are met.

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

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

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

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

800.04 PHASES OF MASS CASUALTY TRIAGE

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

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

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

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

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

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

800.05 TRIAGE CATEGORIES

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

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

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

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

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

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

800.06 CONSIDERATIONS

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

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

i. Age
ii. General health

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

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

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

800.07 INCIDENT COMMAND

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

800.09 *MORGUE*

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

800.10 COMMUNICATIONS

Communications will be coordinated through the MetroSafe Dispatch Center. All communications should be in a calm, clear and concise manner. The use of “10” codes should be discouraged to facilitate communication between responding agencies. Communication between agencies will be coordinated through the incident command system. Mutual aid frequencies may be used for inter-agency communication. The communications center will conduct notifications and audits of receiving hospitals in regard to the number of patients that they are capable of receiving.

800.11 EMERGENCY OPERATIONS CENTER/ EMERGENCY MANAGEMENT

Activated upon request of the Division Chief, Chief or Emergency Management official. Coordination and Management of the EOC will be by MetroSafe Personnel. OFPD personnel will coordinate resource needs through MetroSafe and be familiar Emergency Management reporting and procurement processes and any software platforms utilized to report status to local and state agencies.

800.12 THE AMERICAN RED CROSS

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

800.13 LANDING ZONES FOR AIR AMBULANCES

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

800.14 CRITIQUES / CRITICAL INCIDENT STRESS MANAGEMENT

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

and professional stressors and ultimately decrease emergency service "Burn Out".

800.15 INCIDENT DRILLS

An annual MCI drill should be conducted. This should involve the treatment and transport of large numbers of patients as well as inter agency coordination (hospitals, police, fire and other EMS agencies). These drills should include a critique with a representative from each agency involved. Strengths and weaknesses should be outlined as well as a plan for improvement. Copies of this paper work should be filed for future reference. In addition, "table top" scenarios may be conducted to assure continued proficiency in MCI procedures.

800.16 MUTUAL AID

Mutual Aid agreement will be maintained with surrounding counties and agencies. These agreements will include indications for requests, requesting criteria, communications, liability issues, incident critiquing and fee collection. Mutual aid requests and provision will be reviewed by the Division Chief and/or Chief of OFPD in cooperation with administration of the second agency. The Mutual Aid Agreement shall meet the minimum standards set by 202 KAR 7:555. Examples of mutual aid requests include:

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

If mutual aid is requested by OFPD, the process will be reviewed by the Quality Assurance Officer utilizing the Mutual Aid Request Validation Process

801.01 ACTIVE AGGRESSOR INCIDENTS

This policy is to define procedures for OFPD response and operations to an Active Shooter/Aggressor.

Definitions

Active Shooter/Aggressor: An individual or individuals actively engaged in killing or attempting to kill people in a confined and populated area.

Contact Team: Initial team or teams of law enforcement officers that make entry into the Hot Zone. Their immediate goal is to enter the location, locate the suspect(s) and address any imminent danger.

Rescue Task Force (RTF): is a set of teams deployed by the Incident Commander or designee to provide care to victims inside the location. These teams will address immediate life-threatening injuries, stabilize and move victims. RTF teams will be equipped with ballistic protective equipment and remain in that equipment until the threats have decreased or mitigated. RTF teams shall work with a minimum of 1 law enforcement officer, preferably 2 to 3 if personnel are available.

Hot Zone: Area(s) where there is active threat(s)

Warm Zone: Area(s) that law enforcement has either cleared or isolated the threat where there is less of a threat. This area can be considered clear but not secure. This is the area RTF will deploy to, using security, to treat and move victims from.

Cold Zone: Area where there is little to no threat, either by geography to the threat location or after the area has been secured by law enforcement. This is the area where triage, treatment and transport will occur.

Operations

MetroSafe

When MetroSafe receives a report where there is an indication, or it's determined the report is an active shooter/aggressor incident, MetroSafe will automatically dispatch the Active Shooter/Aggressor call. This will generate the following response:

- Closest ambulance(s)
- OFPD Division Chief
- All other units will not respond unit directed to do so by OFPD Incident Command or MetroSafe.

Upon confirmation of incident, additional personnel and equipment should be dispatched:

- All remaining ambulances on duty

- Suppression Units (As called for by the incident commander)
- Hazardous Materials Units (As called for by the incident commander)
- Public Information Officer

First Arriving OFPD Ambulance or Division Chief

- Establish command post for responding units
- Calls MetroSafe to have all additional units to respond
- Call for off duty response to stations for additional ambulances
- Direct all units/companies at the scene or responding to the incident to a specific radio channel as determined by the Incident Commander
- Meet with law enforcement to establish Unified Command
- Work with law enforcement to identify the RTF working zones
- Work with EMS/Fire units to establish triage, treatment and transport area(s)
- Consider moving primary staging to a safer area if needed. Consider ingress and egress routes
- Create RTF teams from on-scene units
- Notify RTF teams of the RTF working limits
- Decide accountability method to track RTF teams

Second EMS or Fire Leader not engaged in the immediate tactical response

- Establish EMS Communications Coordinator position or Treatment Unit Leader based on needs of incident
- Establish location of medical triage and assign triage officer
- Establish medical treatment area

- Assign transport officer
- Establish staging area for responding ambulances, assign EMS staging officer
- Determine if additional resources or supplies are needed; Notify MetroSafe to request

Suppression Units

- Apparatus may be used to limit ingress and egress if needed
- Due to number of patients, company officer may take Triage Unit leader assignment at alternative location
- Triage Unit leader and crew should direct walking wounded to the casualty collection point (CCP)
- Support any fire suppression systems and alarm panels if safe to do so

RTF Entry/Deployment

- In the event a team needs to enter the warm zone, they should equip themselves with a ballistic vest, ballistic helmet and ARK bag. Members of the RTF entry team should not make entry without radios.
- RTF Teams will not deploy without a law enforcement officer/protection and will not work without law enforcement
- With approval from unified command, teams will deploy into the warm zone
- Command will dispatch RTF teams
- RTF Teams should not self-deploy
- The first RTF Team should attempt to give command an approximate patient count
- The additional RTF teams should work to reach victims not treated by the initial teams.
- When RTF Team is operating in warm zone, victim triage will be conducted. Patients who can ambulate without assistance will be

directed to self-evacuate under law enforcement direction. Deceased patients will be marked with a black tag/ribbon.

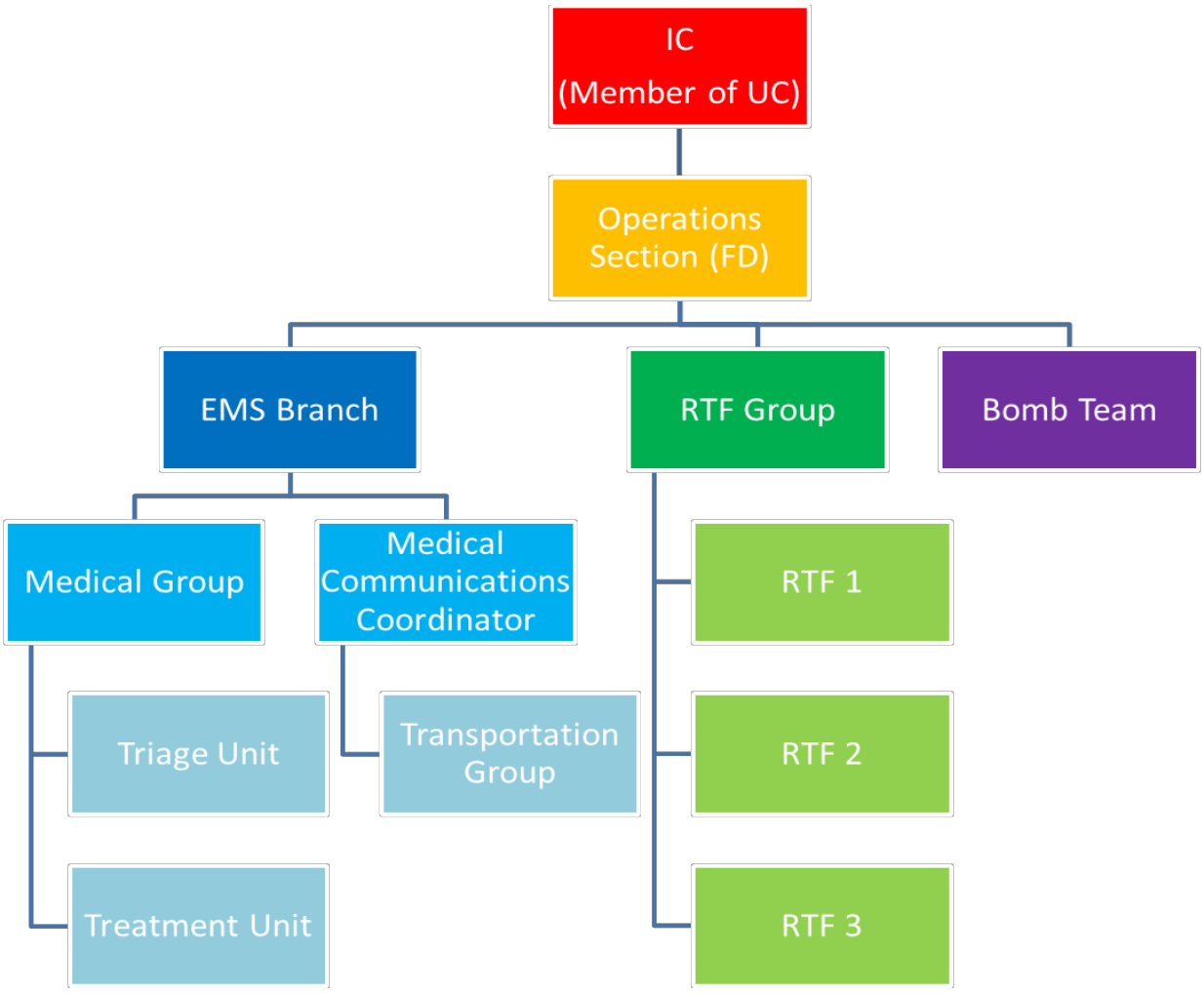
- If possible, OFPD will deploy a single person inside the warm zone to coordinate RTF Teams
- All personnel on the scene should be constantly aware of and on the lookout for IEDs (improvised explosive devices), secondary devices, secondary aggressors or hazardous material conditions.
- Victims will flee the scene and take refuge in other locations. Be prepared for calls to scene near and around incident. These calls need to be highly suspicious as a secondary incident.
- Once the active threat has been stopped, the incident transitions from active shooter-aggressor to mass casualty incident

Training:

- All OFPD members shall be trained at least to the Awareness Level.
- All OFPD Rescue Task Force shall be trained at least to the Operations Level.
- All OFPD members shall receive annual training.

REFERENCES:

Law enforcement Active Aggressor Policies (TBA)
IAFF Position Statement: Active Shooter Events
The Hartford Consensus I 2012 - Improving Survival from Active Shooter Events:
HARTFORD CONSENSUS II 2013 – National Policy to Enhance Survivability from Mass Casualty Shooting Events
URBAN FIRE FORUM - SEPTEMBER 2013
UFF Position Statement: Active Shooter and Mass Casualty Terrorist Events
FEMA Operational Considerations and Guide for Active Shooter Mass Casualty Incidents 2013


IC
(Member of UC)
Operations
Section (FD)
EMS Branch
RTF Group
Bomb Team
Medical Group
Medical
Communications
Coordinator
RTF 1
Triage Unit
Transportation
Group
RTF 2
Treatment Unit
RTF 3

HOT ZONE
NOT CLEARED BY Law Enforcement - RTF ACTIVITY NOT PERMITTED

WARM ZONE
AREA CLEARED BY Law enforcement
R.T.F. IS OPERATING

COLD ZONE BORDER

COLD ZONE BORDER

EMS Officer: Medical Group Supervisor

Officer: Treatment Unit Lead

CASUALTY COLLECTION POINT
RE-TRIAGE PATIENTS
SEND TO TREATMENT AREAS

Engine Co: Staffing CCP

RED TREATMENT AREA

YELLOW TREATMENT AREA

GREEN TREATMENT AREA

Battalion Chief: EMS Branch (Includes Transportation)

MEDICAL CARE SUPPORT UNIT

UNIFIED COMMAND

TRANSPORTATION AREA

MEDICAL MAB BUS

University Hospital	**530 S. Jackson St Lou.**	**502-574-3174**	**502-562-3105**
Norton Hospital Louisville	**200 E. Chestnut Street**	**502-629-1965**	
Jewish Hospital Louisville	**200 Abraham Flexner Way**	**502-574-2631**	**502-587-4421**
Norton Brownsboro	**4960 Healthcare Blvd**	**502-446-8125**	
Baptist Hospital Louisville	**4000 Kresge Way**	**502-259-4803**	**502-897-8141**
Suburban Hospital	**4001 Dutchmans Lane**	**502-899-6714**	
VA Louisville	**800 Zorn Avenue**	**502-287-5087**	
Audubon	**1 Audubon Plaza Drive**	**502-636-7225**	
Kosair Louisville	**231 E. Chestnut**	**502-629-7225**	
Kosair Brownsboro	**4910 Chamberlin Lane**	**502-446-5300**	
St.'s Mary and Elizabeth	**1850 Bluegrass Avenue**	**502-361-6391**	
Jewish Hospital Shelbyville	**727 Hospital Drive**	**502-647-4170**	
Frankfort Regional	**Kings Daughters Drive**	**502-226-7654**	
Baptist La Grange Hospital	**1025 New Moody Lane La Grange**	**502-222-3347**	
University of Kentucky	**900 S. Limestone St LEX**	**859-257-3666 adults**	**859-323-2205 peds**
St. Joes Lexington	**1 St. Joseph Drive LEX**	**859-313-1144**	
St. Joes East	**150 N Eagle Creek Drive LEX**	**859-967-5176**	
VA Lexington	**1101 Veterans Drive LEX**	**859-281-4966**	
Central Baptist Lexington	**1740 Nicholasville Rd LEX**	**859-260-6180**	

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SOG # 900 Quality Assurance / Quality Improvement Program

Purpose: To outline the Quality Assurance/Quality Improvement process and ensure that OFPD policies and personnel remain in a constant state of improvement.

900.01 ***QUALITY ASSURANCE OFFICER:***

The Quality Assurance officer is a central figure in ensuring a high-quality EMS system. This individual is involved in monitoring and teaching operational concerns and medical protocols. The Quality Assurance Officer's responsibilities are as follows:

1. Involvement in new member selection
2. Involvement in field instructor QA meetings
3. Coordination of field instructor selection
4. Critique of probationary members
5. Performance of run audits
6. Review of compliance with protocols and operating procedures
7. With MetroSafe, and the Medical Director, assessment of dispatch protocols
8. Coordination of investigations of incident reports involving medical problems
9. Meeting regularly with the EMS Division Chief to review all member medical performances
10. Review of vehicle operations and safety as well as investigation of any complaints pertaining to vehicle operations.
11. Assist the Training Officer to coordinate any additional medical training or equipment preventative maintenance needed.
12. Any other performance of other related tasks as directed by the EMS Division Chief.
13. Working with the Safety Officer regarding Employee Health and Safety. (See SOG #1300)

900.02 The Quality Assurance Officer will be appointed by the Division Chief of Okolona Fire Protection District, Division of Emergency Medical Services, subject to the approval of the Chief. The Division Chief may be appointed to this position.

901.01 RUN FORM AUDIT:

Run audits should be done by the QA officer in conjunction with the EMS Division Chief. The goal is to have every run reviewed. Runs requiring additional information after the run form audit, must be completed on the employee's next on duty shift.

901.02 CLINICAL PERFORMANCE IMPROVEMENT PROGRAM, (CPIP)

The QA/QI Officer will maintain, in conjunction with the EMS Division Chief, a prospective, concurrent and retrospective policy designed to improve the care provided by Okolona Fire Protection District, Division of Emergency Medical Services.

901.03 CLINICAL INDICATORS

The CPIP should have measurable clinical indicators that are assessed regularly for compliance with established thresholds. Areas that will be assessed are; patient assessment, medical interventions delivered in accordance with the medical protocols, success of skills, clinical documentation quality and outcome data.

901.04 CLINICAL INDICATOR EXCEPTIONS

The CPIP should have a process for identifying and addressing instances where measurable indicators are not in compliance with established thresholds. This process should include individual exceptions, as well as trends.

901.05 REPORTING CIP DATA

The QA/QI Officer will maintain a reporting process for CPIP activities and issues. This report should include documenting and reporting individual issues and individual clinical indicator results to the respective individuals, documenting and reporting aggregate data of clinical indicators and other select data to the individual employee affected, service management and the EMS Division Chief.

901.06 ASSESSING PERFORMANCE IMPROVEMENT EFFECTIVENESS

The QA/QI Officer will continue to measure and report the effectiveness of the CPIP to the service management as needed or at a minimum of semi-

annually. Areas of the program that are determined to be in need of improvement will be identified, changed, reassessed, and reported.

902.01 MEDICAL COMPLAINTS OR ERRORS

Complaints from citizens, facilities, public officials and health care professionals along with violations of the CPIP will be handled in the following manner.

1. Report of the complaint: The event will be documented on an Administrative Incident Report. This report will include specifics of the event, witnesses, contact information and any supporting documentation.

2. Investigation: The Quality Assurance Officer will conduct an investigation of the matter and provide a report with all pertinent findings and supporting documentation to the Division Chief, Deputy Chief and Chief.

3. Resolution: With the findings of the Quality Assurance Officer, the Division Chief will contact all involved parties to disseminate findings. Any breach of medical protocols will result in review by the OFPD EMS Division Chief for determination of outcome. Any violations of OFPD SOG's will result in KRS 75.130 discipline.

4. Feedback: Every effort will be made to ensure that the complaint scenario will not be repeated. The member/employee will be given the outcome of the findings. If education is needed, the OFPD Training Officer will be contacted for remediation. The Quality Assurance officer will maintain records of complaints. These records will be periodically reviewed for trending as well as made available to the Chief, Deputy Chief and Division Chief for problem resolution and discipline consideration.

5. Trends – If during the course of an investigation it is determined that the issue at hand seems to be following the course of becoming a trend, information from previous incidents will be recalled and examined to see if in fact, the current issue is related. If a trend is confirmed by the investigator, it shall be noted and the topic of the issue will be formally reviewed by the Agency Command Staff to include the Quality Assurance Officer to ensure relief of issue.

903.01 INCIDENT REPORTING

This policy will address the procedures on receiving and filing complaints on OFPD members. Incident reports will be completed electronically using OFPD guidelines

Listed below are Sentinel Events that are required to be reported.

- Abuse to a patient or another member
- Inappropriate patient care resulting in a negative impact to the patient.
- Careless driving on emergency and nonemergency runs.
- Injury on the job
- Accident in EMS vehicle
- Equipment damaged or failure
- Vehicle failure while on a response
- Exposure to infectious diseases
- Incident that may attract media attention
- Any incident as directed by a Supervisor

The incident will be investigated by the Division Chief or his/her designee by interviewing all parties involved in the investigation. They will gather evidence and statements to present as needed. In allegations of abuse, the accused employee/member will be removed from patient care situations and the Chief, Deputy Chief and Division Chief notified immediately.

All incident reports and complaints will be filed in a secured area by the Chief or Division Chief. Trending will be addressed as necessary.

If a crew member feels a medical error has been made during the treatment of a patient, he/she may file a confidential Incident Report to the OFPD Division Chief. The Division Chief will coordinate with the QA/QI Officer and or the Chief after all the facts have been gathered and an investigation of the facts has been completed. Employees/members that are involved in the case will be counselled and appropriate action may be taken.

903.02 CRITICAL FAILURE REPORTING

If at any time a piece of medical equipment or ambulance fails during the provision of patient medical care the complete incident will be reported on an OFPD Incident Report Form and the Chief, Deputy Chief and Division Chief will be notified. If during the investigation the piece of equipment is determined to be defective, appropriate local, state or federal officials will be notified if so mandated by law. The QA/QI Officer will coordinate efforts with the Supply Officer to track the piece of equipment for further follow-up maintenance. They will also monitor the equipment to see if any trend regarding malfunction can be tracked.

904.01 ***<u>CLINICAL PROTOCOL REVIEW</u>***

Clinical Protocol review will be an on-going process by the EMS Division Chief and EMS staff. At a minimum, documentation of protocol review will be maintained every two years. If new protocols are implemented within the two-year period, the new protocol will be reviewed on the same date with all other protocols.

904.02 OFPD will comply with standards for laboratory testing as outlined in the Clinical Laboratory Improvement Amendment (CLIA) standards.

