



EMERGENCY MEDICAL SERVICES STANDARD OPERATING GUIDELINES

OKALOOSA COUNTY EMERGENCY MEDICAL SERVICES

Mission Statement:

“We protect the health, safety, and welfare of our community with pride and professionalism!”

Purpose:

The following Standard Operating Guidelines (SOG) Manual is a guideline for employees of Okaloosa County Emergency Medical Services (OCEMS) to follow while on duty.

The SOGs are in no way intended to replace or override any policies set forth and contained within the Okaloosa County Human Resources Policy Manual.

If any questions should arise regarding the interpretation of the material contained herein, it will be referred to the Shift Commander. If questions cannot be answered at that level, the questions may be directed to the EMS Chief or Public Safety Director.

In addition, the SOG Manual is designed to promote the teamwork concept and maintain consistency among our employees during daily operations.

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OCEMS STANDARD OPERATING GUIDELINES

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Title: OCEMS Standard Operating Guidelines (SOGs)
SOG#: 01
Effective Date: October 2008

Purpose: To provide standard operating guidelines for general EMS operations. This SOG manual is not a contract and nothing contained herein shall give contractual right.

Policy:

1. Once hired, the employee must read the SOG manual carefully and become familiar with its contents.
2. Your immediate supervisor should be consulted in order to clarify any questions regarding the material contained in the manual.

Responsibility: The SOG Manual contains departmental guidelines and procedures, serving as a behavioral guide. It is important that the employee read each SOG carefully to gain a thorough understanding of each one.

Title: General Procedures/Rules
SOG#: 02
Effective Date: October 2008

1. No employee will report for duty under the influence of or in possession of any intoxicant; i.e., alcohol, illegal drug, or other compound. Nor shall they appear at the station off-duty while under the influence of or in possession of any of the above-mentioned substances. An illegal drug is any drug, which is not legally obtainable; may be legally obtainable but which has not been legally obtained; or is being used in a manner or for a purpose other than as prescribed.
2. Scuffling, horseplay, or any other form of physical encounters not compatible with standard of conduct will not be permitted while on duty.
3. At no time should confidential matters, activities, or duties be discussed outside of the department.
4. All personal business shall be conducted off duty, unless the Shift Supervisor grants permission.
5. The use of tobacco products shall not be permitted inside any department facility or in any county vehicle during any response or when dealing with the general public.
6. Profane and abusive language will not be used while on duty.

No property of Okaloosa County shall be loaned, borrowed, sold, given away, or disposed of without prior written authorization of the EMS Chief. No computer software or programs may be added to Okaloosa County computer equipment unless approved by the Information Systems Department.

Telephones:

1. All employees of the department shall maintain an active telephone for contact. The employee shall furnish the department with their telephone number and must keep the department informed when their telephone number changes.
2. The proper procedure for answering any station or facility telephone is to answer by giving the station number and the individual's surname.
3. Personal phone calls:
 - a. Will never interrupt patient care and shall be a reasonable length of time (20 minutes or less).

- b. No long distance calls charged to the County will be made without prior approval from the Shift Commander. All long distance calls will be logged in the station logbook.
- c. If the call waiting signal beeps on any county telephone (land line or mobile), the call must be answered.

Memorandums/Information Bulletins:

All official memorandums of the department will be sent to every employee via email. The employee will notify the Shift Commander that the memorandum was received via email reply. Amendments to the SOGs shall be placed in the SOG Manual and the amended page removed by the Shift Commander.

Meals:

1. Meal breaks will not be permitted prior to the completion of the daily station or vehicle duties, and will not conflict with the daily work schedule.
2. Meals should be eaten in as short a time as practical and shall at no time require more than one hour per meal.
3. Crews will eat meals in establishments as deemed appropriate by the Shift Commander or EMS Chief. Prior to eating a meal, the crew will notify dispatch of its intent and location.
4. At no time will multiple units eat at the same establishment at the same time.
5. Variances must have prior approval from the Shift Commander.

Emergency Personnel Recall:

1. All off-duty personnel are subject to emergency recall.
2. Failure to respond to a special recall, unless excused, shall be subject to disciplinary action.

Visitors:

1. All visitors will be limited to periods that will not interfere with the work schedule or training periods.
2. Visitors shall be greeted, presence made known, and treated with courtesy.
3. Visitors are not allowed in the stations or in ambulances unattended. No visitors are permitted in the bunk rooms.

4. No visitors are permitted before 1100 hours or after 2200 hours.
5. No visitor or student shall be given the combination to the stations.

Title: Adherence to Patient Care Protocols
SOG#: 03
Effective Date: October 2008

Purpose: To ensure that the care rendered to patients by EMS personnel meets a recognized standard, and adheres to specific protocols.

Policy:

Each new employee will receive a copy of OCEMS medical protocols at the beginning of their orientation.

The Shift Training Officer will perform monthly QA review of calls on their respective shift. Reports will be evaluated for compliance with department protocols and standard of care. Any run report requiring formal review will be forwarded to the Medical Director.

Responsibility: It is the responsibility of all patient care providers and management staff to ensure that the proper medical protocols are being followed. The OCEMS Medical Director has the right to change the medical protocols as needed, to meet the current standard of care.

Title: Ambulance Staffing
SOG#: 04
Effective Date: October 2008

Purpose: To ensure compliance with state requirements and current standards of care.

Policy:

When transporting a patient, the patient shall be accompanied in the patient compartment by the crewmember with a certification level applicable to the patient's medical status (ALS, BLS). The medical status will be determined by the paramedic on-scene.

- a. Paramedic (ALS Patients)
- b. Emergency Medical Technician (BLS Patients)

This procedure applies to all situations where:

- a. A patient is being transferred from a residence or an extended care facility to an acute care facility for emergency treatment or admission.
- b. Any inter-facility transport, including those with an RN, MD, respiratory therapist, flight crew, etc., in attendance.
- c. Emergency Medical Technicians will be permitted to ride with the patient in the patient compartment only after the Paramedic has assessed the patient and has determined that the patient is stable and only requires BLS interventions and no ALS interventions have been performed. Remember the paramedic is ultimately responsible for care given by the EMT.

Responsibility: All EMS employees and management staff.

Title: AutoPulse Operating Use and Battery Care
SOG#: 05
Effective Date: October 2008

Purpose: To ensure proper utilization of the AutoPulse, AutoPulse batteries and the battery support system.

Policy: To ensure that the AutoPulse, AutoPulse batteries and battery support system are properly utilized, the following procedure should be followed:

General:

1. Each AutoPulse will be equipped with 3 batteries and 1 AutoPulse Power System (charger).
2. Each battery will be permanently marked in numerical order, 1 through 3. Each battery will also be marked indicating the AutoPulse to which it belongs. Batteries should remain with the assigned AutoPulse, if at all possible.
3. During the daily charging routine, each battery will be rotated through the AutoPulse in numerical order.
4. The batteries will be charged and reconditioned utilizing the Power System. Batteries placed in a charging bay are automatically charged in 4 ¼ hours (maximum). Every 10th charge/discharge cycle (use of greater than 1/3 the batteries charge capacity) the Power System will perform a test-cycle. This process takes a minimum of 10 hours, but may take as long as 30 hours if additional testing is required by the Power System. Batteries should not be removed from the Power System during the charge-cycle or the test-cycle, if at all possible.
5. On the first of each month, all batteries should be optimized by manually conducting a test and conditioning cycle. This is done by placing the battery in the charger and manually initiating the cycle by pressing the "START TEST" button. Since this operation takes a minimum of 10 hours, only one battery should be conditioned at a time. Once completed, the date of this test cycle, as well as the initials of the individual completing the test, should be listed in the appropriate place on the back of the battery.
6. Any problems should be reported immediately to the Shift Commander for resolution.
7. Two Lifebands will be carried with the AutoPulse. One will be attached to the device and the other kept in the carrying case as a spare. If you use the device contact logistics for a replacement Lifeband.

Daily Maintenance:

1. Each AutoPulse should contain a fully-charged battery in the battery compartment at all times. A second fully-charged spare battery should be maintained on the ambulance at all times. The third battery should be kept in the AutoPulse Power System to ensure a fully-charged battery is always available for use.
2. At the beginning of each shift, the AutoPulse batteries will be rotated as follows:
 - a. The fresh battery on the charger should be placed in the AutoPulse.
 - b. The AutoPulse battery should be moved to the backup position on the ambulance.
 - c. The backup battery should be placed in the battery charger.
3. Any time the AutoPulse is used on a patient, the battery used must be removed and fully charged. The rotation and charging of batteries after such use should be initiated in a manner that ensures all batteries contain full charges when completed.

Operational Procedures:

1. The AutoPulse should be used only as indicated, as outlined in the training provided for the device. For a review of the indications, general warning and precautions for the use of the AutoPulse, an AutoPulse User Guide is available at each station.
2. If at any time during its use, the AutoPulse becomes inoperable, a system error occurs, or there is any question about its continued use, the crew should discontinue use of the AutoPulse and revert to manual CPR.
3. In the instance you arrive on scene of a cardiac arrest patient who has had an AutoPulse placed by the Fire Department, that patient should remain on the FD AutoPulse for transport to the appropriate medical facility. The Okaloosa County EMS AutoPulse will be given to the FD crew for use until such time as the equipment can be returned by EMS. Every effort should be made to have the FD AutoPulse returned and exchanged as soon as reasonably possible, with the assistance of the EMS shift commander, if necessary.
4. If an agency, other than Okaloosa County EMS, is the transporting agency (i.e. Gulfight or other helicopter), the AutoPulse should be left on the patient

and its use continued during transport to the appropriate medical facility as long as the helicopter has an AutoPulse unit they can leave with the EMS unit. Several local hospitals are in the process of obtaining the AutoPulse so there can be an effective exchange if necessary, but in the meantime, exercise prudent judgment and remain with the device until the code is called or the hospital takes over resuscitative efforts.

Responsibility: It is the responsibility of each EMT and paramedic to ensure that there is adherence to procedures necessary to ensure the effective use of the Zoll AutoPulse System, as well as the orderly exchange of the equipment between Okaloosa County EMS and other agencies. It is also the responsibility of the paramedic to ensure that there is an adequate supply of fully operational batteries on board the ALS ambulance to facilitate use of the Zoll AutoPulse.

Title: Certification/Recertification
SOG#: 06
Effective Date: October 2008

Purpose: To ensure that all State required certification and training records are current and maintained on file with OCEMS.

Policy:

1. The following certifications must be current and on file with OCEMS Training:
 - a. BCLS card (mandatory for EMTs and Paramedics).
 - b. State EMT and/or Paramedic certification card.
 - c. ACLS card (mandatory for paramedics).
 - d. Valid Florida driver's license.
 - e. Emergency Vehicle Operators Course (EVOC) certification (16 hour).
 - f. Pediatric and Trauma certifications, within 2 years of employment date.
 - g. Failure to maintain any required certification card or license can result in immediate suspension without pay until such time as the documents can be produced.
2. It is the employee's responsibility to provide the Shift Training Officer with copies of any new certification or recertification.
3. Grounds for disciplinary action by the department and/or the State of Florida include, but are not limited to the following:
 - a. Procuring, attempting to procure, or renewing a certification/license by any fakery, fraudulent action or misrepresentation.
 - b. Being convicted, found guilty, or a plea of nolo contendere regarding a crime that relates to practice as an EMT or paramedic in any jurisdiction.
 - c. Unprofessional conduct, including but not limited to any departure from or failure to conform to the minimal prevailing Standards of Acceptable Practice.

- d. Engaging in, or attempting to engage in the illegal possession, sale or distribution of any controlled substance.
- e. Practicing as an EMT or paramedic without reasonable skill and safety to patients by reason of illness, drunkenness, or use of drugs, narcotics, chemicals or any other substance or because of any mental or physical disease or disorder.
- f. Sexual misconduct with a patient or another employee.
- g. Failure to report to the Shift Supervisor any person(s) who an employee knows is in violation of any of the above.

Responsibility: It is the responsibility of each employee to maintain current certification established by the State of Florida and this Department, as applicable to his/her employment position. Each employee will also insure that said certification is on file with OCEMS, available for inspection by a representative of the Bureau of EMS. The Shift Training Officer is responsible for maintaining the employee training files and performing monthly inspections of those files.