905.01 ***<u>STAFF CREDENTIALING AND REVIEW</u>***

OFPD has established a staffing review with input and approval from the EMS Division Chief, Chief, Deputy Chief and Training Officer. These standards shall review paramedic license and emergency medical technician certification, CPR Certification, Advanced Cardiac Life Support, and vehicle operators' licenses at minimum, once per year. Monthly personnel/vendor review through the OIG Exclusion list will be conducted.

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SOG # 1000 Member Selection

Purpose: To ensure that OFPD acquires the most motivated and talented candidates possible. Also, to ensure that all candidates receive a fair and consistent application environment and that the appearance of OFPD remains a highly respected one.

1000.01 ***<u>INTERNAL / EXTERNAL JOB POSTINGS</u>***

Job Posting(s)
The goal of OFPD recruitment is to attract a diverse pool of qualified applicants. Therefore, when there is a need to enhance the applicant pool, or there are no internal applicants, external recruitment methods should be utilized. This can be achieved through a variety of methods, including but not limited to, advertising in appropriate publications, posting on internet bulletin boards and through professional organizations, radio, or television outlets. External recruitment efforts will be posted by OFPD. When an opening exists, all PRN employees will be made aware and a

letter of interest requested. Interested employees will have a Division Chief's Interview and a decision made based on employee performance. If multiple openings exist, employees upgraded to full time will be assigned a duty assignment based upon seniority.

1001.01 ***SELECTION PROCESS***

OFPD is committed to an equal employment opportunity for each prospective employee. OFPD shall continue active measures embracing diversity in the member/employee population. OFPD shall classify positions into a structure that is internally consistent and externally competitive with industry and the regional labor market. To ensure that there is equity and a consistent application of the hiring process, the Chief, Deputy Chief and Division Chief must evaluate every new and vacant position(s) prior to a hiring commitment or budget authorization. The Chief, Deputy Chief and Division Chief shall develop a "Job Description" which properly identifies the responsibilities and qualifications for the position(s).

The following information must be included in the Job Description:

a. Level of knowledge required to meet the objectives of the job.
b. The essential functions and expectations of the position.
c. The degree to which the individual is expected to act.
d. Independence and use of personal judgment in the performance of essential functions.

Prior to filling vacant positions at OFPD, a hiring committee may be formed by the Board of Trustees. Individuals interested in employment at OFPD shall apply via an application form. Applicants will be responsible for returning the application form by the date presented on the job posting. The job posting will include any additional required information that must be included with the application.

Basic medical criteria and medical certifications shall be verified by the Hiring Committee. Mandatory certifications are:

1. EMT- American Heart Association CPR
2. Paramedic- American Heart Association CPR, American Heart Association ACLS, American Heart Association PALS

Successful applicants will be notified after background checks are completed.

Once hired, all new employees/members shall attend and participate in an employee orientation program designed to educate employees/members about equipment and processes utilized by Okolona Fire Protection District, Division of Emergency Medical Services. Employees/members

must successfully complete the orientation program or KRS 75.130 will be filed.

1002.01 ***REHIRING PROCESS***

The personnel rehiring process will be for individuals that have resigned or retired within the last two years and in good standing with OFPD.

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SOG # 1100 New Member Orientation and EMS Education

Purpose: To ensure that newly hired OFPD members receive quality education and a progressive start to their EMS career.

1100.01 ***NEW PERSONNEL ORIENTATION***

The initial training of new full-time personnel/employees/members shall be in the form of an organized orientation program conducted over a minimum of sixteen (16) hours. It shall include the following:

1. Orientation Manual
2. Electronic Protocol Book
3. Driver's training
4. Ambulance equipment
5. SOG's/SOP'S/Employee Handbook and any other rules adopted by the OFPD Board of Trustees (all can be found on OFPD website)

Orientation dates will be established and made known during the interview process. Specific topics also covered are: Communication equipment at each EMS station and on each vehicle, fire extinguishers, response standards, map reading and geographic orientation, mutual aid agreements, cleaning of equipment and vehicles, stretcher operations and use and completion of run reports. These requirements are outlined in Title 202 Chapter 7 of the Kentucky Administrative Regulations.

1100.02 New members/employees shall report to the EMS training officer upon hire and shall remain under the direction of the OFPD EMS Training Officer until completion of the probationary period. This will include all time in education and while riding with an approved Field Training Officer (FTO) appointed by the EMS Training Officer. The new member will

complete the orientation packet which includes the following: Individual patient care log, skills orientation (BLS or ALS), policies/ procedures and driving/ mapping. This paperwork shall be maintained by the employee until completed.

1100.03 Upon successful completion of orientation, the EMS Training Officer will appoint an FTO to the new member. The new member will ride as third (3rd) person on the med unit for a minimum of three (3) 12 hour shifts and all patient contacts to be documented on the appropriate sheets. The Quality Assurance Officer will review all run reports of the new member. If deficiencies are identified, a Training Remediation Form will be submitted to the Training Officer. This will follow the current CPIP Program.

1100.04 Upon completion of the orientation, the FTO shall submit a letter of recommendation for release from orientation to the Division Chief, Chief, Deputy Chief and the Training Officer. The new member will be notified of release or additional time requirements no less than 72 hours prior to the last day of orientation.

All new members that require additional orientation hours must be documented on the training remediation and skills evaluation sheets by the FTO.

1100.05 If at any time during orientation an FTO feels a member has provided detrimental treatment to a patient, an immediate review of the member will be made with all required documentation submitted to the Division Chief, Chief, Deputy Chief, Training Officer and Quality Assurance Officer. If detrimental treatment is believed to have occurred, the new member will be required to work in observation only until a determination is made.

1100.06 All new members shall meet with the Training Officer at three and six months after orientation to evaluate progress. OFPD 90 Day Evaluations shall we completed by the Training Officer.

1100.07 The new full-time member will be required to successfully complete a driver's training course, including a minimum of 3 hours of classroom time, driver's road course, and or an obstacle course, meeting the minimal requirements as listed by the KAR. This will be completed no longer than 30 days from hire. The member *WILL NOT* be permitted to drive any Okolona Fire Protection District vehicle until this is completed.

1100.08 The new member will be required to successfully complete the National Incident Management System (NIMS) 100, 200, 700, and 800 within 60 days of employment and prior to release from orientation.

1100.09 The new member shall fill out a daily log and individual patient log on paperwork received on the first day of orientation. This paperwork will be

forwarded to the Training Division to be placed in the members training file.

1100.10 The QA/QI officer will review all run reports of the new member. If deficiencies are identified, a training remediation form will be submitted to the training division.

1100.11 The EMS Division Chief in conjunction with the Chief and Deputy Chief shall make the final determination to release the member from probationary status. If a new member is unsuccessful during the six months of probation, the Division Chief and Chief will refer the matter to the OFPD Board of Trustees in accordance with KRS Chapter 75.

1100.12 New employees shall receive instruction on the proper usage of fire extinguishers. If in a situation where an employee is faced with the decision to use a fire extinguisher safely or to evacuate due to the size of fire, the employee is to evacuate and ensure all persons in the danger area are aware of the fire condition.

1100.13 Orientation is mandatory for both PRN and full-time classifications. Failure to complete orientation within 90 days of OFPD Board of Trustees acceptance as a conditional new hire shall result in KRS Chapter 75 disciplinary action.

1100.14 PRN Employee Orientation shall consist of one (1) eight (8) hour classroom orientation day. After completion of classroom orientation, all PRN employees must complete three (3) 12- hour shifts in a 3rd person role. Skill sheets shall be completed by the PRN employee and FTO. PRN employees shall complete open road driving course with FTO and shall provide documentation of drivers training from primary employer.

1101.01 ***ONGOING TRAINING POLICY***

As a member of Okolona Fire Protection District, Division of Emergency Medical Services, all personnel/employees/members shall attend monthly training. Evaluation of training needs will be conducted by the QA Officer, Training Officer, Deputy Chief and Division Chief. The trainings shall be posted no less than three (3) months prior to the course date. Training will be conducted by a credentialed EMT Instructor, Paramedic or Subject matter Expert as outlined in 202 KAR 7:601 through the OFPD TEI.

1101.02 All members will be required to successfully complete the National Incident Management System (NIMS) 100, 200, 700, 800 within 60 days of employment. Officers will also complete 300 and 400. OFPD will provide additional NIMS mandatory programs for all appropriate personnel as required.

1101.03 Mandatory training, meetings and testing will be conducted as necessary.

Mandatory programs must be authorized by the Division Chief AND Deputy Chief. OFPD will make every effort to give ample notice as well as multiple offerings to facilitate attendance. Failure to attend a mandatory program will result in a KRS 75.130 suspension from operational status and disciplinary charges until the requirement is completed.

1102.01 ***EDUCATION ADVERTISEMENT POLICY***

Okolona Fire Protection District, Division of Emergency Medical Services Training Division will announce & advertise in the following manner for all courses lasting more than six (6) classes:

- Announcements posted at Okolona Fire Protection District Station(s)
- Announcement posted on OFPD website
- Email sent to all members of the Okolona Fire Protection District

The policy for classes less than six (6) classroom sessions is as follows:

- Announcements posted at Okolona Fire Protection District Station(s)
- Email sent to all members of the Okolona Fire Protection District

1103.01 ***REMEDIAL TRAINING PROCESS***

If it is found that remedial training is required for any member of Okolona Fire Protection District Division of Emergency Medical Services, the following policy shall be followed:

- A remediation form must be fully completed by the preceptor and Training Division.
- A meeting with the member, the Training Officer, Deputy Chief and Division Chief.
- The Division Chief, Deputy Chief and Chief must be notified of any detrimental actions by a member/employee.
- Remedial training may vary from review of policy/protocols with a member to required classroom on-going education at the discretion of the Training Officer, Division Chief, and Chief.
- If on-going education is required, a follow-up with the member will be held upon completion of the education.

1104.01 ***EDUCATION COMPLAINT AND GRIEVANCE POLICY***

Okolona Fire Protection District, Division of Emergency Medical Services will strive to make all educational opportunities a great learning experience. However, we understand that there may be times where students may have complaints about courses or instructors. Therefore, the following complaint and grievance policy has been implemented:

1. Contact the instructor to attempt resolution.

2. If an agreement cannot be reached, contact the course coordinator for a scheduled meeting.
3. If no agreement can be reached, the Training Officer will be notified who will schedule a meeting with the parties involved and the Division Chief of Okolona Fire Protection District Division of Emergency Medical Services.
4. Finally, if no agreement can be reached, Kentucky Board of EMS will be contacted and a meeting scheduled with all parties.
5. Complaints regarding inappropriate behavior by EMS Educational staff may by-pass other avenues and report directly to the EMS Division Chief, Deputy Chief, Chief or Board of Trustees. This includes, but is not limited to sexually related issues, harassment by staff, and inappropriate language used by the EMS staff.
6. All complaints must be placed in writing and thoroughly documented. This shall occur immediately following the incident in question.

If at any time a student feels that they were not treated to the same standard as other participants in an Okolona Fire Protection District, Division of Emergency Medical Services training course, that student has the right to file a grievance with Okolona Fire Protection District, Division of Emergency Medical Services. The following process must be used;

1. A written statement from you stating why you are filing a grievance with dates, times, and locations is applicable. Also include if there are personnel from Okolona Fire Protection District Division of Emergency Medical Services involved in your complaint. In detail, describe your reasoning for filing the grievance and why you feel you were not treated to the same standard as others.
2. Your letter will be forwarded to the Okolona Fire Protection District, Division of Emergency Medical Services Division Chief and Deputy Chief.

1105.01 ***MANAGEMENT TRAINING***

OFPD's management team shall receive initial and ongoing leadership and management training. Promotional candidates shall have completed the OFPD EMS Officer I program or equivalent prior to the application process. OFPD EMS Officers will receive annually two hours of continuing education in leadership techniques, management, conflict resolution, etc. The Division Chief, Deputy Chief and Chief will participate in leadership symposiums as available. Training guidelines can be found in the Seven Pillars of National EMS Officer Competency produced by the National EMS Management Association (NEMSMA).

1106.01 ***RETRAINING AFTER LEAVE***

In the event of an extended leave lasting ninety (90) days or more, the following procedure will be utilized to ensure a safe and smooth transition back:

- Oral interview with the Division Chief and Deputy Chief
- Three-person preceptorship for appropriate time as determined by the EMS Division Chief, Medical Director, Chief and Training Officer. During this time, all appropriate documentation and missed training will be completed.

1107.01 ***STUDENT OBSERVERS***

Students are acknowledged to be beneficial to OFPD as well as the community. EMT/ paramedic programs will have a completed Memorandum of Understanding with OFPD to conduct ride time. Prior to participating in a ride along shift, the student shall:

- Complete an OFPD Ride Along Waiver
- Provide proof of Blood Borne Pathogens and HIPAA training if applicable.
- Provide proof of completion of the EMT or paramedic program if applicable.
- Provide proof of vaccination status **if applicable**.
- Receive a safety briefing from the OFPD crew

1107.02 Students observers will be expected to conduct themselves as representatives of OFPD. Inappropriate dress or conduct will result in the individual being dismissed from ride time. Ride times are from 0800-2300 hrs.

1108.01 ***PARAMEDIC TRANSITION FROM EMT TO PARAMEDIC***

1108.02 The following certifications shall be presented prior to beginning of the field internship phase.

Kentucky State Paramedic license

AHA Basic Life Support for Healthcare Providers (BLS)
AHA Advanced Cardiac Life Support (ACLS)
AHA Pediatric Advanced Life Support (PALS)

1108.03 OFPD EMS Division Chief or designee will have control over the times and scheduling. During this phase the new medic will be considered a Transition Paramedic (TP) until requirements are met for release from the

program. Prior to being placed on the duty schedule the TP will meet with the EMS Division Chief.

1108.04 During the orientation phase the TP will be authorized to carry out any treatments or procedures outlined in the medical treatment guidelines in the presence of a Paramedic Field Training Officer (FTO).

1108.05 The FTO will have authority over the TP during all aspects of ambulance operations and patient care issues. The FTO has the final word in all treatments and will be ultimately responsible for the care of the patient and the final documentation.

1108.06 The TP shall ride for a minimum of twenty (20) Advanced Life Support (ALS) patient contacts with a qualified paramedic FTO. Each patient contact will be documented using the ALS Evaluation form. Additionally, the ALS skills check off form will be completed within the ride time period.

1108.07 If at any time during orientation an FTO feels the TP has provided detrimental treatment to a patient, an immediate review of the member will be made with all required documentation submitted to the Division Chief, Chief, and the Training Officer. If detrimental treatment is believed to have occurred, the TP will be required to work in observation only until a determination is made.

1108.08 If the FTO feels as though the TP requires more experience and or patient contacts, they will recommend this in writing. The daily patient log will be used in conjunction with a remediation form.

1108.09 The QA/QI officer will review all run reports of the TP. If deficiencies are identified, a training remediation form may be submitted to the training division. This will follow the current CPIP program.

1108.10 Upon completion of the required contacts the FTO will submit in writing a letter of release to the Training Officer. After all requirements have been met the TP will submit all orientation paperwork to the Training Officer.

1108.11 The TP will be notified of release or additional time requirements no less than 72 hours prior to the last day of orientation.

1108.12 The EMS Division Chief or their designee will make the final

determination to release the TP from Transition status. If the TP is unsuccessful during the six months of probation, the EMS Division Chief, after conferring with the Quality Assurance and Training Officers will make the final determination to return the TP to EMT status if a position is available.

1108.13 The TP will meet with the Training Officer at three and six months after orientation to evaluate the current progress. The Division Chief will be advised in writing if any concerns are expressed regarding patient care. OFPD 90 Day evaluations will be completed by the Training Officer.

1108.14 PRN employees shall provide documentation if their primary employer changes their status from EMT to Paramedic. For this recognition to occur at OFPD the OFPD Board of Trustees must approve this classification change. Note that only the Board of Trustees may raise the pay scale from EMT to Paramedic and that there is no guarantee pay will be raised for someone initially hired as a EMT if there is no need at OFPD for additional Paramedic employees.

OKOLONA FIRE PROTECTION DISTRICT DIVISION OF EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines

Implementation Date

01/14/2021

SOG # 1200 EMS Operations

Purpose: Ensure that EMS Operations occur efficiently and potential disruptions are prevented or minimized.

1200.01 ***SAFETY***

To assist in providing a safe and healthful work environment for employees, patients, and riders, OFPD has established a workplace safety program. This program is a top priority for OFPD. Its success depends on the alertness and personal commitment of all. Safety is everyone's responsibility.

1200.02 OFPD provides information to employees about workplace safety and health issues through regular internal communication channels such as in-service trainings, bulletin board postings, memos, emails or other written communications.

1200.03 Employees and Officers receive periodic workplace safety training. The

training covers potential safety and health hazards and safe work practices and procedures to eliminate or minimize hazards. Safety and compliance training will be conducted annually in January.

1200.04 Employees with ideas, concerns, or suggestions for improved safety in the workplace are encouraged to raise them with their shift supervisor or OFPD safety officer. Reports and concerns about workplace safety issues may be made anonymously and turned into the HIPAA box. All reports can be made without fear of reprisal.

1200.05 Each employee is expected to obey safety rules and to exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report or, when appropriate, remedy such situations, may be subject to KRS Chapter 75 disciplinary action, up to and including termination of employment.

1200.06 In the case of accidents that result in injury, regardless of how insignificant the injury may appear, employees shall immediately notify the on-duty supervisor. Such reports are necessary to comply with laws and initiate insurance and workers' compensation benefits procedures.

1200.07 ***SCENE SAFETY***

The employee's safety is of utmost importance at all times. EMS will stage away from the address and wait for Law Enforcement when dispatched on runs involving violence or potential for violence i.e. shootings, stabbings, assaults, overdoses and mental patients.

- A staging location will be selected which is well out of eyesight of the address so as not to be "flagged down". EMS will not enter the scene until Law Enforcement has secured the scene and declared it safe. The responding Law Enforcement will contact MetroSafe to advise this has been accomplished. EMS will wait until MetroSafe gives clearance via radio as they should not be within eyesight of the Law Enforcement officers to be "flagged in."
- If patient contact has already been made and the scene becomes unsafe, the crew will leave immediately. This may mean leaving all equipment and potential or known patients on scene. MetroSafe will be contacted and advised of the situation and Law Enforcement will be called in to respond. EMS will stage away from the scene and wait until the scene has been declared safe to return.
- Should a crew be unable to get away from a dangerous scene, the crew should immediately advise dispatch that the crew is in trouble and request police.
- If at any time during patient contact the crew discovers the patient to be carrying a gun, the crew shall notify communications the need for

Law Enforcement officers to respond and secure the weapon.

1200.08 ***BODY ARMOR***

SEE the 10/09/2020 "Restricted Distribution" OFPD SOP RESPONSE TO SCENES OF VIOLENCE.

1200.09 ***TRAFFIC SCENE MANAGEMENT***

It is understood that traffic incident scenes can provide a very dangerous work environment. To help mitigate hazards, OFPD will utilize the principles outlined in Traffic Incident Management (TIM). These principles include but are not limited to the following:

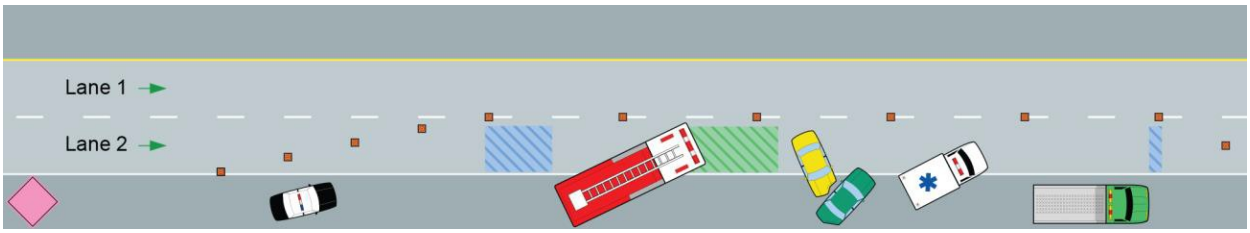
Applicable terminology will include:

- Inside (Left) shoulder- Shoulder proximal to median/ wall
- Outside (Right)shoulder- Side distal to median/ wall
- Lane description
  Lane 1, 2, 3, 4 (Numbered L-R while looking downstream, not including shoulders)
- Upstream- Area where traffic is approaching
- Downstream- Area where traffic is departing
- Traffic Queue- Area where traffic has backed up to
- Gore- Area in the angle of a on or off ramp

Positioning- OFPD ambulances should position on the downstream side of the incident if they are not the first on scene unit. If they are first on-scene they should position their ambulance in a blocking fashion at a diagonal across affected lanes to produce a safe work area. A buffer area should be left in case the ambulance is impacted. The ambulance can always be repositioned after the area is made safe with sufficient blocking vehicles. The ambulance loading doors should be positioned away from traffic when possible to minimize exposure to personnel and patients. Personnel should remember to leave no paths available for drivers to drive through the scene. When possible, a fire apparatus is the preferred blocking unit due to mass. If the ambulance is damaged, patient transport cannot occur.

Blocking- The OFPD ambulance should use a diagonal blocking approach (Not parallel) when possible to aid in visibility and perception of other drivers. The ambulance's wheels should be turned all of the way to the left or right to direct the ambulance away from personnel in the event of an impact.

Lane closure- OFPD will attempt to use a "Lane +1 blocking" when possible to provide a safe working area. On scene personnel should use discretion and shut down any lanes or the entire roadway to make the scene safe. Law Enforcement is the lead agency in traffic control.



"Zero Buffer" Locations- These are locations where you are close to unsecured traffic (bumpers). They should be avoided or the time in that area minimized.

Emergency lighting equipment should be left on. If the ambulance is blocking in an opposing lane (2 lane road) consider turning off headlights to avoid blinding other drivers.

1200.10 ***ANSI SAFETY VESTS***

All members shall wear a garment with fluorescent and reflective material visible from all directions any time they are exposed to moving traffic. Vests will meet ANSI/ISEA 107/207 Class II (Type P) specifications. This is outlined in the Manual on Uniform Traffic Control Devices (MUTCD) Section 6D.03. Any persons riding with OFPD (students, observers, etc.) shall also wear the appropriate high visibility garments.

1200.11 ***SAFE LIFTING***

Lifting results in a significant number of EMS injuries annually. OFPD will continue to take measures to reduce the incidence of employee injuries. Always use sufficient personnel to make safe lifts. Additional units and Fire Department personnel should be requested for sufficient lifting resources. OFPD has and will continue to purchase and utilize power equipment. This includes stretchers and stair chair devices. Additional efforts will include:

- Megamover devices
- Ergonomic/injury prevention training
- Bariatric equipment (See SOG # 1215.01)

1201.01 ***STAFFING***

During normal operations, each unit will be staffed with one Paramedic and one Emergency Medical Technician (EMT) unless a unit is to be designated as a BLS truck, which will then be staffed by two (2) EMT's.

1202.01 ***OFPD FACILITY SPACE***

OFPD facilities shall be accessible for all staff, visitors, and those persons with a disability. All facilities' safety equipment (fire extinguishers, smoke

detectors, etc.) shall be equipped and maintained under the 2006 NFPA 1 as well as the 2006 NFPA 101

1203.01 ***STATION DUTIES***

Each shift has general cleaning duties to perform. The shift supervisor may assign additional duties as needed. Consult with the shift supervisor for specific duties.

1204.01 ***AMBULANCE CLEANLINESS AND READINESS***

During each shift all medical units' exterior areas shall be washed. The interior cab shall be vacuumed and cleaned. The patient compartment shall be swept and mopped with an approved disinfectant cleaning solution.

All non-biohazard trash containers shall be emptied at the end of the shift. The oxygen portables and main shall be turned off.

The storage compartments both on the interior and exterior of the medical unit shall be cleaned and organized once per week.

After each patient transport the patient compartment area and or stretcher shall be cleaned with an approved disinfectant cleaning solution as necessary. After each patient transport contaminated linens shall be discarded and clean linens applied.

After transporting patients with known or possible communicable diseases, the patient compartment, stretcher, and any other areas that the patient may have come into contact with shall be cleaned with an approved disinfectant cleaning solution. Any linen and cleaning material used during transport or cleaning will be placed in a bio hazard bag or container for proper disposal.

1205.01 ***EQUIPMENT CHECKS***

OFPD ambulances will maintain minimum stocking requirements as outlined in 202 KAR 7:550. At the beginning of each shift all in service ambulances shall be checked and stocked according to the OFPD daily check list in Scheduling Software. All kits that are to be used for that shift shall be checked according to the OFPD kit recommended checklist.

At the beginning of each shift all Knox Box Narcotic Lock Boxes shall be checked to ensure that all narcotics are present and signed off by a paramedic on duty in the inspection binder. In the event any narcotics are missing or have broken seals, the supervisor on duty and the Division Chief should be notified immediately. (See Narcotic Control SOG # 2100)

At the beginning of each shift all durable medical equipment shall be inspected to insure proper functioning, this includes fixed and portable

oxygen regulators, fixed and portable suction units, stretchers, stair chairs, pulse oximeters, glucometers, and EKG monitor/defibrillators. Any missing or malfunctioning durable medical equipment shall be documented on the OFPD Incident Report form and the supervisor on duty advised.

Upon completing daily truck checks it should be documented in Scheduling Software. Any missing supplies shall be replaced. The weekly inspection sheet will be completed on Sundays and documented in Scheduling Software.

1206.01 ***OPERATION SNOW / OPERATION WEATHER***

The purpose of operation Snow/ Weather plan is to provide rapid emergency medical care to the sick and injured during periods of inclement weather. Operation Snow will be called for hazardous driving conditions (Snow/ Ice) and Operation Weather any other weather hazard (tornado, etc).

The inclement weather procedure shall be implemented by the Chief, Division Chief or on-duty supervisor in his/her absence. MetroSafe shall be notified of such and given EMS deployment status.

The Division Chief or Designee shall notify the off-duty personnel to properly staff the necessary units. These units will be deployed per the Division Chief's discretion.

The Division Chief or Designee, upon receiving information that the weather situation has diminished, shall notify MetroSafe that Operation Inclement Weather is terminated.

It will be the responsibility of the shift supervisor to notify the Division Chief and/or Chief of deteriorating conditions and or serious weather warnings.

If there is a need for administrative resources to be called in, the administrative assistant, executive assistant and legal counsel may be notified and requested to report.

The OFPD mechanic shall be notified as soon as possible if units will need special attention during certain inclement weather situations, i.e. snow/ice problems.

The determination of how many crews are to be activated will be made by the Chief, Deputy Chief or Division Chief. The call list will be based on geographical location, with the closest resources to the affected areas being notified first.

The supervisor should consider long term scheduling based on the duration of the activation. OFPD Station One will become a command post

and will coordinate with the Emergency Operations Center (EOC) if activated and appropriate.

On-duty crews may be held over 12 hours past their scheduled time off and on-coming crews may be called in 12 hours early from the start of their scheduled times.

Communications – Upon the arrival of administrative personnel, notification of OFPD personnel should begin immediately. Upon supervisor request, administrative personnel will be responsible for answering phones, contacting personnel and assisting the Chief, Division Chief and/or Deputy Chief.

During Operations involving Inclement Weather, patients will be transported to Baptist Health Louisville, Norton Audubon or Norton Women's and Children's. The only exceptions to this are if the patient is suffering multiple trauma injuries, Stroke or STEMI in which specialized services may be lifesaving. This will be weighed against the operational needs of the community and the safety of OFPD personnel and the patient.

Designated Levels -

Level One – Should be activated during mild events in which there would be an expected increase in call volume due to weather and/or road conditions and travel may be slightly hampered. Fire Department First Responders will be requested to respond with EMS for assistance.

Level Two – Should be activated during moderate events in which travel would be expected to be extremely hampered and it would be imperative to strategically place ambulances in the county as to cut down on response times to patient contacts. The units will be placed according to the Division Chief's discretion and the fire units will be requested to respond with EMS. When activated, all off going crews will be required to stay on an additional twelve hours and the oncoming shift will report 12 hours early.

Level Three – Should be activated during disaster-like conditions in which travel might be extremely limited due to weather and it would be unknown to the extent the event would last. All personnel would be notified to report to the appropriate OFPD Station and may be stationed at the discretion of the Chief, Deputy Chief or Division Chief, until the end of the event.

In the event of a High Wind Warning/Tornado Watch or Warning, crews will remain deployed at their assigned stations. All ambulances will be parked inside the building unless on a response. All outdoor equipment will be secured.

In the event of a Tornado Warning, crews shall seek shelter and monitor their radios for responses. If a Tornado is spotted by a crew member, they will call into MetroSafe the location and direction it's traveling. If an emergency call is dispatched during a Tornado emergency, the crew may respond ONLY if it can be done safely.

1207.01 ***POWER BACK UP***

Power Back up for OFPD stations will be in the form of battery backup units for all essential computer/ records systems. This is in addition to the backup generators.

1208.01 ***SUPPLY / EQUIPMENT SECURITY***

To provide security for medical supplies and specifically narcotic medications, the supply room door will remain locked when not in use. All necessary personnel will be issued access to the supply room.

1208.02 All disposable ambulance supplies will be secured inside the ambulance compartments with a disposable tag. Once supplies are used, the item should be replaced according to the ambulance inventory and a disposable tag reapplied. No supplies shall be left unsecured in the ambulance.

1209.01 ***FIRE DEPARTMENT / POLICE MEDICAL SUPPLY***

Members of Fire Departments or Police Departments that use medical supplies in the course of assisting OFPD EMS may be resupplied on scene if the time/situation allows. If personnel request supply at the main supply at Fire Headquarters, an inventory control sheet will be completed and forwarded to the Division Chief and Deputy Chief.

1210.01 ***FIRE SCENE SAFETY AND OPERATIONS***

When responding to fire scenes with other Fire Departments, OFPD Division of EMS personnel will not make entry into any structure or environment that has not been made safe or in which an Immediately Dangerous to Life and Health (IDLH) atmosphere is present or any environment that requires personal protective equipment (PPE). Exterior assistance to the fire department will be at the discretion of fire personnel and only within the limits of available PPE. OFPD EMS personnel operating on fire scenes will wear identifying clothing or vest and the department issued helmet.

1211.01 ***FIRE SCENE / SPECIAL OPERATIONS REHAB OPERATIONS***

To ensure that appropriate rehabilitation and resources are provided for fire department or other personnel involved in strenuous activities as outlined in NFPA 1584 Standard on the Rehabilitation Process for

Members During Emergency Operations and Training Exercises (2008 Edition) the following guideline will be utilized.

Upon request for “Rehab” operations by the Fire Ground Commander, OFPD will provide the nearest ALS ambulance to the scene. Unless dispatched as a structure fire or there is the potential for rescue, the ambulance will respond on a non-emergency basis.

Once on scene, the ranking medical authority shall confer with the Incident Commander as to the extent/location of Rehab needs. This individual will assume the role “Rehab” and operate on the Fire Channel. The Rehab area shall be identified and removed from hazardous atmospheres like exhaust, fumes, smoke or toxins.

The following criteria should be considered in regard to extent of response:
a. Ambient weather conditions
b. Expected duration of response

1211.02 Rest and Recovery- Personnel entering Rehabilitation for the first time should rest for a minimum of 10 minutes or longer when practical. Personnel should rest for a minimum of 20 minutes following the use of a second thirty-minute SCBA cylinder or a single 45 or 60-minute cylinder or 40 minutes of intense work without SCBA. Caffeine or tobacco products will be discouraged in rehab.

1211.03 Cooling or Warming- Personnel with heat related stress shall remove protective clothing and if applicable apply active cooling (misting fans) and/ or passive cooling to regain normal body temperature. Personnel with cold related stress shall not remove protective clothing, but add dry clothing, wrap in blankets or use other methods to regain normal body temperature.

1211.04 Rehab personnel will notify the Fire IC of any personnel judged to be at medical risk for further strenuous activity based on being outside the following criteria:

1. BP- systolic <100 or >160 mmHg, diastolic <50 or >90 mmHg
2. Pulse- <50 or >110 BPM or irregular without history
3. Pulse Oximetry- < 92%
4. Respirations- >24 BPM
5. Carbon Monoxide Oximetry
    a. Nonsmokers>5%
    b. Smokers >8%

6. Temperature >100.5° (If available)

1211.05 Carbon Monoxide parameters- On arrival at the rehab area, a carbon monoxide (CO) reading shall be taken:

- Over 12% indicates moderate CO inhalation
- Over 25% indicates severe CO inhalation

Members with initial CO levels over 8% but below 15% will be given the opportunity to breathe ambient air for 5 minutes and CO rechecked.

- If still above 8% the member will be given oxygen by mask until the value drops below 5%.

Members with CO levels > 15% will be given oxygen by mask until the value drops below 5%

Members with CO >25% shall receive a complete medical evaluation and transported to an appropriate hospital for evaluation.

No member shall leave the rehab area until CO level is < 5% for nonsmokers and < 8% for smokers.

1211.06 Rehab treatment will be conducted per the Strenuous Activity/ Firefighter Rehabilitation portion of the Okolona Fire Protection District Division of Emergency Medical Services Medical Protocols.

1211.07 The OFPD Fire Scene Rehab report or Medical Surveillance Form shall be completed for personnel entering the rehab sector. A copy of this shall be provided to the Fire IC/ Safety Officer

1211.08 OFPD personnel shall complete a patient care report for any member receiving medical treatment beyond hydration, nourishment and cooling/ warming. Transporting ambulances will return to the EMS Channel for additional radio traffic. If a firefighter needs additional care or transport, the Chief, Deputy Chief and Division Chief should be notified.

1212.01 ***INTERAGENCY COORDINATION***

It is understood that coordination with other municipal and private EMS agencies as well as other government and private agencies is essential. Participation in regularly scheduled meetings, drills and community events is emphasized. The Division Chief and Chief of OFPD are responsible for maintaining and developing these relationships and developing new ones. Ongoing dialog and coordination should include but not be limited to the following:

- Municipal and private EMS agencies
- Area fire departments
- Law enforcement

- Hospitals- Kentucky Hospital Association
- Specialized Response Teams- WMD/Haz Mat 6, Emergency Services Unit
- Kentucky Board of EMS
- Louisville Metro Public Health and Wellness
- American Red Cross

To notify any of these agencies for assistance during an emergency, contact MetroSafe and request such notification. The dispatch center will instruct the requested agency of the location of the incident along with the location of the Emergency Operations Center or Command Post, whichever is being utilized for the emergency. OFPD will maintain communications capability on all Kentucky State Mutual Aid frequencies in accordance with the Commonwealth of Kentucky Field Operations Guide (KY FOG) through MetroSafe.

1213.01 ***REQUESTS FOR SERVICE***

1. For emergency requests received via phone at an EMS Station the following procedure shall be used:
2. Take caller's call back phone number, name and nature of call
3. Instruct the caller to call 911
4. Immediately call MetroSafe and advise them of the emergency request.
5. Initiate response

1213.02 OFPD facilities that are accessible to the public shall have signage that is clearly visible at exterior door that provides instructions for anyone seeking emergency medical care if OFPD personnel are not present.

1214.01 ***MEDICATION STORAGE***

To ensure that IV fluids and medications are not exposed to extreme temperatures, EMS units should be parked in an area that is climate controlled and sheltered from extreme weather. Temperatures in the medication compartment should be checked by the Min- Max thermometer in the medication compartment and deviations should be documented in the Climate control crew/patient care section of the daily truck check sheet.

1214.02 *Storage Requirements:*

Pharmaceuticals shall be stored in a climate-controlled environment that is consistent with manufacture's guidelines for temperature storage. In the event that uncontrolled pharmaceuticals are exposed to temperatures in excess of the manufacture's guidelines, the Division Chief will be contacted and he/she will dispose of the uncontrolled pharmaceuticals.

Uncontrolled Pharmaceuticals will be locked in the supply room with limited access.

Uncontrolled Pharmaceuticals that are stored on emergency vehicles in appropriate medical kits shall remain secured when not within immediate access of the personnel assigned to the unit.

1214.03 *Temperature Thresholds:*

Uncontrolled Pharmaceuticals stored in medical kits on ambulances and/or emergency vehicles shall be removed from the vehicle and placed in a climate-controlled environment when the vehicle cannot be assured to prevent exposure to extreme temperatures.

Based on the United States Pharmacopeia-National Formulary (USP-NF) chapter for Emergency Medical Services Vehicles and Ambulances-Storage of Preparations, the company should monitor and verify temperature profiles to compare with established limits, especially in the hot summer and cold winter.

All medications should be protected from extreme heat (+40°C/104°F). Environmentally sensitive medications should not be stored on EMS vehicle when the storage cabinet is not temperature controlled or individual time-temperature indicators are not attached to each medication package.

The USP-NF defines controlled room temperature as: "A temperature maintained thermostatically that encompasses the usual and customary working environment of 20°-25°C (68°-77°F); that results in a mean kinetic temperature calculated to be not more than 25°C; and that allows for excursions between 15°-30°C (59°- 86°F). Provided the mean kinetic temperature remains in the allowed range, transient spikes up to 40°C (104°F) are permitted, as long as they do not exceed 24 hours.

As the majority of our medications have a recommended storage temperature range of 59°-86° F and a percentage with the range of 68°-

77° F, we will set the parameters of the sensors to the low end 59°F and the high end 86°F for a period of time not to exceed four hours.

In the event that pharmaceuticals are exposed to temperatures in excess of the manufacture's guidelines, the Paramedic assigned to the unit shall forward the exposed pharmaceuticals and an incident report detailing the circumstances of the exposure to the Division Chief. The Division Chief will investigate the exposure and notify the Supply Officer. The Supply Officer will dispose of the pharmaceuticals if warranted and replace the required pharmaceuticals of the unit.

1214.04 When an ambulance cannot be parked in an area that is sheltered from extreme temperatures, the ambulance shall be parked in a well-ventilated area and left running OR portable climate control devices may be used. If the ambulance cannot maintain temperature control then all IV fluids and medications should be taken out of the EMS unit and stored in a secure and climate controlled area.

1214.05 The following is a list of storage temperatures per the manufacturer's recommendations for the medications carried at Okolona Fire Protection District Division of Emergency Medical Services.

Normal Saline	59 – 86 degrees F
Dextrose 5%	68 – 77 degrees F
Lactated Ringers	59 – 86 degrees F
Adenosine	59 – 86 degrees F
Albuterol	36 – 77 degrees F
Amiodarone	59 – 77 degrees F
Atropine	59 – 86 degrees F
Calcium Chloride	59 – 86 degrees F
Dextrose 50%	68 – 77 degrees F
Diazepam	36 – 77 degrees F
Diphenhydramine	59 – 86 degrees F
Dopamine	59 – 86 degrees F
Epinephrine	59 – 86 degrees F
Fentanyl	59 – 86 degrees F
Furosemide	59 – 86 degrees F
Glucagon	68 – 77 degrees F
Instant Glucose	Keep from freezing
Ipratroprium Bromide	36 – 77 degrees F
Lidocaine	59 – 77 degrees F
Magnesium Sulfate	59 – 86 degrees F
Metoprolol	59 – 86 degrees F
Midazolam	59 – 86 degrees F
Morphine Sulfate	59 – 86 degrees F
Narcan	59 – 86 degrees F

Sodium Bicarbonate	59 – 86 degrees F
Solumedrol	66 – 77 degrees F
Thiamine	59 – 86 degrees F
Zofran	59 – 86 degrees F

1215.01 ***BARIATRIC RESPONSES***

Extra weight requires extra help. Specialized resources and extra personnel are needed when transferring an obese patient from a bed to a stretcher, lowering a loaded stretcher, raising a loaded stretcher or transferring an obese patient from a stretcher to a bed. OFPD will utilize the specialized bariatric equipment on patients that are estimated to be unsafe to move with present equipment or personnel resources or exceed the working load limit of a standard stretcher. The working load limits for the stretchers are:

1. Stryker Power Cot – 700 pounds elevated, 1000 lowered
2. Stryker Stair Chair -- 500 pounds

1215.02 Prior to using any of the bariatric equipment personnel must be trained covering safety, equipment, operation and maintenance.

1216.01 ***CHAPLAIN AND CRITICAL INCIDENT STRESS MANAGEMENT***

OFPD recognizes the effects of stress on emergency personnel. OFPD will have a trained chaplain designated by the service. The Kentucky Community Crisis Response Team can be reached at (888) 522-7228.The following should act as a guideline for emergency services support.

Type	Demobilization	Crisis Mgmt Briefing (CMB)	Defusing	Debriefing (CISD)
When	After Shift	Anytime post-crisis	Within 12 hours	24 hours – 10 days*
Who	Large number of responders	Organizations, Communities, Schools	Small Groups	Small Groups
Format	Passive – Information and rest if the focus	Semi-Active – Info plus short Q&A, Resources	Active, Loosely guided. Three stages	Very Active – Structured team, guided discussion through seven stages

Leader	Peer, Chaplain, or Mental Health Professional	Peer, Chaplain, and/or Mental Health Professional	Peer, Chaplain, or Mental Health Professional	Trained Leader and one Mental Health Professional
Length	½ hour	1 – 1 ½ hour	20-45 minutes	1 ½ - 3 hours
Follow-Up**	CISD	Assess need for CISD	Assess need for CISD	Closure or referral

1217.01 ***SERIOUS EMPLOYEE INJURY OR DEATH***

This policy shall outline the procedure for notification of family and fellow employees upon the death or serious injury of an OFPD employee. When an on-duty incident occurs that causes a serious injury or death of an OFPD employee, certain actions must be taken. This policy shall outline the procedure for notification of family and fellow employees upon the death or serious injury of an OFPD employee.