Title: Communications Center
SOG#: 07
Effective Date: October 2008

PURPOSE: To establish procedures for interacting with the Communications Center.

POLICY: The Communications Center is the primary answering point for all 9-1-1 calls placed in Okaloosa County. There are many duties other than Fire or EMS call taking and dispatching that occur in the Center.

1. The following examples should be a guideline for your interactions with the Communications Center:
 - a. **Appropriate:** Calling for times, clarification of assignments, notification of immediate truck problems, safety, response, access issues, and inability to contact supervisor.
 - b. **Inappropriate:** Any contact with dispatch concerning operational issues that have not gone through the Shift Commander first, such as: "Why am I going?", "I'm going out of service", or "How long will I be North/South?"
 - c. **Visits or Standbys:** If a unit wishes to visit or standby at the Communications Center, they should first contact the on-duty Communications Shift Supervisor to determine if other activities are going on where that visit would be a distraction.
2. **While in the Communications Center all personnel should be sensitive to excess noise and call load. Any 9-1-1 call data being observed is sensitive information and should not be discussed outside the Communications Center.**
3. Any problems that occur between yourself and the Communication Center personnel should be referred to your Shift Commander who will investigate the situation.

Responsibility: It is the responsibility of all employees to abide by the above guidelines to ensure effective department-wide communications.

Title: **Compensatory Time**
SOG#: **08**
Effective Date: **October 2008**

Purpose: To ensure proper accountability in the documentation of Compensatory Time (Comp. Time).

Policy:

1. Compensatory time may be used only as a means of compensating an employee for overtime work actually performed.
2. The employee may accrue compensatory time as an alternative to overtime pay.
3. All compensatory time will be issued in accordance with the Okaloosa County Compensatory Time Policy contained in the Okaloosa County Human Resources Policy Manual.
4. Compensatory time will be documented as follows:
 - a. All time will be documented on the official county time sheet and submitted to payroll.
 - b. Date, time and assignment circumstances in which compensatory time was accrued.
6. The Payroll Department will track accruals and usage of Comp. Time.

Responsibility: It is the responsibility of all OCEMS employees to ensure that all on-the-job time is logged and tracked accurately.

Title: Continuing Education
SOG#: 09
Effective Date: October 2008

Purpose: To assist and encourage employees to improve their knowledge of EMS and ambulance operations, to maintain their current levels of training, and provide continuing education to meet recertification requirements.

Policy:

1. Okaloosa County Emergency Medical Services has developed continuing education for EMTs and paramedics that are consistent with the National Guidelines from NHTSA utilizing the D.O.T. National Standard Curriculum.
2. Continuing education will be provided by the department, as required by the State, as necessary to become familiar with new equipment, and/or as deemed necessary by the EMS Chief and Medical Director. All personnel are expected to complete the necessary requirements for recertification as outlined in Chapter 401 F.S. and Chapter 64-J F.A.C. All paramedics are required to attend ACLS and CPR updates as well as all elements of the Okaloosa EMS Comprehensive Training Program (CTP).
3. All full-time Okaloosa County EMS employees will be required to complete a minimum of three hours of training under the CTP each month. HIV/AIDS, ACLS, CPR and other mandated courses will be provided as part of the CTP and shall be completed as a priority. The Shift Training Officers will be able to certify all completed CTP training and document it accordingly in each individual employee's training file. Compliance will be checked monthly, deficiencies will be forwarded to the Shift Commander and deficient employees will be given a suspense date by which to complete the training.

NOTE: All personnel are required to provide a copy of all certifications and proof of Continuing Education to the Shift Training Officers. This information will be maintained in each employees training file.

Responsibility: It is the responsibility of all employees to maintain required certifications and attend continuing education programs as they are offered.

Revised: 3/2011, 1/2014

Title: Controlled Substances
SOG#: 10
Effective Date: October 2008

Purpose: To provide procedures for the receiving, handling, recording and disposal of medications classified as controlled substances by the DEA.

Policy:

STORAGE

Controlled substances for field distribution are secured in a lock box, kept within the drug safe, located in the Shift Commander's office. The Shift Commander's office is kept locked in their absence.

To access the substances kept in the Shift Commander's office, three separately keyed locks must be opened.

- a. The keys to the controlled substance cabinet and lock must be obtained from the Shift Commander. Only the EMS Chief and the on duty Shift Commander are "authorized" to have access to this secured box.
- b. The lock box containing the controlled substances is substantially constructed, kept securely locked, and bolted to the floor.

Vehicles:

ALS vehicles are stocked with 20mg of Morphine, 20mg of Valium and 20mg of Versed. To access the controlled substances, three separate locks must be opened:

- a. The door(s) leading into the patient compartment should be kept locked. NOTE: The only time the ambulance may be left unlocked is when on the scene and being used for patient care, or when it is inside a locked station garage.
- b. The locked compartment, required by GSA KKK-A-1822C, must be opened (the paramedic in charge keeps this key on their person).
- c. The lock box must be opened (the paramedic in charge keeps this key on their person).

INVENTORY

Shift Commander:

At shift change, and with every change of Shift Commander, the off -going and on-coming Shift Commander will jointly examine all of the controlled substances in storage and verify that all are accounted for and free from damage. This examination will be documented in the appropriate log in the manner described in the written log section.

At every change of shift, all controlled substances carried on the Shift Commander's vehicle will be examined and inspected to ensure that no items are out of date, deteriorated, or damaged. A record of this inspection is made in the appropriate log and will include the medication, the date, results of the inspection, the legibly printed names, EMS unit numbers and signatures of the persons completing the inspection. If any deteriorated, damaged or out of date materials are found, they must be transferred for final disposition.

Vehicles:

ALS vehicles are stocked with 20mg Morphine, 20mg Valium and 20mg Versed. At shift change, and with every change of the paramedic in charge, the oncoming and off-going paramedics in charge will jointly inspect the controlled substances and verify that all are accounted for, free from damage and debris, the plastic covers rotate freely (where applicable) and any/all seals are intact. This inspection is noted in the appropriate log in the manner described below.

If a vehicle needs to have a controlled substance replaced after usage or because the drug has expired, the paramedic in charge will contact the on-duty Shift Commander and request the appropriate drug. The name of the drug, expiration date, amount received, if the drug was used or expired, printed name and signature of the paramedic receiving the drug, and the printed name and signature of the Shift Commander is to be documented on the written log.

WRITTEN LOGS

Shift Commander:

A written log with permanently numbered pages is maintained for each controlled substance kept at the Shift Commander's office. This log will include: date of inventory, additions or deletions from stock, notation of the daily inspection, inventory tracking numbers, and the signatures of those persons completing the inventory. The written log will be kept for a period of at least two years and separate from all other files.

Vehicles:

A written log with permanently numbered pages is maintained for each controlled substance kept in the locked compartment. This log will include: the vehicle number, EMS unit numbers and signatures of the paramedics completing the inventory, medication name, medication unit quantity (i.e., 10 mg morphine x 2), expiration dates, run report numbers, the legibly printed name, certification number and signature of the administering paramedic(s), and the legibly printed name, EMS unit numbers and signatures of those persons completing the inventory.

DISCREPANCIES

Shift Commander:

In the event that any discrepancy is noted concerning the log or controlled substance stored at the Shift Commander's Office, three (3) actions are to be taken.

- a. The Shift Commander finding the discrepancy will immediately notify the EMS Division Chief via e-mail.
- b. The Shift Commander will investigate the incident and submit a report giving the facts surrounding the discrepancy.
- c. The EMS Division Chief will investigate the incident and immediately report the findings to the Public Safety Director and the Medical Director for final disposition.

Vehicles:

In the event that any discrepancy is noted concerning the log or the controlled substances carried on the vehicles, five (5) actions are to be taken.

- a. The paramedic finding the discrepancy will immediately notify the Shift Commander verbally and in writing.
- b. The Shift Commander will document, in writing, the facts surrounding the discrepancy.
- c. The Shift Commander will meet with the paramedic for the replacing of stock and to conduct an investigation. The Shift Commander will use his/her discretion in determining if an additional written report is required.
- d. The Shift Commander will notify the EMS Division Chief.
- e. The EMS Division Chief will review the incident, investigate further, if necessary, and report findings to the Medical Director and Public Safety Director for final disposition.

Usage and Disposal:

When a drug is used and the remainder needs to be wasted, the paramedic in charge or the Shift Commander will document the amount of drug used and/or wasted, date of usage, expiration date, name of the drug, and the printed name and signature of the charge paramedic and/or Shift Commander. A witness must observe the wasting of any controlled substance. The witness will print and sign their name on the written log. Any expired medication should be disposed of in the same manner.

Responsibility: It is the responsibility of all EMS employees to ensure that the accurate tracking and security of all narcotics is maintained.

Title: Cooperation and Customer Service
SOG#: 11
Effective Date: October 2008

Purpose: To ensure good rapport and cooperation with other agencies in a professional manner.

Policy: In those cases where a conflict has surfaced and further communication will not solve the problem, it will be necessary to document the incident on an exception report and forward it to your Shift Commander. Often, follow up after the incident in a controlled environment will help clarify all sides of the problem and prevent reoccurrence.

Responsibility: Each employee is expected to develop his/her communication skills to their fullest. Good communication skills will usually prevent personality clashes and the possibility of a misunderstanding.

Title: **Crime Scene Operations**
SOG#: **12**
Effective Date: **October 2008**

Purpose: To provide procedures for OCEMS personnel responding to crime scenes.

Policy:

Crime Scene:

1. Any location at which evidence of a crime or suspected crime is found, including, but not limited to; homicide, suicide, rape, pedestrian struck or other MVA involving serious injury or death, assault or discovery of drug paraphernalia, shall be considered a crime scene. Any location at which a DOA is found is to be considered a crime scene until otherwise designated by proper authority. The time of death and the paramedic's name must be on run reports for all DOAs.
2. Once a presumptive diagnosis of death is made, It is the role of the Medical Examiners Office to determine the cause and time of death. Every effort will be made not to disturb physical evidence at a crime scene, especially in the case of DOA where there is not a critical time factor, and extra care can be taken to perform required tasks.
3. All EMS personnel are expected to utilize good judgment in the recognition of, and subsequent operation at any crime or suspected crime scene.
4. After evaluating the scene for personal hazards and the presence of a proper authority, the rendering of immediate patient care and transportation is the primary responsibility of EMS personnel.
 - a. Patient care shall not be compromised in order to protect the crime scene or any evidence. However, patient care shall be rendered without undue disturbance of the scene.
 - b. If proper authority is not present, at a suspected crime scene, EMS personnel will notify the Dispatcher to have law enforcement respond to the scene.
5. All EMS personnel when operating at actual or suspected crime scenes shall:
 - a. Consider the entire location (e.g., house, apartment, park, roadway, etc.) as being involved in the crime scene.

- b. Upon entering or leaving the scene, use a single path of travel, if possible, and have all personnel entering or leaving the scene utilize the same path.
- c. Limit the number of EMS personnel from entering the scene to those needed to evaluate, treat and/or remove the patient(s). All non-essential personnel are to remain outside the crime scene area until their services are needed.
- d. In absence of law enforcement at the scene, attempt to limit access to the scene by bystanders, family members and witnesses. EMS personnel shall not restrain, eject or otherwise physically restrict the movements of anyone at the scene, but should bear in mind that allowing unnecessary persons into the scene may impede the investigation of the crime.
- e. After establishing a presumptive diagnosis of death, refrain from otherwise moving or disturbing any dead body. In addition, no obviously dead victim of a hanging shall be cut down, nor any bound body untied following determination of death.
- f. Refrain from covering any corpse, except if in public view.
- g. Refrain from eating, smoking, or drinking at the scene
- h. Refrain from using the telephone at the scene for anything but extreme emergencies.
- i. Refrain from using the sink, toilet or any other conveniences at the scene.
- j. Remove nothing from the scene and refrain from handling any object or entering any area of the scene more than is absolutely necessary in order to evaluate, treat and/or remove patients, as such actions may impede the investigation of the crime.
- k. Cooperate with requests made by law enforcement, if possible, concerning the disposition of the patient(s) and/or dead body/bodies as long as such requests are in accordance with EMS procedures.
- l. Communicate any information or observations pertinent to the investigation of the scene to the proper authority at the scene when requested to do so.
- m. Restrict comments and/or opinions to known facts when communicating with other authorities. No statements shall be

disseminated to the media, civilians or other agencies as this may also impede the investigation.