OFPD personnel must immediately notify the on-duty supervisor who must respond to the scene and immediately notify the command staff of the event via phone.

Law Enforcement must be requested to respond to the scene immediately since this should be considered a crime scene until proven otherwise.

Scene:

The scene where the incident occurred must be secured immediately by OFPD personnel and controlled until the scene can be turned over to LE.

OFPD personnel must immediately identify witnesses to the incident, record their name, address, and phone number, and instruct them to stay on site until they can be interviewed by LE.

LE and the supervisor must take pictures of the scene and investigate the incident as they would a crime scene.

Impound all equipment belonging to the injured employee and any other equipment or items that are involved in the incident.

All clothing, equipment and other physical evidence must be impounded and handled in the same manner as evidence from a crime scene.

All OFPD personnel involved at any point with the scene or the incident must write a detailed written description of all events leading up to the incident, the incident, and all actions taken after the incident. Include a description of all equipment used by the injured or deceased OFPD employee.

All communications from the scene to the command staff prior to their arrival shall be conducted by phone.

Shift Supervisor:

Once the shift supervisor responding to the scene arrives, and identifies the employee who is injured or killed, the Officer shall convey the information to the command staff via phone. (The identification and condition of the employee must be totally accurate and verified first hand by an Officer or a member of the command staff before it is conveyed by phone to other members of the command staff.)

If the OFPD employee is pronounced dead at the scene, the Officer shall convey to LE and the Coroner's office of the necessity of performing an autopsy, obtaining ABGs, and doing a toxicology screening.

Command Staff:

If a OFPD employee is transported to the emergency department of a hospital, OFPD command shall assign a member of the command staff or a designated Officer to respond to the receiving hospital for the purpose of identifying the employee and obtaining the employee's condition.

NOTE: This Officer or member of the command staff may have the first contact with the employee's family and must be prepared for this contact.

A member of the command staff or a designated Officer must track down the location of the employee's next-of-kin. Once the location of the next-of-kin has been established, a member of the command staff or a designated Officer must respond to their location and transport the immediate family to the emergency department if the employee has been transported from the scene. If the employee was not transported, stay with the family and follow the directives of the command staff with regard to transporting the immediate family to a designated location.

Once the deceased employee has been properly identified, the Chief or his designee and the immediate Officer of the employee shall personally deliver the death message to the family along with the chaplain or clergy.

The Chief or his/her designee shall be the only OFPD representative who will make statements or releases to the media. Under no circumstances should a news release be issued until next-of-kin notification has been completed.

Hospital Officer:

The OFPD Command staff member or the Officer designated to be at the hospital shall do the following:

- Update the incident commander and command staff of any significant information relating to the injured employee.
- Ensure that no press releases are made by the hospital.
- Ensure ABGs and toxicology screenings are accomplished ASAP.
- Collect and secure all personal items carried by the employee such as clothing and release them only to the LE Investigator.
- Prepare for the arrival of the immediate family and work with the hospital personnel to provide a designated waiting area for the family. Convey as much information as possible to the family regarding the condition of the OFPD employee.
- If the condition of the injured employee is such that the family may be at the hospital for a prolonged period of time, the OFPD Command staff shall ensure an Officer or his/her designee are standing by at the hospital to assist the family with their needs as they arrive (food, drink, contacting other family members, contacting the proper chaplain or clergy, transportation, accommodations, etc.)
- Should death occur, inform the hospital personnel of the necessity of preparing the body for an autopsy and inform the Coroner of the necessity of performing an autopsy.
- Considering the emotions of the immediate family, communicate the necessity of conducting an autopsy on the deceased.
- Ensure that all documents are signed authorizing the autopsy on the deceased OFPD employee.

1217.02 ***NOTIFICATION OF RELATIVES***

Prompt notification to the spouse or significant other, parents, and children, if applicable, is of the utmost importance in the case of a serious injury and/or line-of-duty death. The Chief or his designee, the shift supervisor, and a chaplain or clergy will make notification through personal contact with the immediate family.

- Notification SHALL ALWAYS be made in person by the

uniformed notification team. Employees should not post information on electronic media or make notifications until the family has been contacted to prevent inaccurate information and the family being made aware inappropriately.

- An OFPD unit and crew shall always accompany the death notification team. The OFPD unit shall stand by while the team notifies the family to insure immediate medical treatment and transportation is available if needed.

- NEVER make a death notification on the doorstep.

- Gather everyone in the house and ask him or her to sit down.

- Inform them slowly and clearly of the information you have on the incident.

- Be sure to USE THE EMPLOYEE'S NAME during the notification.

- Use words such as "dead" and "died". Do not use words such as "passed on" or "passed away".
- It is acceptable for members of the notification team to show emotion in the presence of the family.

- If the immediate family live a great distance away from this area, OFPD shall request the EMS Service in that area to accompany the police when the death notification is delivered.

1217.03 ***NOTIFICATION OF COWORKERS*** Once the family has been notified of the serious injury or death, notification must be made to the employees of Okolona Fire Protection District Division of Emergency Medical Services and OFPD prior to the press release.

- One member of the Command Staff or one Officer shall be assigned to each the OFPD Station. First, they will notify the on-duty crews in person. Next, notification of the employees assigned to the next shift shall occur. Then, notification of all other employees shall occur.

- The Command Staff should document who did not receive the notification due to vacation or other reasons so another attempt can occur at a later time. Continued attempts shall occur until all OFPD employees have been notified.

1217.04 ***NOTIFICATION OF OTHER AGENCIES*** An attempt to notify other EMS Agencies in the immediate area who have close ties to Okolona Fire Protection District Division of Emergency Medical Services shall take place by a command staff designee as the Chief or his/her designee prepare a press release. They shall include but not be limited to:

Kentucky Community Crisis Response Team (888) 522-7228
Kentucky OSHA
Louisville Metro Emergency Management
Jefferson County Fire- EMS
Shelby County EMS
Oldham County EMS
Henry County EMS
Trimble County EMS
Louisville Metro EMS
Bullitt County EMS
KBEMS Office

Notification: Department of Justice: Contact with the Public Safety Officer Benefit Program shall occur when the employee has been pronounced dead or when the employee is in grave danger of being totally disabled or of dying. The number is: (202) 724-7620.
NOTE: Please read the letter by the Department of Justice regarding the public officers' death benefit.

1217.05 ***PRESS RELEASE*** The Chief or his/her designee shall decide when to notify the Kentucky Board of EMS business office that a serious event has occurred. The early notification of this office shall result in a rapid state level response with C.I.S.M. support teams and state EMS investigators who can assist with the on scene and hospital aspects of the investigation.

The OFPD Chief or his/her designee shall be the only OFPD representative to make statements or releases to the media. Under no circumstances should a news release be issued until next-of-kin notification has been completed.

Attempt to collect all of the facts surrounding the incident as they developed.

Instruct MetroSafe **NOT** to issue any statements to the media until authorization has been officially given for them to do so.

Gather all pertinent career information and personal information about the victim in preparation for media inquiries.

A press release should not occur until the relatives and coworkers of the victim have been notified.

In the event of a lengthy hospital stay resulting from a “news worthy” event, designate a PIO who will be the contact person with the media.

Provide the media with a phone number that they can call to receive updates and answer questions.

Establish an “information sector” where the news media can set up. The PIO should report to this location to update as needed.

1218.01 ***CIVIL DISTURBANCES***

ALSO SEE the 10/09/2020 “Restricted Distribution” OFPD SOP RESPONSE TO SCENES OF VIOLENCE.

The purpose of this procedure is to establish guidelines for operations during the threat or actual occurrence of a civil disturbance. These situations shall be considered essentially a law enforcement incident and OFPD procedures shall be coordinated through the Okolona Fire Protection District Division of Emergency Medical Services Incident Commander and Law Enforcement Incident Commander. All civil disturbance plans are subject to change due to situation and information gathering.

When information is received from MetroSafe concerning the possibility or actual occurrence of a civil disturbance, MetroSafe shall immediately notify the following:

- EMS Command Staff
- On-Duty Supervisor
- Appropriate Law Enforcement Agency if the call did not come from them.

All Crews are to remain in their stand-by or shall immediately return to their stand-by. Crews operating in an area where a disturbance or potential disturbance is occurring shall immediately evacuate the area, notify MetroSafe of the situation, and proceed to a safe area.

Civil Disturbance Operations

Upon notification of a civil disturbance, Crews are responsible for the following:

- Secure all exterior compartments on the Ambulance.
- Secure all mobile and portable radios.
- Secure the stand-by facility by locking all doors, windows and lockers.
- Remain in your stand-by for further instructions.
- Monitor proper radio channel at all time.

Off-Duty Members

Upon notification of a Civil Disturbance and if additional employees are needed, the shift Supervisor shall immediately begin to call back employee with a designated area to stand-by. The employee upon arrival of the stand-by shall notify the shift supervisor for instructions.

1219.01 ***PROVISIONS FOR SPECIAL PATIENT REQUIREMENTS***

Special patient requirements may occasionally be encountered. When identified prior to a request for service, the patient information, location and special needs will be given to MetroSafe to be delivered as a flag and notes provided in the Computer Aided Dispatch (CAD) system. Examples include; Left Ventricular Assist Devices (LVAD), Life Vest AED's, home ventilators, etc. Paramedics and Emergency Medical Technicians should remain within the guidelines of their training and Scope of Practice.
Additional resources should include Medical Control, specially trained caregivers and additional OFPD personnel (Critical Care trained Paramedics). If a specialty device is discovered in the OFPD coverage area, attempts will be made to gather and disseminate additional information to OFPD personnel.

OKOLONA FIRE PROTECTION DISTRICT
DIVISION OF EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines

Implementation Date

01/14/2021

SOG # 1300 Employee Health / Exposure and Infection Control Plan and Hazard Communication/ Safety Committee

Purpose: To provide a comprehensive infection control program in accordance with the Bloodborne Pathogens Standard 29 CFR 1910.1030 as adopted by 803 KAR 2:320 and 29 CFR 1910.120. This program is intended to identify possible hazards to the member and to maximize his/her protection against communicable diseases and occupational exposures

1300.01 ***REPORTING INJURIES/EXPOSURES/ CONTAMINATION:***

A "Personal Injury and Incident" form must be filled out when a member is injured on duty. Additionally, if a member is exposed to a contagious disease, chemical or other hazardous material, the injured/exposed form must be completed by the shift Supervisor for each exposure. The member must help complete all questions on the form and copies of the form given to the Chief and Division Chief before completion of the shift. Members injured while on duty are to be seen at Baptist Worx facility during normal business hours or appropriate Emergency Department. Members exposed to an infectious disease, blood borne exposure or hazardous chemical shall be seen immediately at the ED. The EMS Division Chief or Chief shall be contacted in such an event. The "First Report of Injury" will be sent to the designated Health Safety Officer within the first 24 hours of injury.

1301.01 ***EXPOSURE AND INFECTION CONTROL PLAN***

Overview: OFPD recognizes that exposure to communicable disease is an occupational health hazard inherent in the emergency medical services field. Communicable disease transmission is possible during any aspect of emergency and non-emergency response, post-response clean up, and in station response preparedness operations. The health and welfare of each and every member of OFPD is a joint concern of both the member and the

administrative staff of this service. While each member is ultimately responsible for his or her own health, the administrative staff of OFPD recognizes a responsibility to provide as safe a workplace as possible. It is the goal of OFPD to provide all members with the knowledge and best available protection from occupationally acquired communicable diseases.

Definitions: For purposes of this policy, the following shall apply:

- **BLOOD** means human blood, human blood components, and products made from human blood.
- **BLOODBORNE PATHOGENS** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- **CONTAMINATED** means the presence or the reasonably anticipated presence of blood or other infectious materials on an item or surface.
- **CONTAMINATED LAUNDRY** means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
- **CONTAMINATED SHARPS** means any contaminated object that can penetrate the skin including, but not limited to IV catheters, needles, scalpels, broken glass, broken blood tubes, used syringes and IV bag spikes that are not in the bag.
- **DECONTAMINATION** means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- **ENGINEERING CONTROLS** means controls that isolate or remove the bloodborne pathogens hazard from the workplace.
- **EXPOSURE INCIDENT** means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of a member's duties.
- **LICENSED HEALTHCARE PROFESSIONAL** means the contracted Business Healthcare Provider whose legally permitted scope of practice allows him or her to independently perform the activities involved in exposure evaluations as required by Okolona Fire Protection District Division of Emergency Medical Services and the Kentucky Occupational Safety and Health regulation.
- **OCCUPATIONAL EXPOSURE** means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of a member's duties.
- **OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)** means:

    1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid,

peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. HIV-containing cell or tissue cultures, organ cultures, HIV or HBV containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

- **PARENTERAL** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- **PERSONAL PROTECTIVE EQUIPMENT** (PPE) is specialized clothing or equipment worn by a member for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- **REGULATED WASTE** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- **SOURCE INDIVIDUAL** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the member.
- **STERILIZE** means the use of a chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- **UNIVERSAL PRECAUTIONS** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
- **WORK PRACTICE CONTROLS** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles by a two handed technique).

Implementation Outline and Methods of Compliance

Roles and Responsibilities

1. Chief of OFPD

The Chief of OFPD is ultimately responsible for promoting the safety and welfare of all the staff of OFPD. The Division Chief of OFPD will serve as oversight for the Occupational Exposure Control Program.

2. Division Chief of OFPD
The Division Chief of OFPD will serve as the Program Administrator (PA) for the OFPD Exposure Program.

3. The OFPD Designated Health Care Professional shall be the agent(s) utilized by OFPD for purposes of member health and safety maintenance. The emphasis for the OFPD Health Care Professional will be to ensure that members of the OFPD are physically and mentally capable of performing the duties associated with their job. The Health Care Professional will:

a) Administer pre-hire and annual physical exams to all members of OFPD; providing specific recommendations to individual members, to include prophylactic HBV immunization, to promote positive health and welfare.

b) Administer post-exposure evaluations, treatment and follow-up examinations, in accordance with 29 CFR 1910.103(f).

c) Provide assistance and guidance to the Exposure and Infection Control Program.

d) Maintain patient/member confidentiality of all medical and exposure records, develop and implement an OSHA approved Bloodborne Pathogens and Occupational Exposure program; to be evaluated and updated annually.

e) Evaluate any occupational exposure to blood or other potentially infectious materials and maintain a confidential database of each occurrence.

f) Coordinate communications between OFPD, area hospitals, the OFPD designated Health Professional and the OFPD EMS Division Chief concerning occupational exposure.

g) Develop and implement immunization programs to include both pre and post-exposures and any records associated with these programs.

h) Assists Division Chief in development and implementation of exposure and infection control training program.

4. Supervisory Personnel
The Supervisory personnel of OFPD shall serve as the OFPD Health/Safety Officers. The OFPD Supervisory personnel shall serve as the initial point of contact for OFPD duty related occupational exposures to blood or other potentially infectious materials. The Health/Safety Officer will:

a) Conduct onsite inspections of on-scene, at hospital or receiving facility and OFPD station operations, to ensure compliance with the OFPD exposure and infection control policies.
b) Notify the Division Chief or Chief of any conditions which indicate that a health or safety hazard exists, and that requires investigation and/or actions(s) to be taken.
c) Conduct initial accident/exposure investigation and present initial findings to the Division Chief or Chief in writing, by the close of the shift.
d) Keep abreast of current developments in the field of infection control, make recommendations and assist with annual evaluation of the OFPD Infection Control Plan.

5. Members

The OFPD member is ultimately responsible for his/her own health and safety while working for OFPD. To reduce the risk for exposure to blood or other potentially infectious materials, the member of OFPD will:

a) Recognize the inherent risk for exposure to blood or other potentially infectious materials and will utilize the appropriate personal protective equipment (PPE).
b) Report any suspected occupational exposure to blood or other potentially infectious materials through the OFPD chain of command.
c) Disclose any diagnosis of communicable disease (occupational or non-occupational) to the Division Chief or Chief.
d) Maintain education requirements regarding infection control.

Exposure Determination:

Pursuant to 29 CFR 1910.1030, OSHA requires employers to perform an occupational exposure determination concerning which members may incur occupational exposure to blood or other potentially infectious materials. Member exposure determination is made without regard to the use of personal protective equipment. A member is considered to have an exposure when there is specific contact with the eyes, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of a member's duties. The following is a list of the job classifications within the departments of OFPD in which all members may be expected to incur such occupational exposure, regardless of frequency.

Job Classifications with Related Occupational Exposure

a) Chief of OFPD
b) Division Chief of OFPD
c) Paramedic Personnel
d) EMT Personnel
e) Student riders or observers
f) firefighters

Job Classifications with Some Occupational Exposure

OSHA requires a listing of job classifications in which some members may have occupational exposure. These positions include any person working in the administrative division as well as full-time legal counsel.

Tasks and Procedures in which occupational exposure occurs

In accordance with the provisions of paragraph (c)(2)(i)(B) of CFR 29 1910.1030, the following is a list of the tasks and/or procedures that may predispose OFPD members to blood or other potentially infectious materials:

1. Provision of medical assessment, care and/or transportation of the sick and injured to or from the scene/patient residence, treatment facility, regular or skilled nursing facilities, doctor's office or other specialty facility providing medical and/or diagnostic treatment capabilities.
2. Indirect and involuntary exposure while interfacing with other health care providers or facilities.
3. Handling, cleaning or disposal of medical equipment contaminated or suspected to be contaminated with blood or other potentially infectious materials.
4. EMS unit inspections, cleaning and restocking prior to or after an EMS call.

Methods of Compliance

Universal precautions will be observed at this service in order to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

The engineering and work practice controls listed below shall be utilized by all members of OFPD to eliminate or minimize the risk of exposure to blood or other potentially infectious materials. Where occupational

exposure remains after institution of these controls, OFPD members shall utilize the PPE issued by OFPD to reduce the member's risk of exposure.

Engineering Controls

At OFPD, the following engineering controls shall be utilized to minimize the risk of exposure to blood or other potentially infectious materials.

1. **Sharps containers-** Each OFPD unit shall be equipped with sharps containers that are accessible from all areas in the patient care compartment. All invasive, parenteral therapy and related medical waste that contains blood or other potentially infectious material (i.e. syringes, needles, lancets, angiocaths, glass or other sharp objects), shall be placed in one of the sharps containers.

2. **Portable Sharps containers-** In addition to the fixed sharps containers located in the EMS units, OFPD shall provide a portable sharps container to be located in each ALS kit. All sharps, as designated previously, generated while treating a patient at a scene shall be placed in one the OFPD specified portable sharps containers.

3. **Biohazard Medical Waste Container-** Each OFPD unit shall be equipped with one or more biohazard medical waste container and liner. All biohazard medical waste containers shall be utilized for the storage of non-sharps medical waste that contains blood or other potentially infectious material (e.g. blood-soaked gauze, bandages with potentially infectious materials, suction tubing etc.) Never dispose of medical waste in any regular garbage container. Failure to comply with this policy can cause injury to other staff members not expecting to find contaminated waste in the regular garbage. Failure to comply will result in disciplinary action and possible legal actions as outlined in the OFPD SOG's and OSHA 29 CFR 1910.1030.

Use and Maintenance of Engineering Controls

The engineering controls listed above shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. The schedule for reviewing these controls is as follows:

a. All medical waste containers, both sharps and non-sharps, shall be examined on a daily basis. All biohazard medical waste containers shall be emptied prior to shift change and as necessary throughout the course of the shift. All sharps containers (portable and fixed), shall be examined during the morning unit inspection and after each run and will be replaced in the manner described below (paragraph b).

b. All biohazard waste will be emptied from the ambulance prior to the end of the shift. The present location for drop off of the main biohazard waste is at OFPD Stations.

All sharps waste containers shall be puncture resistant, labeled or color coded, leak proof on the sides and bottom and in accordance with the standard set forth in 29 CFR 1910.1030.

Work Practice Controls

At OFPD, the following work practice controls are in effect to minimize the risk of exposure to blood or other potentially infectious materials:

1. *Hand washing-* in an effort to promote a positive and healthy environment for the patients and members of OFPD and to reduce the risk of contamination from exposure to blood or other potentially infectious materials. Hand-washing facilities will be provided for all OFPD members. When the provision of hand washing facilities is not feasible or readily accessible, the members of OFPD shall utilize the antiseptic hand cleaner that is provided by OFPD. The antiseptic hand cleaner shall be located in every ambulance in both the crew compartment and patient compartment. Members shall wash their hands (the entire skin surface to the mid forearm) and any other skin surface with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or potentially infectious material, and in conjunction with the removal of PPE. If antiseptic hand cleaners are used, hands shall be washed with soap and water as soon as feasible. Hand washing should be performed for a minimum of 30 seconds. Hand washing facilities can be found in the patient triage and treatment rooms of most receiving treatment facilities. OFPD members are encouraged to make themselves familiar with the location of these facilities, in all work areas. Hand washing facilities at OFPD are located in the member restroom areas.