- n. Complete all written records pertaining to the call accurately, using specific language to indicate the position in which the patient was found, the presence of visible wounds and other pertinent data (e.g. presence of rigor mortis and/or extreme dependent lividity). Bear in mind, run reports are legal documents, subject to court subpoena, and must be complete and accurate.

Responsibility: The primary responsibility of EMS personnel at the scene of a crime is the provision of emergency medical care to those persons who may require such care; however, EMS personnel should be aware of the responsibilities of other agencies, which may be operating at the crime scene. The actions and observations of EMS personnel at a crime scene are frequently an important part of court testimony, requiring accurate documentation at the time of the event.

Title: Damage to County Property/Theft of County Property
SOG#: 13
Effective Date: October 2008

Purpose: To provide reporting and investigative procedures in the event of equipment theft or damage.

Policy:

1. Any damage to county property and equipment will be immediately reported to the Shift Supervisor. In addition, an Exception Report will be completed and submitted.
2. The Shift Supervisor will conduct an internal investigation and report the findings to the EMS Chief.
3. Any employee found not reporting lost or damaged property, supplies, and equipment will be subject to disciplinary action up to termination of employment.
4. Any employee found stealing, or using county property without authorization, will be subject to disciplinary action and a report will be filed with the local law enforcement agency.

Responsibility: Employees will be held financially responsible for any loss or damages to county property, equipment or supplies caused by employee negligence or abuse.

Title: Drug Kit Procedures
SOG#: 14
Effective Date: October 2008

Purpose: To provide procedures for the replacement of drug kits (s) after each use.

Policy:

Sealed drug kits will be stored in the Emergency Department of North Okaloosa Medical Center, Twin Cities Hospital and Logistics. The drug kits at these facilities will be sealed with numbered tags.

When a drug kit is used, the Paramedic will turn it in and replace it with a new kit.

Replacement Procedure:

1. Remove all used sharps from the used drug kit (dispose of in the approved manner).
2. Label any contaminated or hazardous drug kits **on the outside**.

Rotation of Drug kits will be from the Emergency Department to the vehicle. There will be only one drug kit on each unit.

Responsibility: It is the responsibility of all OCEMS employees to ensure that their drug kits are appropriately stocked and maintained.

Title: Staffing/Duty Shift/Mandatory Overtime
SOG#: 15
Effective Date: October 2008

Purpose: To provide continuous and adequate staffing to maintain EMS operations for 11 ALS ambulances daily. Two 2 BLS ambulances are staffed Monday – Friday for a total of 13 transport units on weekdays.

Policy: Employees are free to leave when the assigned duty shift ends, but only after the on-coming shift personnel have arrived, and all operational responsibilities have been fulfilled (i.e., run reports completed, paperwork, vehicle fueled and cleaned, supplies restocked, etc.). Any unfinished work at the end of a shift must be done as expeditiously as possible.

Staffing Contingencies:

Every attempt will be made to plan for coverage in advance. Open/available shifts will be placed in the TeleStaff schedule as soon as possible. Employees may only sign up for open shifts according to their certification. Paramedics may only sign up for open paramedic positions and EMTs for open EMT positions.

Once an employee has signed up for an available shift, he/she is responsible for covering the shift. If the employee later decides that they do not wish to fill the open shift it is that employee's responsibility to find coverage.

Shift Commanders will make a dedicated effort daily to fill open positions no fewer than seven days in advance. Open positions will be filled in the order of the following strategy:

1. Relief employees – not on overtime
2. Off duty fulltime employees – on overtime
3. Relief employees – on overtime
4. Mandatory on-call fulltime employees
5. On duty Shift Training Officers
6. Off duty Shift Training Officers (mandatory)
7. Off duty Shift Commanders (mandatory)
8. On duty Shift Commanders (EMS Chief will be called in to assume command)

If necessary, and with approval of the EMS Chief, BLS ambulances may be utilized on weekends by combining un-partnered EMTs, using relief EMTs or recalling EMTs on call.

If necessary, and with approval of the EMS Chief, ALS ambulances may be put in service by combining un-partnered Paramedics, using relief Paramedics, or recalling Paramedics on call.

If necessary, employees will be required to stay beyond the scheduled duty shift. This may be necessary to cover pending calls or to await relief. The additional hours are considered mandatory. Every effort will be made to assist employees who may have scheduling problems; however, no less than 10 ALS ambulances must be maintained in service at all times.

When staffing is below 9 ALS ambulances at shift change, off going command staff (Lieutenant and/or Captain) will remain on duty and report to an unmanned ambulance until such time as adequate staffing is achieved.

On duty Shift Training Officers will fill any second-half opening that has not been filled with relief or off-duty (volunteer) full time employees.

On-Call Strategy:

Employees may be ordered into work for any of the following reasons, but not limited to:

- Coverage for sick/vacation leave or other staffing deficiency
- Deployment to other areas of the state
- Any large scale incident in-county
- Any naturally occurring or manmade disaster

Use of On Call (Stand-by) For Coverage:

Management wants to provide the least amount of disruption to the employee while maintaining adequate staffing requirements.

All full time non-exempt shift personnel permanently assigned to an ambulance are subject to being on call (stand-by). Those on call do receive pay in accordance with the County's HR Manual which reads:

"A non-exempt employee on stand-by, regardless of whether he or she is called to work, will be paid the following:

(1) One hour per day on weekdays;

(2) Two hours per day on weekends and county-approved actual calendar holidays.

Stand-by pay will be at the employee's applicable straight time or overtime rate. Any employee called into work while working standby will also receive pay for all hours worked at his or her applicable straight time or overtime rate. Hours worked includes travel time from and to the employee's home."

The schedule for being on call will be posted in TeleStaff along with the work schedule. On call dates and times can be swapped, through mutual agreement, by following the same procedures outlined for shift swaps and with the approval of the Shift Commander for the shift on which the standby occurs.

All employees of the department shall maintain an active telephone for contact. The employee shall furnish the department with their telephone number and must keep the department informed when their telephone number changes.

The employee on-call is to be available by this phone for the entire time they are scheduled to be on call, and will receive stand-by pay accordingly. There may be emergency situations that require on call personnel to be contacted more than once during their on-call period. Attempts will be made to minimize the number of calls they receive during their standby.

The on-call employee may sign up for scheduled overtime, but not to exceed twelve (12) hours as they still will be responsible for coverage for the remaining 12 hours of the assigned standby period.

On Call Responsibilities:

Employees on standby are free to come and go as they see fit. However, it is the on-call employee's responsibility to monitor and answer their phone, respond to messages within thirty (30) minutes, ensure the battery is charged (if a cellular phone), and that the device is working properly.

Employees on standby will report to duty as requested within 2 hours of recall and in the expected physical condition needed to perform those duties.

There may be circumstances that would prohibit you from responding to work when paged. These will be considered on a case by case basis by the EMS Division Chief and the applicable Shift Commander.

Responsibility: All employees, including members of the command staff, are responsible for the maintenance of adequate staffing. The EMS Chief, Shift Commanders and Shift Training Officers will have a daily understanding of the seven-day staffing forecast and will make themselves available for staffing requirements whenever necessary. Each employee is expected to arrive at work on time and in a clean and pressed uniform prepared to work. Once the shift begins, the employee is expected to work until relieved from duty. Employees on call are expected to be available and report for duty when recalled. Employees, who abandon their on-call or regular duty obligations before the end of their shift without the permission of a Shift Commander, are subject to appropriate discipline up to and including termination.

Revised: 4/2014, 07/2014

Title: Educational Leave Policy
SOG#: 16
Effective Date: October 2008

Purpose: To provide guidelines for requesting/scheduling educational leave.

Policy:

The Shift Commander will meet with each employee requesting leave for educational purposes 30 days prior to the start of an educational period.

Employees wanting to attend educational courses **must** provide their Shift Commander the following information 30 days prior to the start of courses:

- a. Name and EMS unit number, employee status (EMT or Paramedic), assigned unit and shift.
- b. Name of college or technical facility.
- c. Information on the duration of the course or program (Paramedic program or semester term).
- d. Information on the exact days and times needed to attend desired course or program.
- e. Type of leave that will be used (annual or compensatory time).
- f. Total number of leave hours needed to complete the semester or educational period.

The request for educational leave will be evaluated based on the above information.

Note: There is to be one educational leave slot available per day from 0700-2200 hours to cover employees attending pre-approved educational courses or programs, aside from the standard leave policy.

A standard leave position may be utilized for educational leave under the following circumstances:

- a. There are less than two personnel (excluding the Shift Commander) currently approved and scheduled for leave on the day requested.
- b. The above situation presents less than 13 days prior to desired educational leave date.

Responsibility: It is the responsibility of the Shift Commander to ensure that the Educational Leave is applied equally and fairly. It is the responsibility of those employees wanting to receive consideration for educational leave to provide their Shift Commander with all of the necessary information within the time frames specified.

Note: All leave may be cancelled during times of disaster or declared States of Emergency.

Title: Electronic Daily Status Report
SOG#: 17
Effective Date: October 2008

Purpose: To provide the procedure to be used and the information that needs to be included in the E-Daily Status Report.

Policy:

1. The e-mail will be sent to the on-duty Commander or Lieutenant.
2. The following information will be contained in the Daily Status Report:
 - Unit numbers of on duty personnel (as well as any student or orientee).
 - County inventory number of the vehicle in use by the crew.
 - The levels of all controlled substances.
 - Any discrepancies noted during the truck check out.
 - The County inventory number of any Backup Ambulances or QRVs parked at the station.
 - Any pertinent information that the on-duty Commander needs to be made aware of.
3. Daily status reports should be sent as soon as possible, after crew change (preferably by 0730).

Responsibility: It is the responsibility of the Paramedic performing the inspection of the narcotics to ensure that the required information is e-mailed to the on-duty Commander in a timely manner.

Title: E-mail Usage
SOG#: 18
Effective Date: October 2008

Purpose: To provide procedures for the use of OCEMS computers in order to facilitate the rapid transfer of information.

Policy:

1. Each employee will be issued an Okaloosa County EMS Windows screen name and e-mail address.
2. Employees should not disclose or change assigned passwords.
3. Employees will not use another employee's Windows screen or e-mail.
4. At the start of every shift, all on-duty employees will check their e-mail and respond to any e-mail that they have received.
5. Every shift, the paramedic on-duty will send the on-duty Commander a daily status report containing the information required by SOG.
6. All supply requests will be e-mailed to the logistics department.
7. At no time are you to leave the computer without logging off and powering down the computer.

Responsibility: It is the responsibility of each employee to be familiar with and utilize the e-mail system to provide operational and logistical information as required, as well maintaining the security of his or her computer password, screen and e-mail account.

Title: Emergency Recall
SOG#: 19
Effective Date: October 2008

Purpose: To provide standard operating procedures for the emergency recall of EMS employees during environmental emergencies or disaster situations.

Policy:

1. All full-time employees are to be prepared for a mandatory recall in times of environmental emergencies or disaster situations. Each employee will make available a list of contact numbers to include home phone, pager, cellular phone, 800 MHz, or other viable contact numbers. These numbers will be programmed into the Telestaff computer for auto recall.
2. Employees who have scheduled leave for times that coincide with conditions that may require an emergency recall will consider their leave cancelled until advised otherwise by a Shift Commander.
3. Once contact has been made by Telestaff that a recall is in effect, employees should contact the on-duty Shift Commander for assignment. Employees should report to their normal duty station and await further instructions unless otherwise instructed by the on-duty Shift Commander.
4. Once recalled, all employees will remain under mandatory recall until it is determined by the Public Safety Director that the recall is no longer needed.
5. In the event of an emergency recall, the utilization of 12-hour rotating shifts may be instituted depending on the estimated duration and severity of the situation.
6. The on-duty Shift Commander will notify the on-duty employees of the situation and try to make arrangements for them to make any personal preparations necessary.
7. The on-duty Shift Commander will designate someone at each station as a Station Liaison. The Station Liaison will be the point of contact for information to be disseminated to the other employees at that station.
8. The Shift Commander will report to the EOC. The Shift Commander will obtain information about the status of the emergency from EM-1, MedCom-1 or PS-1 and disseminate the information to the Shift Lieutenants and the designated station liaisons. The Shift Commander will also manage the operation of the field units unless there is a communication disruption.