2. *Sharps-* contaminated needles and other contaminated sharps shall not be bent, recapped or removed except as allowed by the provisions listed below and as accepted by OFPD.

Angiocatheters/Needles

a. Recapping of contaminated needles and other contaminated sharps are permissible *only* when it is a required medical procedure (i.e. multi-dose syringe injections), and it is more beneficial to reuse the same equipment for multiple uses rather than starting with new sterile equipment with each treatment procedure.

b. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed scoop technique.

3. Veinipuncture for Laboratory Specimens
OFPD shall not draw blood for the purpose of hospital or law enforcement laboratory specimens**.** Personnel can still determine glucose levels via lancet or withdrawing a small amount of blood from the angiocath.

4. *Contaminated Equipment and Work Environment*- During the course of caring for a patient, reasonable potential exists for the equipment and patient compartment work area to become contaminated by blood or other potentially infectious materials. In order to provide a safe and healthy treatment environment for the patients and members of OFPD, the equipment and the patient compartment of the unit(s) involved on an EMS call shall be cleaned and disinfected after each patient as necessary. The following work practices shall be adhered to when cleaning the equipment and units of OFPD.

a) Throughout the cleaning and disinfecting process OFPD members shall utilize universal precautions and shall wear the appropriate PPE to minimize the risk of exposure and contamination by blood or other potentially infectious materials.

b) In order to ensure a clean and healthy work environment and equipment, OFPD members shall use the cleaner disinfectant(s) supplied by OFPD. Special attention should be given to disinfectant “kill times”.

c) Any equipment that is to be cleaned and disinfected shall be cleaned in the designated areas of either OFPD Stations or any receiving facilities that OFPD transports patients to or from. Under no circumstances shall equipment be cleaned in the kitchen or bathroom facilities or in any other living area of either the receiving facilities or stations of OFPD.

d.) All additional ambulance linen will be stowed in a separate cabinet and secured from body fluids.

House Keeping

OFPD shall assure that the worksite is clean and in a sanitary condition. A written schedule of cleaning shall be maintained. All equipment and environmental surfaces shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or OPIM immediately or as soon as feasible.

Laundry

1. *Soiled Linen*- All linen used in the care and transport of the sick and injured patient is considered to be soiled with blood or other potentially infectious materials and shall be replaced with fresh laundered linen after each call. Soiled linens shall be discarded and replaced at the receiving

facility. When discarding linens, OFPD members shall utilize universal precautions and shall wear the appropriate PPE to minimize the risk of exposure and contamination by blood or other potentially infectious materials. At no time shall soiled linens be allowed to accumulate in the storage areas of OFPD units. The off going OFPD shift personnel shall exchange at the hospital all soiled linens that are not immediately disposed of and replaced prior to the change of the shift

2. *Soiled Uniforms*- Uniforms worn by OFPD members are not considered to be part of the PPE provided by OFPD therefore universal precautions along with the PPE provided shall be utilized. If during the course of treatment and/or transport of a patient, the uniform of a member of OFPD becomes soiled with blood or other potentially infectious materials, the following procedures shall be followed.

a) All soiled and/or contaminated uniforms shall be removed immediately or as soon as feasible. In order to maintain readiness, each member shall maintain at least one spare uniform in his/her locker (provided by OFPD).
b) All soiled and/or contaminated uniforms shall be placed in a red biohazard bag for washing and decontamination. If it is determined that the uniform is beyond laundering, decontamination and repair (e.g. the uniform integrity has been disrupted), the uniform and biohazard bag shall be disposed of in an appropriate biohazard container. Documentation of the disposal of a OFPD member uniform shall be placed in the exposure incident report form. Documentation should correlate with the guidelines for exposure incident reporting.
c) All soiled and/or contaminated uniforms shall be laundered in a two-step process, utilizing laundering facilities located at the station and the OFPD designated dry cleaning facility. Uniforms will not be laundered with other items (linens, etc.)

Uniform Cleaning and Decontamination

To effectively launder/decontaminate the soiled/contaminated uniforms the following wash procedure shall be used:

a) Follow the machine instructions for initial start-up of the gear/uniform washing machine.
b) To load gear/uniform washing machine:
   Utilizing universal precautions, remove contaminated clothing from biohazard bag and place in machine.
c) Discard of biohazard bag in appropriate biohazard waste container.
d) To launder/decontaminate soiled/contaminated uniforms use heavy setting (use wash cycle setting control on machine).
3) Detergents and sanitizing agents should put in the dispensing unit where they will be dispensed automatically.

Uniform Dry Cleaning

The cleaned and decontaminated uniform shall be taken to the OFPD designated dry cleaning facility for final laundering and pressing. At no time, should a uniform that is believed to be contaminated with blood or other potentially infectious materials be taken to the OFPD designated dry cleaning facility prior to uniform cleaning and decontamination.

Personal Protective Equipment **(PPE)**

In order to reduce the potential for exposure to blood or other potentially infectious materials, OFPD shall provide PPE *at no cost to the member*. Members shall utilize the appropriate PPE at all times while providing care and transportation of a patient or during the process of making the unit ready for the next call. Any declination to wear the appropriate PPE shall be documented and investigated by the Division Chief or Chief to determine whether changes can be instituted to prevent such occurrences in the future. All investigations will be documented and a report shall be submitted to the Division Chief of OFPD for review and consideration.

The following is a non-inclusive list of the Personal Protective Equipment provided by OFPD for members determined to be at risk for exposure to blood or other potentially infectious materials.

a. Disposable nitrile gloves (in a variety of sizes)
b. Disposable APR (N95 or higher) masks
c. Eye protection (goggles or safety glasses)
d. Disposable infection control gowns, bonnets and shoe covers
e. Antiseptic hand cleaner assigned to each vehicle

PPE's will be deemed appropriate and considered for approval by OFPD only if they do not permit blood or other potentially infectious materials to pass through to or reach the member's clothes, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

All OFPD members shall familiarize themselves with the designated OFPD PPE and their respective locations throughout the units. PPE that have been distributed to members will be kept in a way so as to maintain the effectiveness and ready accessibility to the member. Any and all defective PPE should be brought to the on-duty supervisor for replacement and documentation in the supervisor's log. Replacement and/or repair will be at no cost to the member.

Hospital Precautions- The following is a useful guide to determining PPE selection.

S = Standard Precautions; Standard Precautions should always be used when the potential exists for exposure to any blood, all body fluids, secretions, and excretions (except perspiration). An (S) noted under the *Level of Precautions* indicates that no additional precautions are indicated beyond what is required for any patient in the hospital.

C = Contact Precautions – Green Sign: gown and gloves required upon entry in addition to standard precautions.

CS = Contact Spore Precautions - Brown Sign: gown and gloves required upon entry in addition to standard precautions. Perform hand hygiene with soap and water prior to exiting room,

D = Droplet Precautions – Pink Sign: Mask and gloves required upon entry in addition to standard precautions.

A = Airborne Precautions – Blue Sign: Fitted N95 mask or PAPR required upon entry in addition to standard precautions.

TRANSMISSION PRECAUTION / ISOLATION GUIDELINES

Disease	1. Private Room? 2. Sign?	Level of Precautions	PPE	Apply Precautions How Long?	Comments
AAIDS/HIV	1. No 2. No	S	See Comments	Duration of illness	Extreme caution with sharps. Evaluate patients with AIDS for other infections requiring isolation precautions. **Undiagnosed respiratory symptoms?** Place in isolation for TB. (Also see TB Plan) Post exposure prophylaxis for some exposures; contact Health safety Officer immediately for exposure evaluation.
Acinetobacter	1. Yes 2. Green	C	Gown and Gloves	Continuous	Continue precautions through subsequent admissions.
(CRE) Carbapenum-Resistant Enterobacteriaceae	1. Yes 2. Green	C	Gown and Gloves	Continuous	Continue precautions through subsequent admissions.
Chickenpox/ Varicella	1. Yes, Negative Pressure 2. Check with Nurse (See comment)	A	Mask and Gloves	Until all lesions are crusted.	Susceptible HCW's should not enter room if immune caregivers are available. Persons known to be immune do not require protective equipment. Contact Health safety Officer if accidental exposure occurs in non-immune person; post exposure prophylaxis/vaccine should be administered ASAP but within 120 hours.
Clostridium difficile, suspected or confirmed	1. Yes 2. Brown	CS	Gown and Gloves	Until ruled out OR asymptomatic (formed stools) AND 5 days after completion of treatment.	Level of precautions should take age and hygiene into account. **USE INDIVIDUAL EQUIPMENT. Hypochlorite solution required for cleaning. Handwashing with soap and water is preferred because of the absence of sporicidal activity of hand sanitizer.**
ESBLs	1. Yes	C	Gown and	Continuous	Continue precautions through

Disease	1. Private Room? 2. Sign?	Level of Precautions	PPE	Apply Precautions How Long?	Comments
	2. Green		Gloves		subsequent admissions.
Hepatitis A	1. Yes 2. Maybe (See comment)	S	Gown and Gloves	7 days after onset of jaundice*	Level of precautions should take age and hygiene into account. **(Contact isolation should be implemented for the very young or for incontinent patients.)**
Herpes Simplex (genital) (See comment)	1. No 2. No	S	S	Until crusted	(Special precautions indicated for newborns born to infected mothers.)
Herpes Zoster (Shingles) – see below for Dissimenated Shingles Local in immune competent patients	1. Yes, or with immune roommate 2. No	S	S	Until crusted	Persons susceptible to chickenpox should not provide direct care. Report accidental exposure to BaptistWorx.
Herpes Zoster Disseminated or in immunocompro-mised patient	1. Yes, Negative pressure room 2. **Blue and green**, (See comment)	A and C	Mask, Gown and Gloves	Duration of illness	Persons susceptible to chickenpox should not enter room. "Report accidental exposure to Health safety Officer.
Influenza	1. Yes 2. Pink	D	Mask and Gloves	Until discharge or asymptomatic	May cohort if necessary
Lice, Head	1. Yes 2. Green	C	Gown and Gloves	24 hours after effective treatment	
Meningitis: Bacterial	1. Yes 2. Pink	D	Mask with Face Shield	24 hours after start of effective therapy*	Contact Health safety Officer if unprotected exposure occurs to Meningococcal meningitis Or if uncertain an exposure occurred. See protocol for management of exposures.
Meningitis: Viral	1. Yes 2. Maybe (See comment)	S	Mask with face Shield	24 hours after start of effective therapy	Keep in droplet (mask) isolation until bacterial meningitis has been ruled out, then use standard precautions. (Level of precautions should take into account age and hygiene. Contact isolation may be needed for the very young or incontinent patient.)
Meningitis-Cause unknown	1. Yes 2. Pink	D	Mask with Face Shield	24 hours after start of effective therapy	Same as above under viral meningitis.
Measles	1. Yes, Negative pressure 2. Blue and White (See Comment)	A	Mask	Duration of Illness	Persons susceptible should not enter the room. Persons known to be immune do not need masks. See Health safety Officer if accidental exposure occurs.
Multi-drug resistant organisms (MDROs)	1. Yes 2. Green	C	Gown and Gloves	Continuous	Continue Precautions through subsequent admissions
Methicillin Resistant Staphylococcus Aureas, MRSA	1. Yes 2. Yes, Green	C	Gown and Gloves	Continuous*	Continue Precautions through subsequent admissions.
Pertussis	1. Yes	D	Mask and	For 7 days after start	Report accidental exposure to Health safety

Disease	1. Private Room? 2. Sign?	Level of Precautions	PPE	Apply Precautions How Long?	Comments
	2. Pink		Gloves	of effective therapy	Officer immediately
Neutropenic Precautions	1. Yes 2. Yellow (see comment)	S	S	Until granulocyte count >1000	Immunosuppressed Patients. Screen HCW and visitors for communicable disease.
Respiratory Viral Illness, Suspected and Confirmed	1. Yes 2. Pink	D	Mask and Gloves	Duration of Illness	Patients suspected of a Respiratory Viral Illness should be placed in Droplet Precautions until ruled out; if virus of any species is identified on the Respiratory Viral Panel precautions should be maintained until discontinued by physician or Infection Control.
SARS- Severe Acute respiratory Syndrome	1. Yes, Negative Pressure Room 2. Blue	A	Fitted N95 Mask goggles or face shield	Duration of Illness	
Scabies	1. Yes 2., Green	C	Gown and Gloves	24 hours after effective treatment	Employees with rashes should contact Employee Health. Before caring for patients.
TB (pulmonary)	1. Yes, Negative pressure room 2. Blue	A	N95 Mask	Until isolation discontinued by physician. See TB Policy	After TB patient is discharged, leave TB room vacant for specified time period. Regular rooms (2 hours)
(VRE) Vancomycin Resistant Enterococcus	1. Yes 2. Green	C	Gown and Gloves	Continuous	Continue Precautions through subsequent admissions.

***** NOTE THAT CORONAVIRUS (COVID-19) WILL BE ADDED TO THIS LIST IN ACCORDANCE WITH DIRECTION FROM THE CDC *****

Utilization

The non-inclusive list addressed earlier shall be utilized, at a minimum, in the following situations:

1. Disposable nitrile gloves- to be worn for each patient contact.
2. Disposable half face (HEPA filtration N95 or higher) masks- to be worn with any patient suspected of having active Tuberculosis (cough, fever, night sweats, hemoptysis etc.). Also to be worn during intubations and any time splashing of blood or OPIM is anticipated. Staff are to be fit tested to determine appropriate size. A self “fit check” should be done each time a mask is put on to ensure a proper seal.
3. Protective eyeglasses or goggles- to be worn during extrications in which breakage of glass could be anticipated. Also to be worn during intubations and any time splashing of blood or OPIM is anticipated.

4. Disposable infection control gowns, bonnets and shoe covers- to be worn any time splashing of blood or OPIM is anticipated.
5. Safety helmets- should be worn whenever caring for a patient being extricated from a vehicle or whenever possibility of flying debris could cause injury.
6. Leather gloves- to be worn in the presence of glass or sharp metal.

Storage of PPE

Members are expected to have all of their PPE (including appropriate size) available on the unit he/she is assigned. Additional PPE is available on each unit.

Occupational Exposure Incident Reporting and Follow-Up

In the event a member has an exposure to blood or other potentially infectious materials, the following procedure is to be followed:

1. Immediately following an exposure:
   a) Needle sticks and cuts should be washed with soap and water.
   b) Splashes to the nose, mouth or skin should be flushed with water.
   c) Eyes should be irrigated with water, saline or sterile solutions.

2. The exposed member is to report the incident immediately or as soon as feasible to the on-duty shift Supervisor (refer to the exposure incident report form).

3. The on-duty Shift Supervisor shall gather the following pertinent information:
   a) Events leading up to, the mechanism and any treatment rendered to the exposed member prior to notification of the shift supervisor.
   b) The source individuals name, address and consent (if possible) to test his or her blood. If consent is not obtained, OFPD shall establish that legally required consent cannot be obtained and the exposure shall be treated as an unknown (the members blood is the only sample available for testing). When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented. When the source individual is already known to be infected with HBV or HIV, testing need not be performed.

4. The exposed member shall be referred to the designated OFPD Health Care Professional, or his/her designee, for the initial post-exposure examination and serological testing as well as any recommended prophylactic medical treatment in accordance with the current recommendations of the U.S. Public Health Service. Subsequent post-

exposure follow up examinations shall be conducted at six (6) weeks, twelve (12) weeks and at six (6) months following the initial post-exposure examination.

If the exposed member consents to baseline blood collection but does not consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the member elects to have the baseline sample tested, such testing shall be done as soon as feasible.

The OFPD Health Care Professional will make available to the exposed member the results of the member and source individual's serological results as well as applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The OFPD Health Care Professional's written opinion and recommendations shall be made available to the member within 15 days of the completion of the evaluation.

All records of the exposure incident and medical evaluations and opinions shall be kept on file with the Division Chief or Safety Officer.

5. A written Exposure/ Injury report from the on-duty shift supervisor and the exposed member shall be submitted to the Chief or Division Chief immediately. Following the exposure incident, the Exposure/ Incident report shall be forwarded to the Division Chief.
6. The Chief or Division Chief will conduct a formal accident/exposure investigation; the results will be available for review by the EMS Division Chief of OFPD and all members involved.

Member Health Maintenance

In accordance with the OFPD SOG's, each member shall submit to an annual physical exam to ensure the member's health and safety, as well as fitness for duty. See SOG # 1303.01 Employee Physicals.

During the pre-employment physical exam and on an annual basis thereafter, each member shall be fit tested for N95 TB respirator by the designated OFPD Health Care Professional.

Hepatitis B Vaccination

Hepatitis vaccination shall be made available at no cost to all members within 10 working days of the date of initial assignment to a shift unless the member has previously received the complete hepatitis B vaccination series; antibody-testing reveals that the member is immune or the vaccine is contraindicated for medical reasons. Participation in a prescreening program is not a prerequisite for receiving the hepatitis B vaccination series. All members have the right to decline the hepatitis B vaccination series. All members refusing the hepatitis B vaccination series must sign the hepatitis B vaccination declination form provided at the time of his/her pre-hire as well as the annual fitness for duty exams. Members who initially decline the vaccine may later receive the vaccination at no cost. The designated OFPD Health Care Professional will administer the hepatitis B vaccination series. If a routine dose of hepatitis B vaccine is recommended by the US Public Health Service at a future date, these booster doses will be made available at no charge

Training

As required by 29 CFR 1910.1030, all members with the potential for occupational exposure to blood or other potentially infectious materials are required to complete an OSHA bloodborne pathogen training program. The Bloodborne Pathogen Training program shall be offered at no cost to the member, as follows:

1. Unless documentation verifies current status, all new members during their orientation period.
2. Annually for Infection control. Any members, who have received training on bloodborne pathogens and infection control shall receive training with respect to the provisions of the standard which are new or were not discussed during their original course.
3. Additional training shall be provided when changes such as modifications of tasks or procedures or institution of new tasks or procedures affect the member's occupational exposure. Any additional training may be limited to addressing the new exposures created.
4. Material appropriate in content and vocabulary to educational level, literacy and language of members shall be used.

The annual Bloodborne Pathogen and Infection Control Training Program for OFPD members shall contain at a minimum the following:

1. An accessible copy of the regulatory text of this standard and an explanation of its contents.

2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogen.
4. The Infection Control Plan, i.e. points of the plan, roles and responsibilities and how the plan will be implemented, etc.
5. A list of the tasks and procedures, which might cause exposure to blood or other potentially infectious materials while on duty.
6. An explanation of the use and limitations of the control methods that will prevent or reduce exposure; including appropriate engineering controls, work practices and PPE.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.
8. An explanation of the basis for selection of PPE.
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated and that the vaccine and vaccination will be offered to all members in accordance with this plan at no cost.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
12. Information on the Post Exposure Evaluation and follow-up process following an exposure incident.
13. An explanation of the signs and labeling that will be utilized to designate a biohazard potential.

Record Keeping

All Medical and Training records shall be maintained by the Division Chief of OFPD or the designated OFPD Healthcare Professional in accordance with 29 CFR 1910.1020. These records shall include:

Medical Records

1. Member's name and social security number.
2. A copy of the member's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the member's ability to receive vaccination as required.

3. A copy of all results of examinations, medical testing and follow-up procedures as well as a copy of the OFPD designated Health Care Professional's written opinion after an exposure evaluation.
4. A copy of the information provided to the OFPD designated Health Care Professional.

Training Records- All training records shall be maintained for a minimum of thirty (30) years from the date on which the employee left service.

1. Dates of any training sessions.
2. The curriculum for the training session.
3. The name and qualifications of the person(s) conducting the training.
4. The name and job titles of all OFPD personnel attending the training sessions.

Confidentiality-OFPD shall ensure that all medical records required in this policy are:

1. Kept confidential
2. Not disclosed or reported without the member's expressed written consent to any person within or outside the department, except as required by 29 CFR 1910.1030 and the Kentucky Open Records Act (KRS 61.870 - 61.884).

Availability

1. OFPD shall ensure that all training records required to be maintained by this policy shall be made available upon request to the Assistant Secretary of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.
2. OFPD training records required by this policy shall be provided upon request for examination and copying to members, a representative to the Assistant Secretary of the National Institute for Occupational Safety and Health.
3. OFPD member medical records required by this policy and 29 CFR 1910.1030, shall be provided upon request for examination and copying to the subject member, to anyone having written consent of the subject member and to the Assistant Secretary of the National Institute for Occupational Safety and Health.