Revised: 09/2012

9. The on-duty Shift Lieutenant will be stationed at the Bob Sikes Airport at the North Okaloosa Fire Station. The Shift Lieutenant will act as an operations contact for the North-End operations. The Shift Lieutenant will also be the point of contact for the North-end employees.
10. Once winds reach 50 mph sustained, all ambulance travel will be suspended until safe operating conditions return.

Responsibility: Each employee is responsible for being prepared for mandatory recalls at short notice. This is especially noteworthy during the hurricane season. Communications between all parties are paramount to the success of the operation. Each employee should make certain they understand where they will receive instruction or direction from regarding an emergency recall.

Title **Emergency Vehicle Operations**
SOG#: **20**
Effective Date: **October 2008**

Purpose: To provide guidelines for all employees when operating an EMS vehicle.

Policy:

When operating an EMS vehicle in emergency mode, you must use both visual and audible warning devices.

You should only exceed the posted speed limits within the constraints of safe operation. Speed is largely dictated as road conditions warrant, i.e., rain, traffic congestions, visibility, hazards, etc. School zone limits must be obeyed as posted.

A complete stop must be made at all red lights and stop signs. Proceed with caution through open intersections with a green light.

Passing should be done on the left of the vehicle being passed. If a vehicle fails to yield and you have to pass on the right, you must use extreme caution.

Seat belts are required any time the vehicle is in motion. This includes all occupants riding in the vehicle. The only exception is for attendants providing emergency patient care. Use of seat belts by patient attendants is strongly encouraged when practical.

Avoid backing the unit when possible. Where backing must be done, a spotter must be utilized. In addition, a spotter should be used any time there is questionable side, front or height clearances. In situations where a partner is occupied with patient care, the driver should utilize any available fire or law enforcement personnel to act as spotters. If none are available, the driver should place the vehicle in park, get out and observe the clearance around all sides before backing. A spotter should be positioned so the driver has clear visibility of the spotter's hand signals. Anytime the driver loses sight of the spotter, the vehicle must be stopped until the spotter is visible again. Backing must be done slowly and cautiously.

Once on scene, vehicles must be parked so that safe and efficient patient care can be delivered. Traffic flow must not be interrupted unless absolutely necessary.

Title: Equipment
SOG#: 21
Effective Date: October 2008

Purpose: To ensure proper accountability of County issued equipment/ property.

Policy:

1. Okaloosa County Emergency Medical Services will provide equipment and supplies as mandated by applicable state laws. Each employee is expected to take personal responsibility for equipment he/she uses while on duty. All breakage or loss must be reported immediately to the on-duty Shift Commander and documented on an Exception Report.
2. Equipment:
 - a. On-coming personnel are responsible for checking medical equipment at the beginning of each shift.
 - b. Immediately report any damaged or missing equipment/supplies to the on-duty Shift Commander and document this on the form as listed above.
 - c. Equipment that has been lost, stolen, broken, etc., will be replaced as soon as possible after it has been documented and reported.
3. Use of Property:
 - a. An employee, who has been provided county equipment, vehicles, materials, uniforms, etc., is expected to exercise reasonable care in the use and preservation of said articles.
 - b. Personal use of county-owned equipment is not permitted. Such equipment shall not be loaned or removed from any station without the approval of the EMS Chief or his designee.
4. Inventory Control:
 - a. Lost or stolen equipment will be reported to the on-duty Shift Commander immediately.
 - (1) This report will be in writing and will include as much information as possible, e.g., Okaloosa County property number and serial number.

- (2) The Shift Commander will coordinate with the logistics supervisor to make the decision as to whether a police report is required for insurance purposes.
 - b. Items no longer serviceable or needed will be returned to the Supply and Logistics Supervisor.
5. **Personal Property:** The personal property of any employee is not the responsibility of the Board of County Commissioners or the Department and, consequently, may not be replaced by the County, if lost, stolen or broken.
6. **Separation from Services:**
- a. Employees terminating employment with the department will be required to turn in all county uniforms and other property assigned to them. The cost of any issued property or equipment not returned will be deducted from the employee's last paycheck.
 - b. Once an accounting has been made of all items, the individual's last paycheck will be released.

Responsibility:

Items issued to the EMS stations throughout Okaloosa County are the property of the Board of County Commissioners. It is the responsibility of each employee and supervisor to ensure that this policy is adhered to. If an item becomes lost or damaged due to employee negligence or abuse, the responsible person will be required to reimburse Okaloosa County EMS for repair and/or replacement, in accordance with current county policy.

Title: Exposure Notification
SOG#: 22
Effective Date: October 2008

Purpose: To provide procedures in the event an employee is exposed to infectious waste, body fluids, needle stick, or other form of potentially infectious exposure.

Policy: The employee should report the occurrence immediately to his/her Shift Supervisor and complete a notice of injury and exposure report.

All forms should be forwarded to the designated Infection Control Officer (Shift Training Officer) as soon as possible with copies being filed in the employees' personnel file in the EMS office. The original should be filed in the employees' medical information file. The Infection Control Officer will forward original forms to the Risk Management Office within 24 hours or next business day.

Most potential exposures are relatively minor in nature and pose little risk to the employee. Proper use of universal and body fluid precautions will prevent almost all exposure risks.

Types of Exposure:

1. Needle stick: Needle sticks are the most common forms of exposure in the ALS environment. A needle stick is defined as any unintentional penetration of the skin by a used or otherwise unclean needle.
 - a. **A needle stick with a clean needle is not an exposure.**
 - b. A needle stick with a used needle that is dry or with little or no body fluid transference is of minimal risk but should be followed up with medical supervision.
 - c. A needle stick that results in gross body fluid transference is fortunately quite rare. This is the most dangerous form of needle stick and requires immediate medical attention.
2. Body Fluid: Body fluid exposure occurs when a patient's body fluid (blood, urine, fecal matter, saliva, semen, CSF, or other substances) enter the exposed employee's body through the eyes, mouth, or open uncovered wounds. Again, proper use of universal and body fluid precautions will prevent almost all exposure risks.

Body fluids on clothing or closed skin do not normally constitute an exposure. Prompt cleaning of the clothes and/or skin will eliminate risk. Okaloosa County is required to make clothes cleaning and decontamination

facilities available. Any employee with gross contamination of their uniform will notify dispatch and their Shift Commander immediately. Once the employee has been properly decontaminated, they may then return to duty. Contaminated uniforms should be double bagged and dropped off at the Logistics office for cleaning.

3. Respiratory: Respiratory exposure occurs when an employee shares a confined space with a patient who exhibits the signs of a transmittable respiratory infection and does not take proper universal precautions for whatever reason.

The Shift Commander to whom the exposure was reported will follow up with the Infection Control Officer for treatment of the exposed employee. All instructions must be followed to the letter. Exposed employees may be required to undergo medical testing and prophylactic treatment.

6. A post-accident drug screen is required when medical attention is sought for an exposure incident.

Responsibility: It is everyone's responsibility to practice safe techniques and use universal precautions when providing patient care. The OCEMS Infection Control Officer (Shift Training Officer) will track any incidence of exposure and perform follow-ups with the employee as needed.

Title: Exposure/Communicable Disease Testing and Prevention
SOG#: 23
Effective Date: October 2008

Purpose: To ensure compliance with current healthcare practices and policies.

Policy:

1. Tuberculin Testing: Tuberculin skin testing will be required on all personnel at the time they are hired.
2. Immunizations:
 - a. Personnel are expected to keep current tetanus immunization, i.e. every 5-10 years and when personnel sustain open trauma.
 - b. All EMS personnel will be offered immunization against hepatitis B at the time of their employment with the Department. This consists of 3 injections (0, 1 and 6 months). It is highly recommended that all personnel take this series, as the potential exists for occupational exposure. A Titre should be drawn every two (2) years to determine if anti body is still present. Federal Registry, Vol. 56, No. 235, Pg. 64179, D2. Injections are offered at no expense to the employee.

Responsibility: It is the responsibility of OCEMS to provide for the initial immunizations as listed above. The employee is responsible for maintaining further immunizations and testing. The exception is in reference to on-the-job exposures (refer to the OCEMS Infection Control Manual).

Title: Exposure/Infection Control
SOG#: 24
Effective Date: October 2008

Purpose:

The Okaloosa County Emergency Medical Services, Infection Control Manual is a teaching tool designed to educate OCEMS personnel about disease prevention/contamination. The goal is to prevent infection in the patient, EMS personnel and/or their families.

- All employees are responsible for complying with the policies and procedures outlined in the Infection Control Manual.
- Employees are not allowed to store food in the patient compartment of the ambulance. Employees will refrain from eating, drinking or cleaning contact lenses when in the patient compartment. Women should refrain from applying makeup.
- The occupational hazards of HIV, Hepatitis and other communicable diseases are very real. This manual is a means to minimize the health risks associated with patient care. It is vital that these guidelines are observed at all times from the pre-call to the post-call clean up.
- Employees will have their PPE (Personal Protection Equipment) available at all times while on duty. Exam gloves will be worn with every patient contact; however, they must be removed prior to entering the driving compartment of the vehicle.
- Employees will have a spare uniform available in station at all times. If an employee's uniform becomes contaminated during the duty day, it will be placed in a biohazard bag and taken to the field office for decontamination in the OCEMS extractor. Any contaminated body surface areas will be washed thoroughly.
- Employees will wear their PPE as outlined in this manual. If an employee feels that the PPE may interfere with patient care or is a safety hazard, they may elect not to wear it. However, they must document why it was not worn. The Infection Control Officer will review the documentation. If it is determined that an employee is consistently not wearing their PPE without adequate reason they will be counseled, retrained and disciplined as indicated by the severity of the offense.

Policy: This policy applies to all personnel who have a potential for occupational exposure to blood or other infectious material. OCEMS assures that all personnel

who are at risk of occupational exposure will participate in a training program designed to provide the information required by Federal, State and local law.

Responsibility: Okaloosa County Shift Training Officers are responsible for training and implementation of this program. In their absence, the following personnel are responsible for administering the program:

EMS Shift Commanders
EMS Medical Director
EMS Division Chief
Public Safety Director

OCEMS will develop plans to ensure compliance with this program should any areas of deficiency be identified. The manual guidelines are:

Prevention
Personal Protective Equipment (PPE)
Baseline and Annual Screening
Immunizations
Cleaning and Disinfection
Infectious Waste Disposal
Post-exposure Management
Medical Attention, Counseling, Consent and Testing

Title: Fire Ground Rehab
SOG#: 25
Effective Date: January 2010

Rehabilitation Sector

Purpose: To provide medical observation and rehabilitation to personnel on fire grounds, EMS scenes, and training operations. Victims on such scenes may be evaluated at the rehabilitation sector.

Scope: This guideline is to be followed by all members of this department. The Incident commander has full control of the scene; he/she is solely responsible for any deviation from this guideline.

General: To ensure that the physical and mental condition of the members operating at the scene of an emergency or a training exercise does not deteriorate to a point that affects the safety of each member or that jeopardizes the safety and integrity of the operation, the following guidelines need to be followed:

Rehab Sector Operations

Fire and EMS personnel involved in fire ground operations at the scene of an incident should be evaluated at a Rehab Sector. In most cases, using two air cylinders or at 45 minute to one-hour intervals, crews will be rotated through the Rehab sector for rest, evaluation and treatment.

The incident commander will determine when to establish a Rehab medical sector. The accountability officer will be in communication with the Incident Commander and the Rehab Sector to assign relief or back-up crews to replace crews that are going to Rehab.

Crews reporting to Rehab should check-in with the Rehab Sector Officer or other medical personnel. Rehab will be stationed away from the incident and running apparatus that are emitting any toxic fumes. The Rehab sector should be located in a safe environment where crews can remove their PPE and their vital signs can be checked. Vital signs are to be checked by EMS personnel and recorded (Rehab Sector worksheet) usually at ten-minute intervals, unless the vitals are critical. Vitals are to be checked a minimum of twice while at Rehab.

Okaloosa County EMS Medical Protocols and standing orders have jurisdiction over all personnel exhibiting signs of illness or injury. Any person complaining of chest pain, shortness of breath, or found to have concerning vital signs, should be moved to rehab for further evaluation.

In these cases, the person should be treated and transported to the appropriate hospital per Incident Command.

After a fifteen minute rest, personnel evaluations are within normal range, the Incident Commander will be advised of the crew's availability for reassignment.

The use of the Personnel Accountability System shall include units or teams assigned to the Rehab sector.

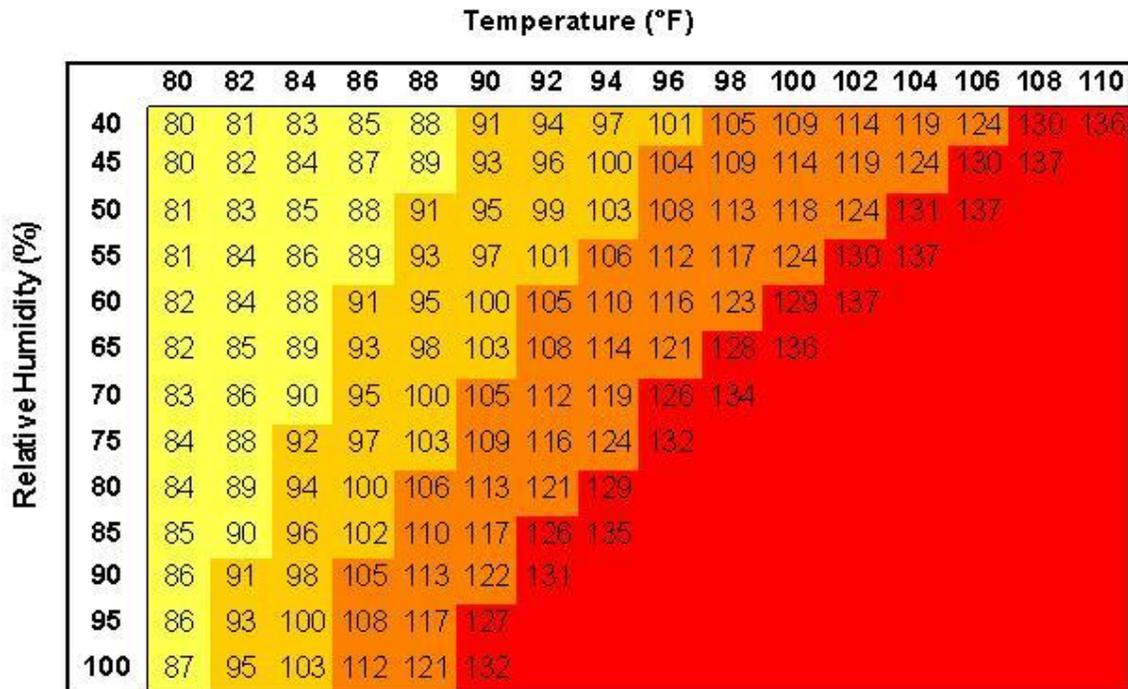
Points of Importance

The Incident Commander should take extreme weather situations into consideration and plan early for relief crews and for crew rotation into Rehab.

Extreme Weather Considerations

Heat over 80° F (actual heat index):

- Rehydration fluids on hand. (Replace fluid and electrolyte deficit.)
- Cooling chairs/Mist fans in operation.
- Shade tent or other structure established for Rehab Sector use.
- May need additional support.



Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

- Caution
- Extreme Caution
- Danger
- Extreme Danger

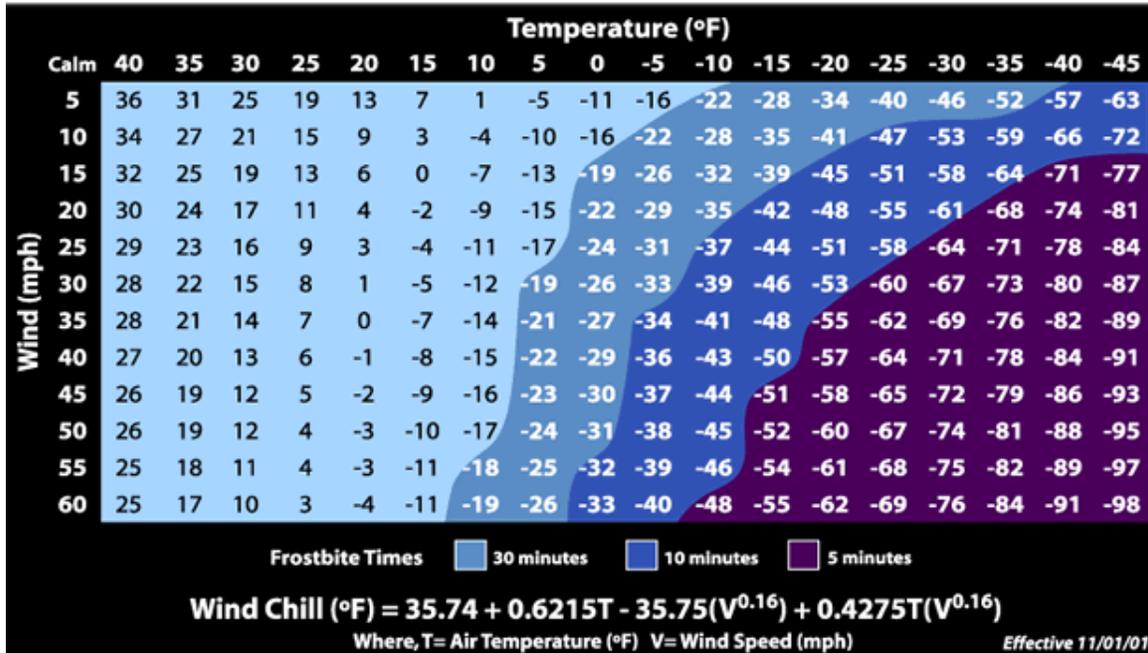
Extreme Weather Considerations

Cold weather below 40° F (keep wind chill factor in consideration):

- Rehydration fluids on hand. (Replace fluid and electrolyte deficit.)
- Enclosed structure established.
- May need additional support.
- Remove all wet PPE and have drying towels on hand.



NWS Windchill Chart



Points of Importance (continuation)

Firefighting crews should be cycled through Rehab on a regular basis.

Crews should be assigned intact and stay together.

Crews at Rehab should receive medical evaluation; blood pressure, heart rate, respiratory rate, temperature, fluid, and at least 15 minutes of rest.

All operating sectors should maintain an ongoing awareness of the condition of their personnel and use the Rehab Sector to combat excessive fatigue and exhaustion.

Personnel on the scene should be evaluated at least once.

Medical/Rehab Sector – Responsibilities

The Incident Commander shall be responsible for considering the circumstances of each incident and for making available adequate provisions for the rest and rehabilitation for all emergency workers.

Fire Officers shall maintain an awareness of the condition of each member operating within their span of control and ensure that adequate measures are taken to provide for their safety and health. The fire officer shall use the ICS to request relief and reassignment of fatigued crew members.

During periods of extremely hot weather and before any extended training exercise, personnel are encouraged to pre-hydrate. In addition, all personnel operating at scenes should take all opportunities to rehydrate themselves as often as possible.

Personnel assigned to operate the Rehab Sector will be responsible for several activities within the sector and should maintain a high profile to the sector at all times.

Primarily, the flow of personnel into and out of the sector will need to be coordinated and recorded. The initial set up should be located at or around an ALS unit. If available, a tent or structure should be utilized to stay out of the weather.

EMS personnel assigned to the Rehab Sector will be responsible for obtaining vital signs of firefighters as they are assigned to rotate through Rehab.

When weather permits, a tarp should be put in place, and all the following items should be considered to be placed on the tarp: bottled water, container of liquid concentrate Gatorade, cups, ALS and BLS equipment. If weather does not permit these items may be kept in the medic unit or under other cover. On hot weather days (if available) the misting fan is to be located outside the rehab area or tent, in an open area with seating in front of them. Cooling towels can be set up for personnel having their vitals assessed in the Rehab Sector and for personnel waiting to have their vitals reassessed.

A running tally of crews in Rehab and those who are available for reassignment must be kept available at all times.

In ideal situations, crews should have 15 minutes to spend in Rehab. Fluid replacement should be high priority and available for crews when they are in Rehab.

When involved in firefighting operations, if available, crews should be given electrolyte enriched water during the first hour.

During cold weather operations, warm drinks may be offered by support crews and only taken in moderation (if available).

Smoking is not allowed in or near the Rehab Sector area.

Vital Sign Guidelines

When firefighting crews arrive at the Rehab Sector, they should be instructed to remove PPE as deemed necessary and a complete set of vitals is to be taken.

The following criterion is to be used in the evaluation of fire ground personnel during a Fire or EMS incident:

- When utilizing the forehead thermometers, ensure the forehead is dry and clean.
- In cases where signs/symptoms of carbon monoxide exposure are present, follow carbon monoxide guidelines.

Transport to medical facility for any of the following:

- Temperature greater than 102°F (38.9°C).
- Temperature greater than 101°F (38.3°C) if other symptoms present.
- Irregular pulse.
- Pulse greater than 120.
- Systolic BP > 200 after rehab.
- Diastolic pressure > 130 anytime.
- Any signs of dyspnea.
- Any signs of mental status change.
- Chest pain.

Firefighters may return to the incident if appropriate rehydration has occurred and the following vital sign criteria are met.

- Heart rate < 100.
- Systolic BP between 100 and 160.

- Diastolic BP < 90.
- Temperature < 99.5°F (37.5°C).

EMS Reports

A report will be completed for all Rehab/Fire standbys.

A patient care report will be completed when any firefighter/patient is transported or when a firefighter/patient requires transport but refuses. The Incident Commander will be notified of any transport/refusal. If a refusal is obtained, the Incident Commander will sign as a witness and document as appropriate.

A patient care report will be completed for any firefighter/patient exhibiting illnesses, injury, or medical problems.

Responsibility: It is the responsibility of all employees providing assessment and care in the rehab sector to follow these guidelines to ensure firefighter safety and welfare.

Title: Fuel Conservation Measures
SOG#: 26
Effective Date: October 2008

Purpose: To ensure the judicious movements and utilization of units to conserve fuel.

Policy:

Whenever a unit is parked in a station or other facility (hospital, nursing home, field office, road shop, etc.), the engine should be shut off. The engine should not be left idling.

Efforts should be made to pick up any food/snacks, etc., while enroute back to station from a call. All other travel that is not directly related to public safety is prohibited.

Other efforts will be made by Communications Center to facilitate fuel conservation. These will include, but are not limited to: sending the most appropriate resource for a public assist, special event coverage, closest unit available, no-injury MVAs, etc.

Responsibility: It is the responsibility of every crewmember to ensure compliance with the above policy to manage our resources efficiently.

Title: Handling of Payments Received by OCEMS Employees
SOG#: 27
Effective Date: October 2008

Purpose: To provide a clear method for receiving and handling any funds received for delivery of service.

Policy: Any time an OCEMS crew member received payment for a pre-arranged transfer, special event coverage, or other fee for service; the payment along with accompanying paperwork must be given to the Shift Commander as soon as possible following completion of the call. The Shift Commander will in turn forward the paperwork and payment to EMS billing for final processing.

Responsibility: It is the responsibility of each employee to adhere to the policy as it applies in the outline above.

Title: Helicopter Transportation
SOG#: 28
Effective Date: October 2008

Purpose: To provide procedures for EMS crewmembers when requesting patient transport by helicopter.