Transfer of Records

OFPD shall comply with the requirements involving the transfer of member records set forth in 29 CFR 1910.1020 (h). If OFPD ceases to do business

and there is no successor employer to receive and retain the records for the prescribed period, OFPD shall notify the Assistant Secretary of the National Institute for Occupational Safety and Health, at least three (3) months prior to their disposal and transmit them to the Assistant Secretary of the National Institute for Occupational Safety and Health, if required in the three (3) month period.

1302.01 ***HAZARD COMMUNICATION STANDARD***

It is the intent of the OFPD to comply with OSHA 29 CFR 1910.1200, the Hazard Communication Standard. By compliance with this standard, OFPD personnel shall be advised of the risks of hazardous materials exposure in their workplace and precautions to take around them. This standard entails the identification and listing of hazardous materials in our workplace, labeling of containers of those hazardous materials, posting of Safety Data Sheets for those materials, and training of personnel in the dangers of the chemicals in our workplace and the use of SDS. Annual refresher training shall be conducted.

Safety Data Sheets (SDS) by the Globally Harmonized System (GHS)

SDS' are designed to provide specific information about the hazardous materials you work with. SDS' are kept on file in binders in the Radio Room. Updating the SDS's is the responsibility of the OFPD Safety Officer, who shall distribute the SDS that should accompany all new shipments of chemicals. If an SDS did not arrive with the shipment, the manufacturer shall be contacted to acquire one.

Labels

Warning labels shall be affixed to containers of regulated waste and any containers used to store, transport or ship blood or other potentially infectious material. The labels shall be fluorescent orange or orange-red with letters and symbols in contrasting color. Labels shall be affixed as close as feasible to the container by string, wire adhesive or other method that prevents their loss or unintentional removal. Red bags may be substitute for labels. The Safety Officer shall ensure that all chemicals that are distributed for use are properly labeled. These labels shall show the chemical's identity, hazard warnings, and the name and address of the manufacturer, shipper or other responsible party. OFPD shall assure that the labels on incoming containers are legible, not removed or defaced and

in English. If there are a number of stationary containers stored in an area with similar contents and hazards, signs shall be posted to convey the hazards.

Training

All members with potential for exposure to chemicals in our workplace shall receive training on this standard. The training shall include: a summary of the standard and this written SOG, to be placed into your SOG book; a brief overview of the physical properties of hazardous materials and methods for detection; physical hazards of hazardous materials (fire, explosion, etc.); Health hazards associated with exposure to chemicals; Procedures for protection against chemical hazards and emergency response procedures; Procedures to follow while cleaning spills; and the location of SDS's in your workplace. Any new chemical brought into the workplace shall require additional training in its safe use. The Safety Officer shall ensure that retraining is conducted when the hazard changes, when a new hazard is introduced, or when reassessment indicates a need. Input shall be encouraged from members regarding the training received, and suggestions for improving it.

Contract Members

The Division Chief of Operations shall be responsible for advising any outside contractors of the chemical hazards they may encounter during their work on the premises, the labeling system, safe handling, protective measures if any, and the location of the SDS's. Each contractor bringing chemicals on site must provide the appropriate hazard information on these substances, including the labels used and the precautionary measures to be taken in working with these chemicals.

Safety Committee

OFPD will have a Safety Committee whose duty it will be to review current policies involving facility safety, exposure control, on-scene safety, safe lifting, hazardous materials, specialty response, employee wellness, employee duty and rest cycles, and any applicable Federal, State or Local requirements concerning employee safety and health. This Committee shall meet at least annually.

The Safety Committee Officer will be appointed by the Chief. The committee will be organized to ensure broad employee representation to include Firefighters, Paramedics and EMT’s. The Safety Committee Officer will determine which employees will be placed on the committee. He/she will then forward his request for committee members to the Chief for final approval.

Any policy violation or recommendation for improvement is identified by the safety committee; the Officer will report all details to the Chief for potential action.

Hazard Determination

Hazard determination shall be determined by the OFPD Safety Committee in conjunction with management. This determination shall be made based on 29 CFR 1910, subpart Z, Toxic and Hazardous Substances OSHA, American Conference of Governmental Industrial Hygienists (ACGIH), carcinogens or potential carcinogens, the National Toxicity Program (NTP) and the International Agency for Research on Cancer (IARC).

OFPD will maintain a safety committee directed by the OFPD Safety Officer. This committee will meet at least annually. All members can obtain further information on this policy, the Hazard Communication Standard, MSDS's, and chemical information lists by contacting the Division Chief's office at (502) 964-5111.

1303.01 ***EMPLOYEE PHYSICALS AND EMPLOYEE HEALTH REQUIREMENTS***

Annual fit for duty physicals and employee health requirements (T-SPOT) shall be completed. To assure that this is completed; OFPD shall utilize the following guidelines:

1. Each employee will complete an acceptable physical in month of hire of each year. BaptistWorx is OFPD's current preferred provider.

2. A Complete fire department physical will be accepted if all components are met.

3. Components of the OFPD physical include: Medical history, physical exam, pulmonary function test, audiometric test, vision test, TB test (chest x-ray/ T-SPOT) and blood and urine tests. This is outlined in OSHA 29 CFR 1910.120(f), 1910.134 Occupational Safety and Health Guidance Manual for Hazardous Work Site Activities.

1304.01 ***CIMEX LECTULARIUS (BED BUGS)***

Cimex Lectularius also known as bed bugs are small wingless insects that feed solely upon the blood of warm-blooded animals. Hatchling bed bugs are about the size of a poppy seed, and adults are about ¼ of an inch in length. From above they are oval in shape but are flattened from top to bottom. Their color ranges from nearly white (just after molting) or a light tan to within the bug's body. Because they never develop wings, bed bugs cannot fly. When disturbed, bed bugs actively seek shelter in dark cracks and crevices. Cast skins of bed bugs are sometimes discovered. Bed bugs seek out people and animals, generally at night while these hosts are asleep, and painlessly sip a few drops of blood. Repeated exposures to bed bug bites during a period of several weeks or more causes people to become sensitized to the saliva of these bugs; additional bites may then result in mild to intense allergic reactions. The skin lesion produced by the bite of a bed bug resembles those caused by many other kinds of blood feeding insects, such as mosquitoes and fleas. The affected person should resist the urge to scratch the bites, as this may intensify the irritation and itching, and may lead to secondary infection. Physicians often treat patients with antihistamines and corticosteroids to reduce allergic reactions and inflammation. Bed bugs are not known to transmit any infectious agents.

A. Level 1 – No Physical Exposure

1) No physical contact to source patient and environment
   a) Ambulatory patient is asked to wear a tyvek suit, placed in a disposable isolation bag or blanket wrapped prior to being exposed to equipment and entering the ambulance.
   b) Ambulatory patient is asked to place his/her belongings in a trash bag prior to entering the ambulance.

2) Immediate identification of bed bugs

3) Immediate containment (packaging) and quarantine of source patient
   a) If tyvek suits are not used, wrapping of source patient in blankets or sheets. Total wrapping should include the patient's head, but not to compromise breathing status.
   b) Lay sheet or blankets on floor on ambulance

Decontamination Procedures

1) Notify the OFPD shift supervisor.

2) Report findings by telephone to Emergency Room (ER) personnel prior to entering the ER.

3) Minimize the areas of potential exposure by staying in the containment area designated by the hospital.

4) Inspect and wipe down all suspected areas or equipment in the ambulance with Sani-wipes or alcohol.

5) Place all contaminated linen in biohazard trash bag and dispose at ER in designated areas.

6) Personnel Decontamination is *optional based on personnel's physical exposure to source patient and environment.*
   Take off contaminated clothing and secure in a plastic bag
   Take a hot shower with lots of soap
   Change into your spare uniform or hospital attire loaned by ER.
   Wash clothing in hot water & dry in dryer

B. Level 2 – Minimal Physical Exposure

1) Minimal physical contact to source patient and environment
   a) If patient is picked up outdoors and is packaged by OFPD prior to being exposed to equipment and entering the ambulance.
   b) If patient is picked up indoors and packaged by OFPD prior to being exposed to equipment and entering the ambulance
   c) If patient ambulates into the ambulance and is not handled by crew.

2) Immediate containment (packaging) and quarantine of source patient
   a) Use of tyvek suits, body isolation bag or total wrapping of source patient in blankets or sheets. Total wrapping should include the patient's head, but not to compromise breathing status.
   b) Lay sheet or blankets on floor of ambulance
   c) Place clothing and/or belongings in trash bags for transport to disposition
3) Immediate notification of bed bugs identification (by ER) if crew did not witness any findings.

Decontamination Procedures

1) Contact the OFPD shift supervisor

2) Report findings by telephone to Emergency Room (ER) personnel prior to entering ER.

3) Minimize the areas of potential exposure by staying in containment area designated by the hospital and do not wander around

4) Inspect and wipe down all equipment with Sani-wipes or alcohol

5) Placed all contaminated linen in biohazard trash bag and dispose at ER in designated areas.

6) Personnel Decontamination is *optional based on personnel's physical exposure to source patient and environment.*
Take off contaminated clothing and secure in a plastic bag
Change into your spare uniform
Take a hot shower with lots of soap
Wash clothing in hot water & dry in dryer

C. Level 3- Delayed Notification & Confirmation of Multiple bedbugs

1) Confirmation of multiple bed bugs on source patient and environment after transport to ER. Delayed notification from ER's based on their patient findings. Delayed identification >1 hour after incident.
2) Physical contact and carrying of source patient without use of any personal protective equipment
3) Prolonged exposure to source patient's environment
-treating patient at the scene
4) Lack of quarantine precautions and spreading of bedbugs to other units, quarters or personnel.

Decontamination Procedures

1) Contact the OFPD shift supervisor.

2) Notify the Chief/ Division Chief for decontamination coordination.

3) Personnel must report findings to Emergency Room (ER) personnel.

4) Minimize the areas of potential exposure by staying in an area and not wandering around after notification.

5) Ambulance Decontamination
a) Relocate ambulance in ambulance bay away from other vehicles and personnel.
b) Leave all exposed equipment in the ambulance
c) Close and quarantine ambulance and await further instructions.
d) Ambulance will be decontaminated with the Phileas system.

6) Personnel Decontamination
a) Take off contaminated clothing and secure in a plastic trash bag
b) Take a hot shower with lots of soap
c) Change into your spare uniform or hospital attire offered by ER.
d) Wash clothing in hot water & dry in dryer.

A. Follow-up inspection will be arranged in accordance to the exterminating company procedure. The following steps must be taken before treated areas are cleared for occupancy:
   1) Thoroughly vacuum the treated areas
   2) Wipe off exposed surfaces with Sani-wipes or alcohol

B. Post Decontamination Duties
   1) Inspect and clean the interior of the ambulance with Sani-wipes or alcohol
   2) Thoroughly inspect and clean all equipment, bags and supplies.
   3) Clean all radio equipment handsets and microphones

OKOLONA FIRE PROTECTION DISTRICT
DIVISION OF EMERGENCY MEDICAL SERVICES
Standard Operating Guidelines

Implementation Date

01/14/2021

SOG # 1400 Respiratory Protection

Purpose: Emphasizes the importance of respiratory protection for all personnel. This program will address the following areas of respiratory protection as outlined in OSHA 29 CFR 1910.134

1. Procedures for selecting respirators for use in the workplace;

a. For patients presenting with potential for infectious respiratory diseases an N-95 half face mask will be utilized. The following are examples of communicable respiratory diseases:

   a. Meningitis
   b. Tuberculosis
   c. Common cold
   d. Hemorrhagic fever
   e. Rubeola (measles)
   f. Influenza
   g. Mumps
   h. Fifth Disease
   i. Pneumonia (RSV)
   j. Rubella (German Measles)
   k. Chickenpox
   l. Pneumonic plague
   m. Coronavirus (COVID-19)

b. OFPD will not transport chemically contaminated patients. In the event of transport of an appropriately decontaminated patient,

OFPD personnel will utilize a full-face mask with compatible cartridges during transport. Level C personal protective equipment will also be donned.

2. Medical evaluations of employees required to use respirators;

a. Medical evaluations will be conducted annually as part of the OFPD employee physical program. This will be completed in the employee's hire month each year. The evaluation will include the Medical Evaluation Questionnaire as outlined in OSHA 1910.134 Appendix C.

b. Additional Medical evaluations will be conducted when a problem is identified or as directed by the Okolona Fire Protection District Division of Emergency Medical Services Division Chief.

3. Fit testing procedures for tight-fitting respirators;

a. Respiratory Fit Testing will be conducted every year and in the following circumstances

1. New employee training
2. When a problem is identified
3. Significant weight gain/ loss or facial feature changes/ surgeries

b. Quantitative Fit Testing will be the preferred method used by OFPD

QUALITATIVE FIT TESTING

(1) Assemble hood and collar. Check to be sure Nebulizer is clean.
(2) Pour 5 cc of sensitivity solution #1 into Nebulizer #1.
(3) Pour 5 cc of fit test solution #2 into Nebulizer #2.
(4) Make sure fresh water, cups and napkins are available at each fit testing station.

PROCEDURE:

(1) Medical evaluation form completed before starting
(2) Confirm that subject did not eat, drink, smoke, or chew gum 15 minutes prior to test.
(3) Select mask - small or regular - and assist employee to don properly.
(4) Fit check by having employee inhale sharply (blow by) to attempt to collapse mask around the face.

SENSITIVITY TESTING

(1) Remove mask and place collar assembly and hood on subject, positioning six inches between face and hood window.
(2) Begin squeezes of Nebulizer #1 into hood through window.
(3) Have subject breathe normally with mouth open.
(4) Stop when subject tastes concentrated sweet taste on tongue rather than sweet sensation in back of throat. Record the number of squeezes to taste.
(5) If sweetener is not tasted, continue with more squeezes. May give up to thirty (30). If sweetener not detected after 30 squeezes, wait 15 minutes and

restart test.
(6) Clear taste with water. Wipe face with wet napkin if needed.
(7) Wipe out inside of plastic window with a damp napkin to remove saccharin.
(8) Wait five minutes between sensitivity testing and beginning of fit testing.

TESTING

(1) Put on respirator following instructions for correct fit.
(2) Replace hood. Ask employee to **breathe normally** for 60 seconds. Using Nebulizer #2, inject ½ the number of squeezes initially required to taste sweetener in Sensitivity test. Wait 30 seconds; squeeze the other half of the squeezes to maintain adequate concentration of sweetener. Ask if employee can taste the sweetness.
(3) Ask the employee to **deep breathe** for 60 seconds. Inject ½ the number of squeezes, wait 30 seconds, then squeeze the other half of the squeezes. Ask if employee can taste the sweetness.
(4) Ask employee to **turn head side to side** for 60 seconds. Inject ½ the number of squeezes, wait 30 seconds, then squeeze the other half of the squeezes. Ask if employee can taste the sweetness.
(5) Ask employee to **nod head up and down** for 60 seconds. Inject ½ the number of squeezes, wait 30 seconds, then squeeze the other half of the squeezes. Ask if employee can taste the sweetness.
(6) Have person **read passage** below or engage in conversation for 60 seconds. While they are reading, inject ½ the number of squeezes, wait 30 seconds, then squeeze the other half of the squeezes. Ask if employee can taste the sweetness.

RAINBOW PASSAGE

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is according to legend a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow.

(7) Ask employee to breath normally for 60 seconds. Inject ½ the number of squeezes, wait 30 seconds, then squeeze the other half of the squeezes. Ask if employee can taste the sweetness. If at any time during this testing, the subject tastes the sweetener as sharply as with the sensitivity testing (not a sensation at the back of throat), the test must start again. Wait 15 minutes. Have employee drink water, get breath of fresh air, wipe out hood, and restart with fit check to make sure mask is correct size. Any disposable masks used for fit testing should then be rendered useless and disposed of properly.
(8) After fit testing is complete, wipe out hood before using on next employee.
(9) At the end of fit testing session, pour remainder of solution from Nebulizer #1 into Solution bottle #1. Pour the remainder of solution from Nebulizer #2 into

Solution bottle #2. Disassemble nebulizers and run under warm running water to clear all saccharine. Place back into foam protector after nebulizers are dry and return kit to central location.

The following protocol will be utilized if the employee is unable to taste the saccharin test solution.

Bitrex™ (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol

The Bitrex™ (Denatonium benzoate) solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste Threshold Screening.

The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.

(2) The test enclosure shall have a \3/4\ inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a bitter taste

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The Threshold Check Solution is prepared by adding 13.5

milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely and is then released and allowed to fully expand.

(7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste response.

(11) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex and may not perform the Bitrex fit test.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Bitrex Solution Aerosol Fit Test Procedure.

(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure as that described in 4. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected according to section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl) solution in warm water.

(6) As before, the test subject shall breathe through his or her slightly open mouth with tongue extended and be instructed to report if he/she tastes the bitter taste of Bitrex.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of Bitrex is detected. If the test subject does not report tasting the Bitrex, the test is passed.

(11) If the taste of Bitrex is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

c. The following will be used for quantitative fit testing- Follow manufacturers recommendation.

QUANTITATIVE FIT TESTING

Portacount ™ protocol quantitatively fit tests respirators with the use of a probe. The probed respirator is only used for quantitative fit tests. A probed respirator has a special sampling device, installed on the respirator that allows the probe to sample the air from inside the mask. A probed respirator is required for each make, style, model, and size that the employer uses and can be obtained from the respirator manufacturer or distributor. The CNC instrument manufacturer, TSI Inc., also provides probe attachments (TSI sampling adapters) that permit fit testing in an employee's own respirator. A minimum fit factor pass level of at least 100 is necessary for a half-mask respirator and a minimum fit factor pass level of at least 500 is required for a full facepiece negative pressure respirator. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Portacount Fit Test Requirements.

(1) Check the respirator to make sure the sampling probe and line are properly attached to the face piece and that the respirator is fitted with a particulate filter capable of preventing significant penetration by the ambient particles used for the fit test (e.g., NIOSH 42 CFR 84 series 100, series 99, or series 95 particulate filter) per manufacturer's instructions.

(2) Instruct the person to be tested to don the respirator for five minutes before the fit test starts. This purges the ambient particles trapped inside the respirator and permits the wearer to make certain the respirator is comfortable. This individual shall already have been trained on how to wear the respirator properly.

(3) Check the following conditions for the adequacy of the respirator fit: Chin properly placed; Adequate strap tension, not overly tightened; Fit across nose bridge; Respirator of proper size to span distance from nose to chin; Tendency of the respirator to slip; Self-observation in a mirror to evaluate fit and respirator position.

(4) Have the person wearing the respirator do a user seal check. If leakage is detected, determine the cause. If leakage is from a poorly fitting face piece, try another size of the same model respirator, or another model of respirator.

(5) Follow the manufacturer's instructions for operating the Portacount and proceed with the test.

(6) The test subject shall be instructed to perform the exercises as

directed.

(7) After the test exercises, the test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried.

(b) Portacount Test Instrument.

(1) The Portacount will automatically stop and calculate the overall fit factor for the entire set of exercises. The overall fit factor is what counts. The Pass or Fail message will indicate whether or not the test was successful. If the test was a Pass, the fit test is over.

(2) Since the pass or fail criterion of the Portacount is user programmable, the test operator shall ensure that the pass or fail criterion meet the requirements for minimum respirator performance.

(3) A record of the test needs to be kept on file, assuming the fit test was successful. The record must contain the test subject's name; overall fit factor; make, model, style, and size of respirator used; and date tested.

4. Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;

a. For patients presenting with potential for infectious respiratory diseases (meningitis, tuberculosis, etc.) an N-95 half face mask will be utilized. These masks will be supplied on all OFPD ambulances in appropriate sizes.

b. OFPD personnel will utilize the full-face mask with compatible cartridges during transport of hazardous materials decontaminated patients. Level C personal protective equipment will also be donned. This equipment is kept in the hazardous materials response bags in each OFPD ambulance.

5. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;

a. Cleaning- The face pieces will be cleaned with soap and water per the manufacturer’s instructions

b. Disinfecting- Will be conducted with soap and water per manufacturer’s instructions. One-part bleach may be added to wash solution

c. Storing- The masks will be dried and stored in the original plastic bag inside the Haz Mat bags. Care should be taken to assure that they are not compressed or other items placed on top of them.

d. Inspecting- The masks will be inspected monthly and the mask check

form completed as outlined in OSHA 29 CFR 1910.134.

e. Repairing- Masks needing repairs will be sent to the manufacturer for appropriate repair

f. Discarding- Any mask deemed unsafe will be immediately removed from service in a way that will leave no question as to the service capabilities.

6. Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;

OFPD personnel will only transport decontaminated patients. Personnel will not be placed in an oxygen deficient environment. Care should be taken to allow adequate airflow in the patient care area (opening windows, negative air exhaust, etc.)

7. Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;

Training will be conducted with new employment status. The following items will be reviewed annually during the fit testing process:

a. Biological diseases

b. Chemical contamination

8. Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance;

a. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;

b. What the limitations and capabilities of the respirator are;

c. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;

d. How to inspect, put on and remove, use, and check the seals of the respirator;

e. What the procedures are for maintenance and storage of the respirator;

f. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators

9. Procedures for regularly evaluating the effectiveness of the program.

The respiratory protection program will be evaluated annually by the Chief and or Division Chief.

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SOG # 1500 Health Insurance Portability and Accountability Act (HIPAA)

Purpose: To outline levels of access to Protected Health Information (PHI) of various staff members of Okolona Fire Protection District Division of Emergency Medical Services and to provide a policy and procedure on limiting access, disclosure, and use of PHI. Security of PHI is everyone's responsibility.

1500.01 ***HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT***

Okolona Fire Protection District Division of Emergency Medical Services retains strict requirements on the security, access, disclosure and use of PHI. Access, disclosure and use of PHI will be based on the role of the individual staff member in the organization and should be only to the extent that the person needs access to PHI to complete necessary job functions. These are functions of Treatment, Payment and Healthcare Operations. The HIPAA Security Officer role will be coordinated by the Division Chief of OFPD. Issues involving the OFPD Billing Company will be coordinated by the Billing Company. OFPD will conduct periodic risk analysis and evaluation of policies and procedures as needed or when operational or technological changes occur to assure continued safety and compliance.

When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

Role Based Access

Access to PHI will be limited to those who need access to PHI to carry out their duties. The following describes the specific categories or types of PHI to which such persons need access.

Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
EMT	Intake forms from dispatch, patient care reports,	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Paramedic	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Billing Personnel	Intake forms from dispatch, patient care reports, billing claim forms, remittance advice statements, other patient records from facilities	May access only as part of duties to complete patient billing and follow up and only during actual work shift. Will handle all patient requests for run sheets.
Shift Supervisor	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities, as well as for quality assurance checks and corrective counseling of staff
Dispatcher	Intake forms, preplanned CAD information on patient address	May access only as part of completion of an incident, from receipt of information necessary to dispatch a call, to the closing out of the incident and only while on duty
Training Coordinator	Intake forms from dispatch, patient care reports	May access only as a part of training and quality assurance activities. All individually identifiable patient information should be redacted prior to use in training and quality assurance activities
Division Chief		May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel

Access to PHI is limited to the above-identified persons only and to the identified PHI only based on OFPD's reasonable determination of the persons or classes of persons who require PHI and the nature of the health information they require consistent with their job responsibilities.

Access to a patient's entire file will not be allowed except when provided for in this and other policies and procedures and the justification for use of the entire medical record is specifically identified and documented.

Disclosures to and Authorizations from the Patient

You are not limited to the minimum amount of information necessary to perform your job function, or your disclosures of PHI to patients who are the subject of the PHI. In addition, disclosures authorized by the patient are exempt from the minimum necessary requirements unless the authorization to disclose PHI is requested by the Agency.

Authorizations received directly from third parties, such as Medicare, or other insurance companies, which direct you to release PHI to those entities, are not subject to the minimum necessary standards.

For example, if we have a patient's authorization to disclose PHI to Medicare, Medicaid or another health insurance plan for claim determination purposes, OFPD is permitted to disclose the PHI requested without making any minimum necessary determination.

OFPD Requests for PHI

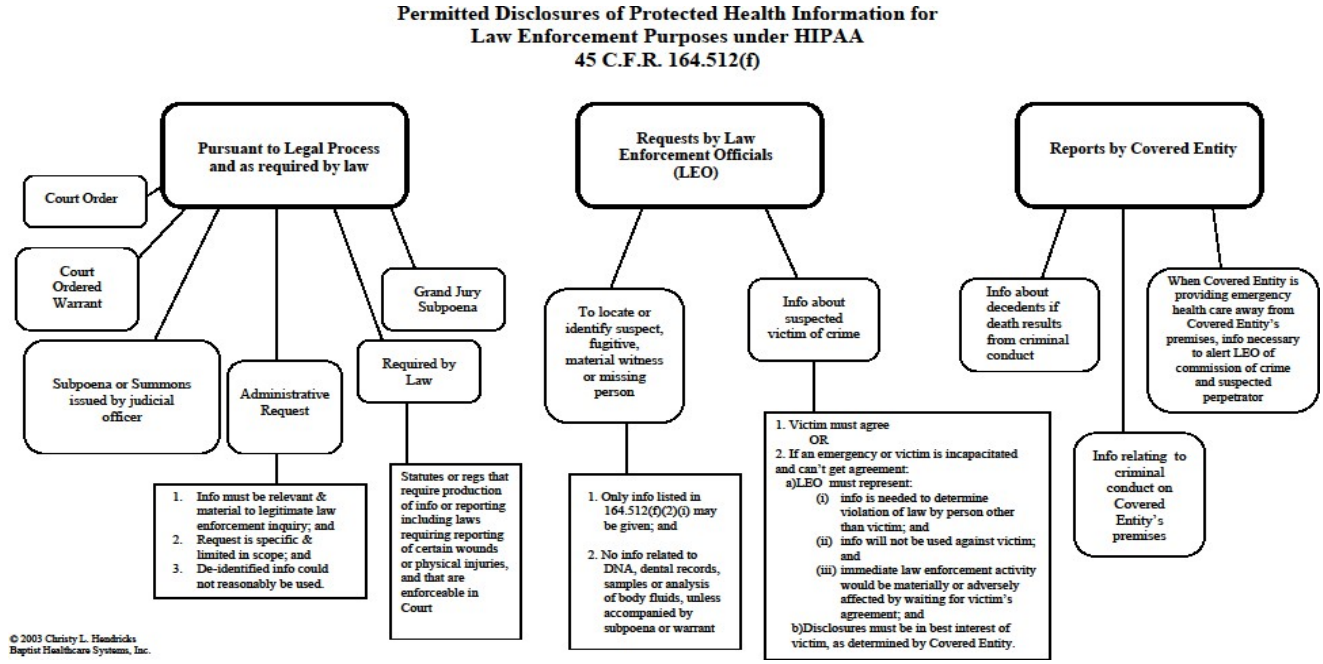
If OFPD needs to request PHI from another health care provider on a routine or recurring basis, we must limit our requests to only the reasonably necessary information needed for the intended purpose, as described below. For requests not covered below, you must make this determination individually for each request and you should consult your Supervisor for guidance. For example, if the request is non-recurring or non- routine, like making a request for documents via a subpoena, OFPD will make sure our request covers only the minimum necessary PHI to accomplish the purpose of the request. For all other requests, determine what information is reasonably necessary for each on an individual basis.

Holder of PHI	**Purpose of Request**	**Information Reasonably Necessary to Accomplish Purpose**
Skilled Nursing Facilities	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Hospitals	To have adequate patient	Patient face sheets,

	records to determine medical necessity for service and to properly bill for services provided	discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Mutual Aid Ambulance or Paramedic Services	To have adequate patient records to conduct joint billing operations for patients mutually treated/transported by the Agency	Patient care reports

Release of information to Law Enforcement

The following guide will be used to release requested information to law enforcement entities.



Incidental Disclosures

OFPD understands that there will be times when there are incidental disclosures about PHI in the context of caring for a patient. The privacy laws were not intended to impede common health care practices that are essential in providing health care to the individual. Incidental disclosures are inevitable, but these will typically occur in radio or face-to-face conversation between health care providers or when patient care information in written or computer form is left out in the open for others to access or see.

The fundamental principle is that all staff needs to be sensitive about the importance of maintaining the confidence and security of all material we create or use that contains patient care information. Coworkers and other staff members should not have access to information that is not necessary for the staff member to complete his or her job. For example, it is generally not appropriate for field personnel to have access to billing records of the patient.

All personnel must be sensitive to avoiding incidental disclosures to other health care providers and others who do not have a need to know the information. Pay attention to who is within earshot when you make verbal statements about a patient's health information, and follow some of these common sense procedures for avoiding accidental or inadvertent disclosures:

Verbal Security

Waiting or Public Areas: If patients are in waiting areas to discuss the service provided to them or to have billing questions answered, make sure that there are no other persons in the waiting area, or if so, bring the patient into a screened area before engaging in discussion.

Other Areas: Staff members should only discuss patient care information with those who are involved in the care of the patient regardless of your physical location. You should be sensitive to your level of voice and to the fact that others may be in the area when you are speaking. This approach is not meant to impede anyone's ability to speak with other health care providers freely when engaged in the care of the patient. When it comes to treatment of the patient, you should be free to discuss all aspects of the patient's medical condition, treatment provided, and any of their health information you may have in your possession with others involved in the care of the patient.

Physical Security

Patient Care and Other Patient or Billing Records: Patient care reports should be stored in safe and secure areas. When any paper records concerning a patient are completed, they should not be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties should have access to any paper records.

Billing records, including all notes, remittance advices, charge slips or claim forms should not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

Facility Access Controls- All OFPD Stations shall remained locked and all computer terminals secured. Mobile Data Terminals will remained locked in the ambulance docking station when not in use. Any loss of an MDT or breach of security will be reported immediately to the on duty Supervisor.

Workstation Use/ Security- Work stations will be in secured areas of OFPD facilities.

Electronics Disposal- Electronic equipment and records will be disposed of in accordance with the Okolona Fire Protection District Record Destruction Policy.

Computers and Entry Devices: Computer access terminals and other remote entry devices such as PDAs and laptops should be kept secure. Access to any computer device should be by password only. Staff members should be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons. All remote devices such as laptops should remain in the physical possession of the individually to whom it is assigned at all times.

Data Back Up Plan- data will be backed up periodically by the Information/ Technology vendor utilized by Okolona Fire Protection District.

Information System Activity Review- The Okolona Fire Protection District Division of Emergency Medical Services Information/Technology vendor will report any inappropriate information activities to the Chief.

Disaster Recovery Plan- The Okolona Fire Protection District IT vendor will be contacted for any potential breach in the security of electronic records and direct OFPD in the event of any Emergency Mode of Operations.

Business Associates Agreements- Business associates, vendors, training programs etc. shall provide proof of HIPAA compliance of any personnel or processes that affect the security of PHI from OFPD. A written contract will be maintained with the OFPD electronic patient care report vendor.

PHI Breach

Okolona Fire Protection District has adopted as policy and procedure the provisions of KRS 61.931 to KRS 61.934 regarding Personal Information Security and Breach Investigations. Further information and procedures can be obtained from the Department for Local Government website and viewing the January 1, 2015 DLG Protection of Personal Information – Security and Incident Investigation Procedures and Practices for Local Governmental Units. The provisions of the DLG document and KRS 61.931 to 61.934 shall be followed for any PHI breach.

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SOG # 1600 Strategic Planning

Purpose: To provide a method for developing and implementing a planning process to continue progress at Okolona Fire Protection District Division of Emergency Medical Services.

1600.01 ***STRATEGIC PLANNING***

In June of each fiscal year the Chief, Deputy Chief and Division Chief will meet to outline the strategic goals for the following year. This will be done in accordance with the Okolona Fire Protection District capital budget. Supervisors and support personnel will participate with specialized expertise. The following goals should be addressed and evaluated on a regular basis for progress.

One Year Goals- Processes, policies, capabilities and changes that should occur in the upcoming budget cycle. Evaluation should be on a quarterly basis.

Five Year Goals- Long range goals. Examples should include: technology updates, fleet supplementation and service expansion. Evaluation should occur at least every six months with emphasis on the budget cycle.

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SOG # 1700 Customer Feedback/ Community Relations

Purpose: To Foster an environment that understands patient care and satisfaction are the purpose of OFPD EMS**.**

1700.01 ***COMMUNITY RELATIONS***

When OFPD EMS is requested for civic groups, town festivals, community gatherings, news media, and information concerning public safety, the Public Relations Officer will fill out a request form.

1700.02 OFPD EMS is committed to and understands the rights of the news media and general public to be accurately informed in all matters concerning public safety. These requests should be handled through the Chief or Deputy Chief.

1701.01 ***COMMUNITY EDUCATION, HEALTH PROMOTION & INJURY PREVENTION***

OFPD EMS will provide pre-hospital care education, health promotions, and injury prevention through history, education, & awareness on request.

1901.02 OFPD EMS educates the public in pre-hospital care through lectures and hands on demonstrations. OFPD EMS will provide injury prevention material for schools and safety tip cards for adults. These items will contain community education, health promotions, and injury prevention.

1702.01 ***RECEIVING AND REFERRING FACILITIES***

OFPD EMS will provide transferring and receiving facilities information to educate them on our capabilities and services provided. These meetings will be conducted through the OFPD EMS Training Officer. Topics will include:

- Standards

- Capabilities
- Procedures
- Benefits to the patient
- Appropriateness of transfers
- Guidelines

1703.01 ***CUSTOMER FEEDBACK***

OFPD EMS has established a customer feedback program through our website which is reviewed by our Quality Assurance Officer. Patients can provide feedback to the service regarding the following matters;

- Professional Treatment
- Professional Care
- Open Communications
- Choice of Treatment Facilities
- Professional Appearance

The Quality Assurance Officer will keep records of all responses and make recommendations as needed in order to provide better service to the community.

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1704.01 ***COMMUNITY SERVICE***

To establish a good working relationship with the community and general public, OFPD EMS will offer their presence at public events as requested. These requests will be forwarded to the OFPD EMS Community Relations Officer.

Examples include:

- Local parades
- School events
- Fairs
- Community events
- Civic groups

1705.01 ***COMMUNITY DIVERSITY***

. To ensure that efforts are made to address cultural and language diversity in the community. The following should be attempted when possible.

- Attempt to learn new cultures
- Learn new languages
- Participate in events
- Provide bilingual injury prevention / CPR programs

1706.01 ***COMMUNITY AWARDS***

OFPD EMS also recognizes members of the community who with no obligation or expectation to act do so for the sake of others. The following awards may be bestowed on members of the community;

Citizen's Heroism Award
The Citizen's Heroism Award is awarded for actions by a member of the community other than EMS/Fire taken to assist others at great risk to one's own life.

Citizen's Lifesaving Award
The Citizen's Life Saving Award is awarded for actions which directly result in the saving of a person's life.

Citizen's Service Award
The Citizen's Service Award is awarded for actions by a member of the community other than EMS/Fire taken to assist others in need at emergency scenes

1707.01 ***MEDIA RELATIONS***

OFPD EMS members will refer all media inquiries to the Chief or Deputy Chief. If OFPD EMS personnel are approached by the news media they shall make no statements and facilitate the media's contact with the Deputy Chief, Chief or designee.

1708.01 ***CONTACTING MEDIA***

The Chief or Deputy Chief shall coordinate the release of all general information to the media.

1709.01 ***TRACKING MEDIA COVERAGE***

Every attempt to track all media information related to OFPD EMS will be done. This will be used to determine:

- Accurate information release
- Training Opportunities

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SOG # 1800 Communications and Response Standards

Purpose: Establish safe and efficient radio communications as well as to ensure that data is collected to maximize available resources and provide for a responsible EMS system**.**

1800.01 ***RESPONSE***

When dispatched on an emergency run, the responding crew will proceed to the unit and respond in an expedient manner. Med unit response time will not exceed ninety (90) seconds. At three minutes, if an OFPD unit is not responding, MetroSafe will re-dispatch the run and advise that it is a second notification. If there is going to be a delay in response of any kind the crew MUST immediately advise METROSAFE and the Shift Supervisor. If the unit is not in quarters their location will be given to MetroSafe upon acknowledging the run. When responding, the Med unit will give their location when contacted (ex. Preston and Outer Loop). OFPD will use plain text communications with all radio traffic as recommended by the National Incident Management System (NIMS).

Standard unit status radio designations should be utilized and will include:

Responding – When wheels are rolling and unit is responding to incident

On Scene – when unit arrives on scene; if staging, “on scene in staging”. Units should repeat the address given on dispatch.

En Route to hospital/destination – when unit is loaded with patient and traveling to destination

Arrived at hospital/destination – when unit has arrived at hospital or destination.

Clear from hospital/available – when unit is clear hospital or destination

` **Available in Quarters** – when returning from hospital destination and arrived back into Okolona Fire Protection District.

Only when issues of safety or discretion are needed will “10” codes be utilized. OFPD recognizes the following codes when the situation dictates:

10-30- Personnel in trouble, Emergency assistance needed
10-86- Are you OK?
10-86- We are OK.
10-80- Deceased person

1800.02 No personnel identification will be transmitted via radio. (Ex. Names, personal information)

1800.03 Status Checks- MetroSafe will conduct status checks every 15 minutes by asking “10-86”? The reply will be “10-86” if appropriate.

1801.01 ***TRIAGING SERVICE REQUESTS***

Determining the Level of Urgency- Okolona Fire Protection District Division of Emergency Medical Services personnel will respond to 911 runs as dispatched by MetroSafe in an emergency basis (lights and Siren). If the request seems minor in nature, the crew will request additional information to determine the appropriate response mode. If a better determination cannot be made, the response will err on the side of caution and respond emergently. Consideration will also be made from information presented by other on scene responders. Ultimately the on-duty supervisor will make the final judgment in regard to appropriateness of response.

1801.02 Determining and sending the closest resources- The closest OFPD ambulance will respond on all emergency runs. Non-emergency transfers will be dispatched by MetroSafe and can be modified at the discretion of the Shift Supervisor.

1801.03 In the event that multiple requests for service are made at the same time, the following guidelines will be utilized

1. The closest appropriate ambulance will be sent on the highest priority run (Ex. Issues with Airway, Breathing Circulation, etc.
2. The next closest ambulance will receive the secondary run.
3. Ambulances may be redirected by the Shift Supervisor if resources will cross each other.

4. In the event that multiple calls for service outweigh existing resources, mutual aid will be requested from surrounding agencies. Fire Department first responders will respond to the scene. The Shift Supervisor will also request the off-duty dispatch tone to occur and off duty personnel report to headquarters.

1801.04 To adequately triage requests for service, the following is a listing of service levels for what types of requests are agencies appropriate in prioritized order.

Priority 1- Emergency 911 Response

Priority 2- Non-Emergency 911 Response

Priority 3- On scene interagency standby (Ex. Fire Scenes)

Priority 4- Emergent Inter-hospital transfer

Priority 5 –Non-Emergency Facility Transfers

Priority 6- Scheduled standbys (Ex. Sporting events, Private events, etc.)

1801.05 If a caller must be declined from a request for service. The following procedure will be utilized:

1. The Dispatcher will attempt to identify what services the caller is requesting.

2. If the request is non-emergent, the caller will be directed to the most appropriate agency.

3. The Dispatcher will consult with the Shift Supervisor to confirm appropriateness of the caller instructions.

4. In the event that EMS is unable to respond (Ex. Flood, snow conditions, other disaster) MetroSafe will notify the Shift Supervisor. In these events, coordination of resources will occur with other agencies through the Emergency Operations Center and the Okolona Fire Protection District Division of Emergency Medical Services, Emergency Response Plan.

1802.01 ***RESPONSE TIME STANDARDS GUIDELINES***

For life threatening requests, the total response time standard will be eight minutes and fifty- nine seconds or less, 90% of the time. The OFPD EMS Division Chief will have final authority of evaluation if response time averages are excessive (extreme remote settings, etc.) Response times will be evaluated weekly, monthly and annually by the EMS Division Chief for trending and possible operational adjustments.

The total time to process a request prior to it being assigned to ambulances should not exceed two minutes. This time should be kept as minimum as reasonably possible. MetroSafe time systems will be synchronized to the World Clock. This will allow usage of electronic time

or times given by MetroSafe and assure accuracy. If unable to respond within 10 minutes, the next closest unit will be dispatched.

The total time for the ambulance to start a response shall be no more than ninety (90) seconds. MetroSafe will re-dispatch any Okolona Fire Protection District unit when a response is not noted in three minutes per MetroSafe Policy.

The total response time is defined as the difference in time between the point that the location of the patient and the call back number and problem type is known and the first unit on scene time. The following standards will be utilized:

Life Threatening and Emergency Requests- Eight minutes and fifty-nine seconds or less, 90% of the time.

Non-Emergency 911 requests- Twenty minutes or less to all areas of OFPD. If the time is exceeded the on-duty Shift Supervisor will document the event and forward to the Division Chief. These responses will be reviewed for appropriateness by the OFPD EMS Division Chief.

Emergency Transfers- Emergency transfers will be conducted as long as one available ambulance remains in service to respond.