Policy:

1. When a determination of need for a helicopter is made, dispatch will be notified of the need and will make the contacts necessary to provide such transport.

- a. Information to dispatch will include the scene location or designated landing site (if other than the emergency scene), using street or facility locations.
- b. It is the responsibility of Fire Department personnel to provide landing zone information and EMS personnel are responsible for giving patient information to helicopter personnel.

If EMS personnel are not available for communications due to critical patient care, they will advise the Communications Center to relay basic information to the helicopter.

- c. The EMS Commander, if on scene, or paramedic in charge will provide radio communications between the scene and the helicopter regarding patient information. This will prevent confusion and avoid the possibility of conflicting instructions or information.

2. Landing the helicopter:

- a. Careful consideration will be given to the selection of the landing site with regard to the size, landing surface and any obstacles such as power lines, trees, etc.
- b. Lights, including flashlights, will NOT be shone upward at the helicopter as either a signaling device or a landing marker. All vehicle white, emergency lighting and scene lights will be turned off at the landing zone.

c. **Ideal Landing Zone:**

- 1) A landing zone (LZ) should encompass an area of 100'x100', free of cross wires and trees.

- 2) The responsibility for the helicopter-landing zone rests with the pilot. The landing zone may be changed at his/her discretion.

d. **Helicopter Safety:**

- 1) **NEVER approach the helicopter unless motioned to do so by a crewmember.**
- 2) **ONLY approach the helicopter when accompanied by the flight crew. Stay in view of the crew at all times.**
- 3) Keep spectators away at all times.
- 4) The helicopter crew will secure all equipment and doors.
- 5) The flight crew is responsible for determining if help is needed in loading the helicopter and how many personnel are required.
- 7) Remove sheets from the stretcher prior to loading or off-loading patient, and remove or secure loose articles of clothing, i.e., hats, jackets.
- 8) Keep the landing area clear of debris and loose objects.
- 9) **NEVER** approach or leave uphill from the aircraft when working near uneven terrain, i.e., interstate medians and shoulders.
- 10) Do not put hands and arms overhead when near aircraft. Place IV's on patient stretcher when loading.
- 11) Protect your eyes and the patient's eyes during aircraft arrival and departure.
- 12) **NEVER** throw objects in the vicinity of the helicopter.
- 13) **NEVER** run near the helicopter.

3. Night Operations:

- a. **NEVER** shine lights toward the aircraft while in flight or on the ground.
- b. Shut down white strobes at scene to protect night vision of crewmembers upon arrival of the aircraft.

- c. Do not use traffic flares to mark landing zones.
- 4. Loading the Patient: EMS personnel will assist helicopter personnel in loading the patient into the helicopter or specifically designated individuals who will assist with loading. Personnel, EMS or otherwise, who have not been specifically designated to assist with loading, will not go near the helicopter.
- 5. Procedures for Standby: Any EMT, Paramedic or ALS crewmember, acting as liaison to the paramedic, may notify the Communications Center to place helicopter service on standby.
- 6. Activation Procedures: The EMS Shift Commander or crew will notify the Communications Center to dispatch the appropriate helicopter service. Following this, the crew will continue providing treatment and/or transportation to the landing zone.

Responsibility: It is the responsibility of all OCEMS crewmembers to ensure that safety is paramount regarding the landing and patient loading of the helicopter.

Title: HIPAA - Policy on Designated Record Sets (DRS)
SOG#: 29
Effective Date: October 2008

Purpose: To ensure that Okaloosa County EMS releases Protected Health Information (PHI) in accordance with the Privacy Rule, this policy establishes a definition of what information should be accessible to patients as part of the DRS, and outlines procedures for requests for patient access, amendment, and restriction on the use of PHI.

Under the Privacy Rule, the DRS includes medical records that are created or used by the Company to make decisions about the patient.

Policy: The DRS should only include HIPAA covered PHI, and should not include information used for the operational purposes of the organization, such as quality assurance data, accident reports, and incident reports. The type of information that should be included in the DRS is medical records and billing records.

Procedure:

The Designated Record Set

1. The DRS for any requests for access to PHI includes the following records:
 - a. The patient care report or PCR created by EMS field personnel (this includes any photographs, monitor strips, Physician Certification Statements, Refusal for Care forms, or other source data that is incorporated and/or attached to the PCR.
 - b. The electronic claims records or other paper records of submission of actual claims to Medicare or other insurance companies.
 - c. Any patient-specific claim information, including responses from insurance payers, such as remittance advice statements, Explanation of Medicare Benefits (EOMBs), charge screens, patient account statements, and signature authorization and agreement to pay documents.
 - d. Medicare Advance Beneficiary Notices, notices from insurance companies indicating coverage determinations, documentation submitted by the patient, and copies of the patient's insurance card or policy coverage summary, that relate directly to the care of the patient.

- e. Amendments to PHI, or statements of disagreement by the patient requesting the amendment when PHI is not amended upon request, or an accurate summary of the statement of disagreement.
2. The DRS also includes copies of records created by other service providers and other health care providers such as first responder units, assisting ambulance services, air medical services, nursing homes, hospitals, police departments, coroner's office, etc., that are used by Okaloosa County EMS as part of treatment and payment purposes related to the patient.

Title: HIPAA - Policy on Patient Access, Amendment and Restriction on Use of Protected Health Information
SOG#: 30
Effective Date: October 2008

Purpose: Under the HIPAA Privacy Rule, individuals have the right to access and to request amendment or restriction on the use of their protected health information, or PHI, and restrictions on its use that is maintained in “designated record sets,” or DRS. (See Policy on Designated Record Sets.)

To ensure that Okaloosa County EMS only releases the PHI that is covered under the Privacy Rule, this policy outlines procedures for requests for patient access, amendment, and restriction on the use of PHI.

This policy also establishes the procedure by which patients or appropriate requestors may access PHI, request amendment to PHI, and request a restriction on the use of PHI.

Policy: Only information contained in the DRS outlines in this policy is to be provided to patients who request access, amendment and restriction on the use of their PHI in accordance with the Privacy Rule and the Privacy Practices of Okaloosa County EMS.

Procedure:

Patient Access

1. Upon presentation to the business office, the patient or appropriate representative will complete a Request for Access Form.
2. The EMS employee must verify the patient’s identity and if the requestor is not the patient, the name of the individual and reason that the request is being made by this individual. The use of a driver’s license, social security card, or other form of government-issued identification is acceptable for this purpose.
3. The completed form will be presented to the Privacy Officer or designee for action.
4. The Privacy Officer or designee will act upon the request within 30 days, preferably sooner. Generally, EMS must respond to requests for access to PHI within 30 days of receipt of the access request, unless the designated record set is not maintained on site, in which case the response period may be extended to 60 days.

5. If EMS is unable to respond to the request within these time frames, the requestor must be given a written notice no later than the initial due date for a response, explaining why EMS could not respond within the time frame and in that case EMS may extend the response time by an additional 30 days.
6. Upon approval of access, the patient will have the right to access the PHI contained in the DRS outline below and may make a copy of the PHI contained in the DRS upon verbal or written request.
7. The business office will establish a reasonable charge for copying PHI for the patient or appropriate representative.
8. Patient access may be denied for the reasons listed below, and in some cases the denial of access may be appealed to EMS for review.
9. The following are reasons to deny access to PHI that are not subject to review and are final and may not be appealed by the patient:
 - a. If the information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
 - b. If the information the patient requested was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
10. The following reasons to deny access to PHI are subject to review and the patient may appeal the denial:
 - a. If a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
 - b. If the protected health information makes reference to another person (other than a health care provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;
 - c. If the request for access is made by a requestor as a personal representative of the individual about whom the requestor is requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that

access by you is reasonably likely to cause harm to the individual or another person.

- d. If the denial of the request for access to PHI is for reasons a, b, or c, then the patient may request a review of the denial of access by sending a written request to the Privacy Officer.
 - e. EMS will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. EMS will promptly refer the request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. EMS will provide the patient with written notice of the determination of the designated reviewing official.
 - f. The patient may also file a complaint in accordance with the Procedure for Filing Complaints About Privacy Practices if the patient is not satisfied with the EMS' determination.
- 11. Access to the actual files or computers that contain the DRS that may be accessed by the patient or requestor should not be permitted. Rather, copies of the records should be provided for the patient or requestor to view in a confidential area under the direct supervision of a designated EMS staff member. **UNDER NO CIRCUMSTANCES SHOULD ORIGINALS OF PHI LEAVE THE PREMISES.**
 - 12. If the patient or requestor would like to retain copies of the DRS provided, then EMS may charge a reasonable fee for the cost of reproduction.
 - 13. Whenever a patient or requestor accesses a DRS, a note should be maintained in the Accounting Log for PHI indicating the time and date of the request, the date access was provided, what specific records were provided for review, and what copies were left with the patient or requestor.
 - 14. Following a request for access to PHI, a patient or requestor may request an amendment to his or her PHI, and request restriction on its use in some circumstances.

Requests for Amendment to PHI

- 15. The patient or appropriate requestor may only request amendment to PHI contained in the DRS. The "Request for Amendment of PHI" Form must be accompanied with any request for amendment.

16. EMS must act upon a Request for Amendment within 60 days of the request. If EMS is unable to act upon the request within 60 days, it must provide the requestor with a written statement of the reasons for the delay, and in that case may extend the time period in which to comply by an additional 30 days.

Granting Requests for Amendment

17. All requests for amendment must be forwarded immediately to the Privacy Officer for review.
18. If the Privacy Officer grants the request for amendment, then the requestor will receive a letter indicating that the appropriate amendment to the PHI or record that was the subject of the request has been made.
19. There must be written permission provided by the patient so that EMS may notify the persons with which the amendments need to be shared. EMS must provide the amended information to those individuals identified by having received the PHI that has been amended as well as those persons or business associates that have such information and who may have relied on or could be reasonably expected to relay on the amended PHI.
20. The patient must identify individuals who may need the amended PHI and sign the statement in the Request for Amendment form giving EMS permission to provide them with the updated PHI.
21. EMS will add the request for amendment, the denial or granting of request, as well as any statement of disagreement by the patient and any rebuttal statement by EMS to the designated record set.

Denial of Requests for Amendment

22. EMS may deny a request to amend PHI for the following reasons:
 - a) If EMS did not create the PHI at issue;
 - b) If the information is not part of the DRS; or
 - c) If the information is accurate and complete.
23. EMS must provide a written denial, and the denial must be written in plain language and state the reason for the denial; the individual's right to submit a statement disagreeing with the denial and how the individual may file such a statement; a statement that, if the individual does not submit a statement of disagreement, the individual may

request that the provider provide the request for amendment and the denial with any future disclosures of the PHI; and a description of how the individual may file such a statement; a statement that, if the individual does not submit a statement of disagreement, the individual may request that the provider provide the request for amendment and the denial with any future disclosures of the PHI; and a description of how the individual may file a complaint with the covered entity, including the name and telephone number of an appropriate contact person, or to the Secretary of Health and Human Services.

24. If the individual submits a “statement of disagreement,” the provider may prepare a written rebuttal statement to the patient’s statement of disagreement. The statement of disagreement will be appended to the PHI, or at EMS’ option, a summary of the disagreement will be appended, along with the rebuttal statement to EMS.
25. If EMS receives a notice from another covered entity, such as a hospital, that it has amended its own PHI in relation to a particular patient, then EMS must amend its own PHI that may be affected by the amendments.

Requests for Restriction

26. The patient may request a restriction on the use and disclosure of their PHI.
27. EMS is not required to agree to any restriction, and given the emergent nature of our operation, we generally will not agree to a restriction.
28. ALL REQUESTS FOR RESTRICTION ON USE AND DISCLOSURE OF PHI MUST BE SUBMITTED IN WRITING ON THE APPROVED EMS FORM. ALL REQUESTS WILL BE REVIEWED AND DENIED OR APPROVED BY THE PRIVACY OFFICER.
29. If EMS agrees to a restriction, we may not use or disclose PHI in violation of the agreed upon restriction, except that if the individual who requested the restriction is in need of emergency service, and the restricted PHI is needed to provide the emergency service, EMS may use the restricted PHI or may disclose such PHI to another health care provider to provide treatment to the individual.
30. The agreement to restrict PHI will be documented to ensure that the restriction is followed.
31. A restriction may be terminated if the individual agrees to or requests the termination. Oral agreements to terminate restrictions must be

documented. A current restriction may also be terminated by EMS as long as EMS notifies the patient that PHI created or received after the restriction is removed is no longer restricted. PHI that was restricted prior to EMS voiding the restriction must continue to be treated as restricted PHI.