1803.01 ***RESPONSE TIME REPORTING***

Analysis reports for response times will be compiled on a monthly and annual basis. This information should be evaluated and operations modified as necessary to maximize OFPD efficiency. This information will be posted to allow access by OFPD members.

1804.01 ***TROUBLE RUNS***

Upon the MetroSafe receiving a medical call for service with information that includes known trouble on the scene, the probability of trouble on the scene, or the mention of any weapons present on the scene the appropriate police agency will be advised to respond along with the unit and the responding unit will be advised of the additional information.

1805.02 MetroSafe should request a police response for EMS assistance to the following calls and locations.

- Overdoses
- Persons down
- Subjects possibly intoxicated
- Injured persons from a fight

1805.03 OFPD personnel who deem it necessary to call for additional assistance, should identify which type of resource is necessary i.e. fire or police and the nature of the request with the response code.

1805.04 When there is **IMMEDIATE DANGER TO EMS PERSONNEL**, the request for an emergency police response will be initiated with the unit using the ten-code **"10-30".** The dispatcher shall immediately contact the appropriate police department and notify the on-duty Shift Supervisor.

1805.05 When a 10-30 has been called, Dispatch shall have all units not involved or responding to the call clear the air and the channel secured tone initiated.

1805.06 Crew members shall use their own discretion in regards to entering premises or beginning patient care in trouble situations prior to the arrival of responding assistance. At no time shall a crew knowingly enter a hostile situation. Instructions to stage by MetroSafe shall be followed until the scene is secure.

1805.07 Scene evacuation- In the instance of a scene evacuation (ex. Building collapse), MetroSafe shall activate the scene evacuation tone. Responders will evacuate any unsafe building or area and report it to the Command Post or Accountability Officer.

1805.01 ***MUTUAL AID REQUESTS***

When MetroSafe receives a request for mutual aid, they will dispatch the request accordingly. The Shift Supervisor will determine whether the mutual aid can be granted based on the best operational assessment at the time and the request denied if sufficient resources are not available. The run will then either be dispatched or the requesting agency immediately advised that sufficient resources are not available to make the response. The OFPD EMS Division Chief will regularly review mutual aid requests for appropriateness.

1806.01 ***DETAIL STANDBY REQUESTS***

When possible, standby details will be covered by on-duty resources. These events will be covered at the discretion of the Chief, Deputy Chief and Chairman of the Board of Trustees and with consideration to operational needs. Events or groups requiring a dedicated ambulance or resource will be charged the prevailing OFPD standby fee to offset operational cost. These events shall be limited to standby only within the Okolona Fire Protection District legal boundaries and at no time be used as standby at any parochial school or religious institution.

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SOG # 1900 Narcotic Control Policy

Purpose: Provide accountability for controlled substances from initial purchase, maximum security for controlled substances on ambulances and response vehicles as well as proper documentation and disposal of unused controlled substances**.**

Definitions

Controlled substances in this document refer to Fentanyl (Schedule II), Morphine (Schedule II), Diazepam (Schedule IV), and Midazolam (Schedule IV) or any similar controlled substance that is substituted for any of the above.

The *expiration date* of a controlled substance is considered to be the last day of the month of marked expiration or the explicit date marked.

1900.01 Medication Chain of custody

The integrity of any security system is only as good as the weakest link. Therefore, it is vital that each and every member of OFPD play an active role in maintaining consistent procedures.

Check In Procedure

1. All controlled substances are to be logged into CAP and surplus placed into the Narcotic Control Safe immediately when received by the Division Chief. Whenever possible, two parties should be present. The log includes the manufacturer of the drug, the lot number and the expiration date. Access to this safe is limited to the Chief, Division Chief and Shift Supervisors.

Security of controlled substances in OFPD facilities

Factors to be considered when evaluating narcotic security include:

1. Storage location on the premises and the relationship it bears on security needs
2. Type of building construction
3. Type and quantity of controlled substances stored
4. The type of storage medium (safe, vault, or steel cabinet)
5. The control of public access to the facility
6. The adequacy of OFPD's monitoring system
7. Availability of local public protection

Security of controlled substances on vehicles

Controlled substances are to be securely maintained at all times. They shall remain in the locked narcotic safe in the locked ambulance compartment until administration. After patient administration, any remaining medication should be turned in for disposal at OFPD Headquarters in the secured safe room "used narcotics" container. The paramedic is responsible for the security of the controlled substances at all times. Vehicles that are off premises for any period of time and not in a secure facility (locked and temperature controlled) will have the narcotics removed and locked in the Narcotic Control Safe until the return of the vehicle. Daily inspections will occur on each ambulance and the narcotic log completed. This includes ambulances that are not in service but at the station.

Tracking Procedure

1. Schedule II medications will be ordered through the distributor using DEA Form 222 or its designated replacement. A copy of the completed DEA 222 will be placed in the file once ordered and received.

2. Once the medication has been received by OFPD, the Division Chief along with a witness will catalog the medication by assigning each vial a unique tracking number sticker and plastic bag and logging that information in the CAP program. The medication will be placed in the primary controlled substance safe at OFPD HQ and loaded into the CAP system as needed.

3. Notifications and daily reports will be emailed to the Division Chief when narcotic medications are administered.

4. Each shift WILL inspect the controlled substances located on their assigned vehicle and sign the individual Narcotic Log issued to each truck. Both the paramedic and a witness will ensure the

medication is present and secured. If any discrepancy is noted, the shift Supervisor is to be notified immediately. The Division Chief will be notified and an investigation will begin immediately. If the medication cannot be accounted for, a DEA Form 106 will be completed and submitted. The EMS Division Chief will be immediately notified.

5. Any runs in which narcotics are administered will receive a 100% QA review.

Resupply of controlled substances

1. After administration of a controlled substance, the paramedic will annotate usage on the patient care report under “Controlled Substance Usage” and “Controlled Substance Wasting”.

2. The CAP in the supply room will typically contain two vials of each medication. The administering Paramedic and witness will resupply the ambulance from the CAP machine. Only the Chief or Division Chief may access the primary controlled substance safe in order to replace medications administered into CAP.

3. The Administering Paramedic will annotate in the written controlled substance log the date, medic’s name and a witness’s name, drug being replaced, drug location and the run number from which the medication was used causing replacement. Copies of the daily inspection and written controlled substance log will be maintained by the Division Chief.

4. The paramedic will replace the new medication in ambulance Knox Box with his/her partner present.
5. The used vial and any medication remaining in the vial will be kept in the plastic bag bearing the unique number and placed in the locked used narcotics box in the secured supply room.

Unissued / Expired/ Waste Medication

1. Any medications that are in the OFPD supply that are expired will be inventoried by the OFPD Inventory /Supply Supervisor and the Chief/ Division Chief.

2. Expired or unused medication will be “wasted” in accordance with DEA/ EPA guidelines at least semi-annually. This will be conducted by the Chief or Division Chief and at least one witness and then annotated in CAP.

Broken/missing vials and inventory discrepancies

In the event that any controlled substance is missing or has a broken manufacturer's seal, a Supervisor must be notified immediately. Command staff will then perform a complete review of all inventories. Additionally, an incident report must be completed immediately by the individual noting the discrepancy.

Routine audits

Given the tight level of security, periodic audits of the inventory levels can be kept to a minimum. However, to validate the integrity of the system, an audit and inventory will be completed by the EMS Division Chief, Inventory/ Supply Officer, Medical Director and the Chief on at least a semi- annual basis.

Consequences

Persons found in violation of any of the items in this provision shall be subject to immediate discipline, up to and including termination, as well as discipline by the state regulatory agency responsible for licensure certification and Law Enforcement. This includes: sale, misappropriation, theft, distribution, or inappropriate administration (to self or others).

Member Assistance Program

Addiction to a controlled substance is recognized as a disease that is responsive to proper treatment. Okolona Fire Protection District provides a level of care through its Employee Assistance Program (EAP). Any member wishing to voluntarily seek assistance with drug/alcohol problems may contact the OFPD EAP (Human Development Company) at (502) 589-4357.

OKOLONA FIRE PROTECTION DISTRICT
DIVISION OF EMERGENCY MEDICAL SERVICES
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Implementation Date

01/14/2021

SOG # 2000 Electronics Policy

Purpose: To outline the safe and secure use of data collection equipment and electronic devices.

2000.01 ***Electronics Policy***

To prevent distractions in the workplace and help ensure the safety and privacy of all personnel and the patients we serve cellular phone use and use of personal digital assistants (PDAs) while on duty shall be limited to necessary work-related calls whether personal or company-issued. Personal calls are only permitted during limited times when work responsibilities are not being performed. Use of personal cameras whether cell phone camera, stand-alone cameras, or cameras contained on any other such personal devices while on duty or when performing any patient care functions on behalf of Okolona Fire Protection District Division of Emergency Medical Services is strictly prohibited. EMS electronics equipment is the property of Okolona Fire Protection District Division of Emergency Medical Services. Professional usage of any electronics equipment is required.

2000.02 ***Cellular Telephone Use***

a. Cell phones should not be carried into environments that require intrinsically protected devices or used around fueling stations or blasting zones.

b. Cellular phones should be used during down time or when needed for official use. Personal cell phone use must never be the cause for delay in responding to a dispatched call for service or beginning an assignment and should never be used while completing an assignment.

c. While attending to a patient or while operating an OFPD 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 or other such devices.

d. Personnel are prohibited from using personal cellular telephones for private or personal phone conversations 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. Example: Use of a personal cell phone is prohibited while at the incident and while getting the unit ready to respond or while completing necessary paperwork. But once all the post-run activities at the incident scene are completed and the unit is back in service, the personal cell phone may be used if necessary in an appropriate location as long as the use does not delay movement of the vehicle back to base or the next assignment.

NOTE: Any employee may utilize their privately-owned cell phone to place a call to emergency departments, MetroSafe, command staff during a patient transport. It's important to realize that personal cell phones also serve a valuable need as a secondary means of communication if needed.

2000.03 ***Camera Use-***

a. Under no circumstances shall any personnel be permitted to use the camera function of a personal cellular telephone while on duty treating a patient.

b. Personnel are only permitted to use cameras or other picture taking or image generating devices authorized and issued by Okolona Fire Protection District Division of Emergency Medical Services while on duty. Any service issued devices are intended to be used for purposes only such as documenting the position of vehicles and patients at the scene of an accident or to document mechanism of injury for use by the receiving facility to assist in guiding treatment. No other picture taking devices including personal electronic devices, PDAs, cameras, or other personal computers (not issued or authorized by OFPD for patient care or documentation purposes) shall be used by personnel while on duty.

c. Any photographs containing individually identifiable information are covered by the HIPAA Privacy Rule and must be protected in the same manner as patient care reports and other such documentation.

d. Any on-scene images and any other images taken by a member in the course and scope of their employment are solely the property of OFPD and not the property of individual staff member.

b. No images taken by a member in the course and scope of their employment may be used, printed, copied, scanned, emailed, posted, shared or distributed in any manner without the express, written approval

of the OFPD Chief. This prohibition includes posting photos on personal web sites, such as FaceBook, Twitter, Instagram, MySpace, or on any other public social networking or public safety agency web sites or emailing images to friends, colleagues or others in the emergency services industry.

2000.04 ***Electronic Patient Care Reporting Use***

The electronic patient care reporting (EPCR) system of OFPD shall be utilized to efficiently and accurately document patient care information. All HIPAA regulations apply. (See SOG # 1500 HIPAA). All EPCR equipment will be used respectfully and secured when not in use. Any damage or loss shall be reported immediately to a Supervisor. Usage of EPCR for gathering of appropriate informational resources is acceptable. Audits may be conducted through the Division Chief.

2000.05 ***Documentation and Continuity of Care***

To assure that the patients' medical record is immediately available to hospital treating personnel, the EPCR shall be locked and synced prior to leaving the receiving facility unless extenuating circumstances exist (out of ambulances, MCI, etc.) If this is not possible, a thorough verbal report should be completed and any provided written minimal data points completed prior to departure. This is in outlined in 202 KAR 7:540

2000.06 ***EPCR Security Procedures***

In order to better protect our patient care computers, the PHI they contain as well as comply with the Health Information Technology for Economic and Clinical Health Act (HITECH), the following procedure shall be utilized:

Whenever an ambulance is going to be taken offline then the device needs to be removed and secured in the Supply Room.

When ambulances are parked and left unattended for short periods of time (other than during runs), the computers shall be left out of sight. The ambulance doors shall be locked to secure the computer and any protected PHI.

2000.07 ***Social Networking Sites***

OFPD employees shall not post inflammatory, disrespectful or patient related information on any social networking site. This includes names,

references to patients or any identifiable patient information including injuries.

All OFPD employees/members shall follow the most current version of the OFPD Social Media Policy.

2000.08 ***Email Usage***

All personnel shall check their OFPD e-mail at least one time during each assigned shift. Responses to emails shall be done in a timely and courteous manner.

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DIVISION OF EMERGENCY MEDICAL SERVICES
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Implementation Date

01/14/2021

SOG # 2100 Fatigue Policy

Purpose: Establish guidelines for the safe operation of Okolona Fire Protection District Division of Emergency Medical Services personnel and provide effective, safe and thorough care to patients of OFPD.

2100.01 ***Fatigue Policy***

It is recognized that emergency services shift work produces fatigue effects. Failure to manage the effects of fatigue may produce unsafe situations for the patient, public and OFPD personnel. The Okolona Fire Protection District Division of Emergency Medical Services Fatigue Evaluation will be conducted by an on-duty Supervisor when shifts exceed 24 hours or when the physical or mental ability of the employee is in question due to fatigue. This evaluation will include:

- Hours worked
- Time last rested
- Precipitating factors (Illness, over the counter or prescription medication usage, etc.)
- Does the employee feel they are safe to function in their present capacity?

The Supervisor may make reasonable efforts to facilitate rest when possible. If at any point the safety of the employee or potential citizens/patients is in question, the employee will be removed from service

and all safety accommodations made.

OFPD will utilize the 2018 Fatigue Risk Management Guidelines for EMS by the University of Pittsburgh, NASEMSO, and NHTSA. Included in these recommendations are: 1) Fatigue/ Sleepiness survey instrument, 2) Regular shifts will be less than 24 hours, 3) Employees will have access to caffeine at the station, 4) Employees will have the opportunity to nap, 5) Fatigue (risks) training will be conducted.

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01/14/2021

SOG # 2200 Compliance

Purpose: This policy will outline the Compliance efforts of the Okolona Fire Protection District Division of Emergency Medical Services as outlined in the 2003 Office of the Inspector General (OIG) Compliance Program Guidance for Ambulance Suppliers. OFPD will comply with all applicable local, state and federal employee health and safety requirements in an effort to Prevent, Detect and Deter non- compliance. Compliance efforts shall be guided by the Mission, Vision and Values the Okolona Fire Protection District

2200.01 OFPD compliance policies and procedures will demonstrate the agency's commitment to compliance and will outline response to potential areas of fraud or abuse. An annual Risk assessment shall be completed to demonstrate dedication to a fraud free service and identify any potential issues.

2200.02 Designated Compliance Officer-The Okolona Fire Protection District Division of Emergency Medical Services Division Chief in conjunction with the Deputy Chief of shall serve in the capacity of Compliance Officer for the service.

2200.03 Education and Training programs- Annual compliance training will be conducted in January of each year. Attendance is mandatory for all personnel. Topics that are covered but not limited to: OIG compliance, Billing, HIPAA, OSHA (Haz-Com, Hazardous Materials Operations, Infection Control) and Drivers Training.

2200.04 Internal Monitoring and Reviews- Billing and Collections compliance will be maintained by the OFPD third party billing vendor. The Billing

Company will conduct internal audits and review of billing activities. Components of this review should include:

1. Pre- Billing review of claims
2. Paid claims
3. Claims denials
4. System review and safeguards
5. Sanctioned suppliers

Any erroneous or fraudulent activities should be reported to the OFPD EMS Division Chief, Chief and Deputy Chief. The OFPD Quality Assurance Officer shall review all electronic run sheets for medical appropriateness and thorough documentation to include billing components. Review of the Office of the Inspector General (OIG) exclusion list will be conducted by the OFPD Division Chief for all OFPD personnel on a monthly basis. The designated Safety Officer will maintain compliance with all applicable OSHA laws. Monthly safety training sessions will be conducted. An employee Safety Committee will meet at least annually and any identified hazards brought to the OFPD Division Chief per the Hazard Communication Standard OSHA 29 CFR 1910.120 (See SOG 1302.01)

2200.05 Responding appropriately to detected misconduct - Reported Compliance matters or Internal Audits will receive high priority action. The OFPD EMS Division Chief shall coordinate activities to include, documentation, reporting and liaison with Administration, Compliance, the Chief and Legal Counsel.

2200.06 Open lines of communication- An anonymous system of reporting fraudulent activity shall be available for all employees. This Anonymous Safety/Ethical Compliance Report will be available to all personnel. If completed, it will be placed in the locked run sheet box at Headquarters and forwarded to the Division Chief, Chief or Safety Officer as appropriate.

2200.07 Enforcing disciplinary standards- Failure to comply with any component of Compliance will result in progressive discipline up to and including termination per KRS 75.130 and OFPD SOP's/SOG's.

2200.08 Medical necessity of non-emergency transports will be documented with the facility's Physicians Certification Statement (PCS). This form will also be available electronically on the OFPD Electronic Patient Care Report (EPCR). OFPD will only utilize pre-signed PCS forms for repetitive ambulance transports and no longer than 60 days. The transporting crew will accurately document medical necessity in the patient narrative based on:

1. The patient is bed-confined and their medical condition is such that other methods of transport are contraindicated.

2. The patient's medical condition is such that transportation by ambulance is medically required.

2200.09 Anti- Kickback- OFPD will neither make nor accept remuneration to generate federal health care program business. OFPD shall transport patients to the facilities or physicians of the patient's choice when medically appropriate. Transport to specialized facilities should include a coordinated effort between the patient (if possible), the treating EMS personnel, on line medical direction and the receiving facility. See SOG # 226.01Acceptance of Rewards, Gifts, Fees, Gratuities and Loans.

2200.10 Arrangements for Emergency Medical Services- Municipal contracts, Ambulance restocking, Arrangements with hospitals and nursing facilities and Arrangements with patients should be reviewed by OFPD Legal Counsel prior to implementation.

2200.11 Compliance with the Health Insurance Privacy and Portability Act (HIPAA) is outlined in SOG # 1500.

2200.12 Procedure for employees if contacted or approached by a government official:

1. The investigator has the right to contact you and request to speak with you.

2. You have the right to choose whether or not to speak with any investigator. In all situations, you have the right to consult with legal counsel before you decide whether or not to talk to the investigator.

3. The government investigator does not have the right to insist upon an interview and it is improper for him or her to pressure you in an attempt to obtain an interview.

4. If you decide to refuse an interview, you should politely but firmly, decline the investigator's request.

5. Should you decide to submit to an interview, you have the right to insist on any precondition you desire. For example, you may require that the interview be conducted only in the presence of Legal Counsel.

6. Regardless of your decision, if you are contacted by a government investigator, it is extremely helpful if you immediately contact your Supervisor, the Chief and OFPD Legal Counsel. You have the right to tell your employer about the government contact. The agent may request that you keep the contact confidential but there is no law preventing you from disclosing to your employer any detail of your discussion with the agent.

7. Under all circumstances, remember that you must tell the truth to government agents. Failure to do so may in and of itself be a violation of the law.

8. Do not destroy any documents or attempt to hide evidence.

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SOG # 2300 Employee Awards

Purpose: **Employees should be recognized for outstanding efforts. This policy will outline the recognition and employee awards program for OFPD.**

2300.01 OFPD EMS will recognize the following recognition awards annually:

Rookie of the Year - Given to new members that have begun service in the past year and have demonstrated outstanding spirit and clinical excellence. They must be on the roster in the preceding calendar year.

Member of the Year - Given to the member that has demonstrated outstanding spirit and clinical excellence.

Lifesaving Award -

EMS Division Chief's Award -

Certificate of Appreciation - Given immediately to personnel for exceptional actions or performance (Ex. citizen's compliments)

Okolona Fire Protection District
Division of Emergency Medical Services
Standard Operating Guidelines Receipt

I_____acknowledge receiving an electronic copy of the **202____** version of the Okolona Fire Protection District Division of Emergency Medical Services Standard Operating Guidelines (SOG's). I also understand that these Standard Operating Guidelines shall be interpreted so as not to conflict with any applicable Okolona Fire Protection District SOG/SOP and that violation of any part of this EMS SOG or OFPD SOP or the OFPD Employee Handbook may subject me to KRS 75.130 disciplinary action. If I have any questions at any time; I will forward them to my immediate Supervisor to ensure that I have the appropriate information.

_____ _____
Name Printed Date

_____
Signature