Title: HIPAA - Policy on Privacy Training
SOG#: 31
Effective Date: October 2008

Purpose: To ensure that all members of Okaloosa County EMS staff—including all employees, volunteers, students and trainees (collectively referred to as “staff members”) who have access to patient information understand the organization’s concern for the respect of patient privacy and are trained in the Department’s policies and procedures regarding Protected Health Information (PHI).

Policy:

1. All current staff will be required to undergo privacy training in accordance with the HIPAA Privacy Rule prior to the implementation date of the HIPAA Privacy Rule, which is April 14, 2003.
2. All new staff members will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time upon association with the organization, as scheduled by the Privacy Officer.
3. All staff members will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time after there is a material change to the Department’s policies and procedures on privacy practices.

Procedure:

1. The Privacy Officers or their designees will conduct the Privacy Training.
2. All attendees will receive copies of the Department’s policies and procedures regarding privacy.
3. All attendees must attend the training in person and verify attendance and agreement to adhere to the Department’s policies and procedures on privacy practices.
4. Training will be conducted in the following manner: All employees will be required to watch the “HPTV for EMS Field Providers” video.
5. Topics of the training will include a complete review of the Department’s Policy and Privacy Practices and will include other information concerning the HIPAA Privacy Rule, such as, but not limited to the following topic areas:

- a. Overview of the federal and state laws concerning patient privacy including the Privacy Regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- b. Description of protect health information (PHI)
- c. Patient rights under the HIPAA Privacy Rule
- d. Staff member responsibilities under the Privacy Rule
- e. Role of the Privacy Officer and reporting employee and patient concerns regarding privacy issues
- f. Importance of and benefits of privacy compliance
- g. Consequences of failure to follow established privacy policies
- h. Use of the Department's specific privacy forms

Title: HIPAA - Security, Levels of Access, Limiting Disclosure and Use of PHI Policy
SOG#: 32
Effective Date: October 2008

Purpose: To outline levels of access to Protected Health Information (PHI) of various staff members of Okaloosa County EMS and to provide a policy and procedure on limiting access, disclosure, and use of PHI. Security of PHI is everyone’s responsibility.

Policy: Okaloosa County EMS 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

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.

Procedure:

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 is defined and the conditions, as appropriate, that would apply to such access.

Job Title	Description of PHI to be Accessed	Conditions of Access to PHI
EMT	Intake forms from dispatch, patient care reports, other patient records from facilities	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, other patient records from facilities	May access only as part of completions of a patient event and post-event activities and only while actually on duty

Billing Coordinator, Office Supervisor and Administrative Assistant	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
Shift Captain	Intake forms from dispatch, patient care reports, other patient records from facilities	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
Shift Lieutenants	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
EMS Division Chief	Patient care reports, other patient records from facilities	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 the Okaloosa County EMS' 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 required to limit 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 Okaloosa County EMS.

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, Okaloosa County EMS is permitted to disclose the PHI requested without making any minimum necessary determination.

Okaloosa County EMS Requests for PHI

If Okaloosa County EMS 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, we must review and make sure our request covers only the minimum necessary PHI to accomplish the purpose of the request.

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 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
Mutual Aid Ambulance or Paramedic Services	To have adequate patient records to conduct joint billing operations for patients mutually treated/transported by Okaloosa County EMS	Patient care reports

For all other requests, determine what information is reasonably necessary for each on an individual basis.

Incidental Disclosures

Okaloosa County EMS 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 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.

But 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:

a. Verbal Security:

- (1) **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.
- (2) **Garage Areas:** Staff members should be sensitive to the fact that members of the public and other agencies may be present in the garage and other easily accessible areas. Conversations about patients and their health care should not take place in areas where those without a need to know are present.
- (3) **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.

b. Physical Security

- (1) 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.

- (2) Computers and Entry Devices: Computer access terminals and other remote entry devices such as 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 should remain in the physical possession of the individual to who it is assigned at all times. See the Okaloosa County EMS Policy on Use of Computer Equipment and Information Systems.

Title: Identity Theft Prevention, Detection and Mitigation Program
SOG#: 33
Effective Date: August 2009

Purpose: The purpose of this policy/procedure is to assure that Okaloosa County EMS maintains compliance with the requirements regarding the prevention, detection, and mitigation of Identity Theft as set forth in the federal regulations known as “Red Flag Rules.”¹

“Identity Theft” means a fraud committed or attempted using the identifying information of another person without authority. This includes “Medical Identity Theft,” i.e., Identity Theft committed for the purpose of obtaining medical services, such as the use of another person’s insurance card or number. Although Medical Identity Theft may occur without the knowledge of the individual whose medical identity is stolen, in some cases the use of an individual’s medical identity may occur with the knowledge and complicity of that individual.

Policy:

I. This policy sets forth the steps Okaloosa County EMS will take in implementing a program for detecting, preventing and mitigating Identity Theft (the “Program”) in connection with Covered Accounts, as required by the Red Flag Rules. “Covered Account” means:

1. An account that Okaloosa County EMS offers or maintains for personal, family, or household purposes, that involves or is designed to permit multiple payments or transactions; and
2. Any other account that Okaloosa County EMS offers or maintains for which there is a reasonably foreseeable risk to individuals or to the safety and soundness of Okaloosa County EMS from identity theft, including financial, operational, compliance, reputation or litigation risks.

Section II of this Policy describes the risk assessment Okaloosa County EMS shall conduct at the inception of the Program and annual thereafter. Section III sets forth the “Red Flags” (i.e., warning signs) that may alert Okaloosa County EMS personnel to the possible existence of Identity Theft in the course of Okaloosa County EMS’s day to day operations. Section IV sets forth the procedures Okaloosa County EMS will follow in attempting to detect those Red Flags. Section V sets forth the procedures Okaloosa County EMS will follow in responding appropriately to Red Flags that are detected, in order to prevent and

¹ See 16 C.F.R. §681.2, as supplemented by the Interagency Guidelines on Identity Theft Detection, Prevention and Mitigation set forth in Appendix A of 16 C.F.R. Part 681 (“Guidelines”) and the Supplement hereto.

mitigate Identity Theft. Section VI sets forth the procedures Okaloosa County EMS will take in responding to a claim by an individual that he has been a victim of Identity Theft. Section VII describes how Okaloosa County EMS will administer the Program. Section VIII describes the annual updating of the Program.

Questions regarding this policy or the Program shall be directed to the Program Compliance Officers designated pursuant to Section VII.

II. Risk Assessment

- A. Upon initial implementation of the Program, and annually thereafter as a part of the annual update described in Section VIII of this policy, Okaloosa County EMS shall determine whether it maintains Covered Accounts. As part of that determination, Okaloosa County EMS shall conduct a risk assessment to determine whether it offers or maintains Covered Accounts that carry a reasonably foreseeable risk of identity theft, including financial, operational, compliance, reputation or litigation risks. The risk assessment shall take into consideration:
 - 1. The methods Okaloosa County EMS provides to open its accounts;
 - 2. The methods it provides to access its accounts; and
 - 3. Its previous experiences with identity theft.

III. Identification of Red Flags

- A. A “Red Flag” is a pattern, practice or specific activity that indicates the possible existence of Identity Theft. In other words, a Red Flag is a warning sign regarding the possibility of Identity Theft.
- B. In identifying Red Flags relevant to its operations, Okaloosa County EMS has:
 - 1. Reviewed the examples of Red Flags found in the Red Flag Rules (see the Supplement to the Guidelines);
 - 2. Considered the factors specified in Section II.A above; and
 - 3. Incorporated Red Flags from sources such as changes in identity theft risks of which Okaloosa County EMS becomes aware and applicable regulatory guidance.
- C. Based on the process specified in Section III.B above, Okaloosa County EMS has identified the following situations as Red Flags that

should alert Okaloosa County EMS personnel to the possibility of Identity Theft:

1. A patient submits a driver's license, insurance card or other identifying information that appears to be altered or forged;
2. The photograph on a driver's license or other government-issued photo I.D. submitted by a patient does not resemble the patient;
3. Information on one form of identification submitted by a patient is inconsistent with information on another form of identification, or with information already in Okaloosa County EMS's records or information obtained from other sources such as a consumer credit data base;
4. A patient has an insurance member number but no insurance card;
5. The Social Security Number ("SSN") or other identifying information furnished by a patient is the same as identifying information in Okaloosa County EMS's records furnished by another patient;
6. The SSN furnished by a patient has not been issued, is listed on the Social Security Administration's Death Master file, or is otherwise invalid. The following numbers are always invalid:
 - a. The first 3 digits are in the 800, 900 or 000 range, or in the 700 range above 772, or are 666;
 - b. The fourth and fifth digits are 00; or
 - c. The last four digits are 0000;
7. The address given by a patient does not exist or is a post office box, or is the same address given by an unusually large number of other patients;
8. The phone number given by the patient is invalid or is associated with a pager or an answering service, or is the same telephone number submitted by an unusually large number of other patients;
9. The patient refuses to provide identifying information or documents;

10. Personal identifying information given by a patient is not consistent with personal identifying information in Okaloosa County EMS's records, or with information provided by another source such as an insurance company or consumer credit database;
 11. A patient's signature does not match the signature on file in Okaloosa County EMS's records;
 12. A patient contacts Okaloosa County EMS or Advanced Data Processing, Inc., and indicates that he or she has received an invoice, explanation of benefits or other document reflecting a transport that the patient claims was never received;
 13. Mail correspondence is returned to Okaloosa County EMS or Advanced Data Processing, Inc., despite continued activity associated with that mailing address;
 14. Okaloosa County EMS or Advanced Data Processing, Inc., receives a warning, alert or notification from a credit reporting agency, law enforcement or other credible reporting agency, law enforcement or other credible source regarding a patient or a patient's insurance information;
 15. Okaloosa County EMS or a Service Provider has suffered a security breach, loss of unprotected data or unauthorized access to patient information;
 16. An insurer denies coverage due to a lifetime benefit limit being reached or due to an excessive volume of services;
 17. A discrepancy exists between medical or demographic information obtained by Okaloosa County EMS from the patient and the information found in health facility records; and
 18. Attempts to access an account by persons who cannot provide authenticating information.
- D. Okaloosa County EMS shall update the foregoing list of Red Flags as part of its annual update of the Program.
- E. All Okaloosa County EMS personnel have an affirmative obligation to be vigilant for any evidence of a Red Flag and to notify their immediate supervisor, or the Program Compliance Officer, to report the Red Flag.

IV. Procedures for Identifying Red Flags

Okaloosa County EMS personnel will follow the following procedures in order to detect the Red Flags indicated above, which indicate the possibility of Identity Theft.

- A. The process of confirming a patient's identity should never delay the delivery of urgently or emergently needed medical care. When a patient's condition permits collection of demographic information and documentation, medical transport crews shall request, in addition to an insurance card, a driver's license or other form of government issued photographic personal identification. If the patient lacks such photographic identification, medical transport personnel shall:
 - 1. Request other form of identification, such as credit card; and/or
 - 2. Ask a family member or other person at the scene who knows the patient to verify the patient's identity.
 - B. Billing personnel, in the course of creating and processing claims, and verifying patient information, shall be alert for the existence of any of the Red Flags listed in Section III above.
 - C. Before providing information regarding an account, or making any change to an address or other information associated with an account, the requester shall be required to provide the social security number, full name, date of birth and address of the patient. If the requester makes the request in person, a driver's license or other government issued photographic identification shall be requested.
 - D. In the event medical transport personnel or billing personnel encounter a Red Flag, the existence of the Red Flag shall be brought to the prompt attention of the individual's supervisor or the Program Compliance Officer so that it can be investigated and addressed, as appropriate, in accordance with the procedures set forth in Section V below.
- V. Responding to Red Flags
- A. When a Red Flag is detected, Okaloosa County EMS personnel shall investigate the situation, as necessary, to determine whether there is a material risk that Identity Theft has occurred or whether there is a benign explanation for the Red Flag. The investigation shall be documented in accordance with Okaloosa County EMS's incident reporting policy. If it appears that Identity Theft has not occurred, Okaloosa County EMS may determine that no further action is necessary.

- B. Okaloosa County EMS's response shall commensurate with the degree of risk posed by the Red Flag. In determining an appropriate response, Okaloosa County EMS shall consider aggravating factors that may heighten the risk of Identity Theft, such as a data security incident that results in unauthorized access to a patient's account records, or notice that a patient has provided information related to a Okaloosa County EMS account to someone fraudulently claiming to represent Okaloosa County EMS or to a fraudulent website.
- C. If it appears that Identity Theft has occurred, the following steps should be considered and taken, as appropriate:
 - 1. Except in cases where there appears to be obvious complicity by the individual whose identity was used, promptly notify the victim of Identity Theft, by certified mail, using the Identity Theft Patient Notice Letter developed by Okaloosa County EMS. Notification may also be provided by telephone, to be followed by a mailed letter;
 - 2. Place an Identity Theft Alert on all patient care reports ("PCRs") and financial accounts that may have inaccurate information as a result of the Identity Theft;
 - 3. Discontinue billing on the account and/or close the account;
 - 4. Reopen the account with appropriate modifications, including a new account number;
 - 5. If a claim has been submitted to an insurance carrier or government program ("Payor") in the name of the patient whose identity has been stolen, notify the Payor, withdraw the claim and refund any charges previously collected from the Payor and/or the patient;
 - 6. If the account has been referred to collection agencies or attorneys, instruct the collection agency or attorneys to cease collection activity;
 - 7. Notify law enforcement and cooperate in any investigation by law enforcement;
 - 8. Request that law enforcement notify any health facility to which the patient using the false identity has been transported regarding the Identity Theft;
 - 9. If an adverse report has been made to a consumer credit reporting agency regarding a patient whose identity has been

stolen, notify the agency that the account was not the responsibility of the individual;

10. Correct the medical record of any patient of Okaloosa County EMS whose identity was stolen, with the assistance of the patient as needed;
11. If the circumstances indicate that there is no action that would prevent or mitigate the Identity Theft, no action need be taken.

VI. Investigation of Report by a Patient of Identity Theft

- A. If an individual claims to have been a victim of Identity Theft (e.g., the individual claims to have received a bill for a transport he did not receive), Okaloosa County EMS (or its billing service) shall investigate the claim. Authentication of the claim shall require a copy of the Police Report and either:
 1. The Identity Theft affidavit developed by the FTC, including supporting documentation; or
 2. An identification theft affidavit recognized under state law
- B. Okaloosa County EMS personnel shall review the foregoing documentation and any other information by the individual and shall make a determination as to whether the report of Identity Theft is credible.
- C. The individual who filed the report shall be informed in writing of Okaloosa County EMS's conclusion as to whether Okaloosa county EMS finds the report credible.
- D. If, following investigation, it appears that the individual has been a victim of Identity Theft, Okaloosa County EMS will take the appropriate action as indicated in Section V of this policy.
- E. If, following investigation, it appears the report of Identity Theft was not credible, the individual shall be notified and Okaloosa County EMS may continue billing on the account, upon approval of the Program Compliance Officer. The account shall not be billed without such approval.

VII. Administration of the Program

- A. The Program, and all material changes thereto, shall be approved by the EMS Division Chief.

- B. The EMS Division Chief is the Program Compliance Officer and shall be responsible for the oversight, development and implementation of the Program.
- C. Okaloosa County EMS shall train staff, as needed, to effectively implement the Program. The following categories of personnel shall be trained in the implementation of the Program:
 - 1. All medical transport personnel;
 - 2. All billing office personnel; and
 - 3. All management personnel.
- D. Initial training shall occur no later than August 1, 2009, for all current personnel. Newly hired personnel shall be trained in the implementation of the Program as part of their standard compliance and HIPAA training. "Refresher" training shall be included in the annual compliance and HIPAA training given to Okaloosa County EMS, and may be given to specific employees from time to time on an "as needed" basis.
- E. Okaloosa County EMS shall exercise appropriate and effective oversight of all arrangements involving a service provider whose duties include opening, monitoring or processing patient accounts, or performing other activities which place them in a position to prevent, detect or mitigate Identity Theft ("Service Providers"). Each Service Provider shall be required to execute an amendment or addendum to its service agreement or business associate agreement which requires it to:
 - 1. Implement a written Identity Theft Program that meets the requirements of the "Red Flag Rule";
 - 2. Provide a copy of such Program to Okaloosa County EMS no later than August 1, 2009;
 - 3. Provide copies of all material changes to such Program on an annual basis; and
 - 4. Either report all Red Flags which it encounter to Okaloosa County EMS, or take appropriate steps to prevent or mitigate Identity Theft itself.
- F. The Program Compliance Officer shall report to the Oversight Body, on an annual basis, on compliance with the Program. The report

shall address material matters related to the Program and evaluate issues such as:

1. The effectiveness of the Program in addressing the risk of Identity Theft;
2. Service Provider arrangements;
3. Significant incidents involving Identity Theft and Okaloosa County EMS's response;
4. Recommendations for material changes to the Program.

VIII. Annual Update of the Program

The program will be reviewed, revised and updated on an annual basis. In performing such update, Okaloosa County EMS shall consider;

- A. Okaloosa County EMS's experiences with Identity Theft over the period since the last revision;
- B. Changes in methods of Identity Theft, or in methods to detect, prevent and mitigate Identity Theft;
- C. Changes in Okaloosa County EMS's technology and operations, including any new electronic health record or financial software programs implemented by Okaloosa County EMS; and
- D. Changes in business arrangements of Okaloosa County EMS, including but not limited to changes in its relationships with Service Providers.

Responsibility: It is the responsibility of all employees to ensure that the procedures for the Identity Theft Prevention, Detection, and Mitigation Program are followed.

Title: Inaccessible Scenes
SOG#: 34
Effective Date: October 2008

Purpose: To provide procedures if personnel are unable to reach the patient due to scene inaccessibility.

Policy:

1. Specialized vehicles available: When roads are impassable by conventional vehicles, the Department has 4-wheel drive vehicles that can be used to attempt access. The Shift Commander vehicle will be available if needed.
2. EMS Scenes: When a rescue unit is unable to reach a scene, equipment needed may be transferred to one of the Department's 4-wheel drive vehicles in order to reach the scene to provide initial care.
 - a. If no other means are available, the patient may be transported by the alternate vehicle to the medic unit for transport to a hospital.
 - b. If weather permits, a helicopter may be used for transport.
 - c. The ambulance should avoid attempting access on grounds where the possibility exists of the unit getting stuck.
 - d. OCEMS Logistics houses the department's ATV, which may be utilized for off-road patient access or special event coverage.

Responsibility: It is the responsibility of all employees to ensure that safe methods are utilized to access emergency scenes.

Title: Inclement Weather Operations
SOG#: 35
Effective Date: October 2008

Purpose: To ensure that medic units are properly maintained and operated during periods of inclement weather.

Policy:

At temperatures below 20 degrees, diesel fuel may thicken enough to clog the fuel filter. This is usually caused by the naturally occurring paraffin in diesel fuel solidifying as it gets colder. The engine is equipped with a fuel filter/heater/water separator to help prevent fuel filter clogging. However, if the engine starts but stalls out after a short time and will not restart; the fuel filter may be clogged.

The engine block heater is used to warm the engine, which improves starting, provides for faster engine warm-up, and results in quicker response from the heater-defroster system. A three-prong outlet is located inside the engine compartment. Whenever temperatures drop below freezing (32 degrees F), use the outdoor power cord to plug into the engine compartment. (If necessary, IV fluids may be carried indoors. To eliminate frost from the windshield, cover the windshield with a sheet on the exterior of the unit.)

In addition to the above, units have been furnished with portable heaters. These heaters will be used to eliminate loss of fluids and drugs due to freezing. The heaters are to be positioned on the floor in an open area of the flooring with no danger to materials and/or equipment.

During high wind producing storms such as tropical storms and hurricanes or any weather system producing sustained winds of 50 miles per hour, all ambulance operations will be suspended until sustained winds reach safe operating speeds. The EMS Shift Captains will coordinate with the local Fire Chief and EMS Dispatch to determine required response procedures as the storm event progresses.

Responsibility: It is the responsibility of all crewmembers to ensure that medic units are maintained and ready for immediate response during cold weather conditions and are operated safely during high winds.

Title: In-Service Dispatch Times/Incident Run Numbers
SOG#: 36
Effective Date: October 2008

Purpose: To provide dispatching response procedures for EMS units.

Policy:

The Communications Center will dispatch the closest available medic unit assigned to the zone from which the call originates.

- a. If after one minute (maximum) from the first page, the medic unit has not advised Dispatch they are responding, Dispatch will give a second page and telephone the station if the crew is in quarters. If a third page is necessary, the Shift Commander will be toned out with the second due medic unit and the Communications Center will log the occurrence in their logbook as well as completing an exception report for investigation.
- b. Crewmembers must be en route to a call or coverage within one minute of notification between the hours of 0600 and 2200. Crewmembers must be en route to a call or coverage within two minutes between the hours of 2200 and 0600.
- c. After the completion of the call, the crew will receive and record dispatch times and incident run numbers. The crew will give the Communications Center the call disposition and number of patients to be entered into the CAD system via EMS primary radio frequency. As soon as the unit becomes available after the completion of an out of county or long distance transport, they must notify dispatch they are back in service and enroute to Okaloosa County. From Walton, Santa Rosa or Escambia counties this should be done immediately. For long distance transfers, as soon as transmission is possible.
- d. Crews will have a maximum of twenty minutes to complete paperwork while at the hospital. During non-critical calls the crew will be back in service within 10 minutes from arrival at the emergency department. If the crew fails to log back in service, the Communications Center will do a status check.

Responsibility: It is the responsibility of all EMS crews to answer "in-service" when dispatched. The Communications Center will assign the appropriate incident number to each call.

Title: Inventory and Transfer of Patient Property
SOG#: 37
Effective Date: October 2008

Purpose: To ensure the safe tracking of the patient's personal property during and after transport.

Policy:

Personnel will inventory and keep a careful record of any items/belongings transported with the patient to the receiving facility.

Patient belongings will be inventoried on the run report. Said documentation need only contain the number of parcels brought, or such individual items as walkers, canes, etc. An individual inventory of each parcel is not necessary. Similarly, documentation of patient property transference should also be noted on the same form.

Patient valuables should also be inventoried and documented. The Paramedic should also document the transference of these items when patient care has concluded. When documenting the type of valuable, be very descriptive as to what the item is (i.e., watch, necklace, wallet, etc.). **The person receiving the property from the OCEMS crew, i.e., nurse, should sign the Run Report.**

Responsibility: It is the responsibility of all employees to safeguard the patient's personal valuables.

Title: Leave and Overtime Distribution
SOG#: 38
Effective Date: October 2008

Purpose: To provide procedures for requesting/scheduling leave and the distribution of overtime.

Policy:

The Shift Commander will utilize Telestaff to manage employee shift schedules. Each employee will be able to view and request changes to his/her schedule via this program.

Leave requests must be submitted to your Shift Commander 14 days in advance to allow the time to cover employee vacancies. The Shift Commander has the authority to accept leave requests submitted later in certain emergency cases. Request for leave will be accepted up to one year in advance within the same calendar year (January to December). **No request for leave should be considered granted until approval is received in writing from the employee's Shift Commander.**

Requests for leave will be filled on a first-come, first-serve basis except for the ten (10) County designated holidays to ensure fairness.

NOTE: No more than two employees per shift (excluding the Shift Commander) will be allowed to take leave without the approval of the EMS Chief.

Sick calls will be made to the on-duty Shift Commander. Calls to the Communications Center, other employees, or voice mail messages **are not acceptable.** Scheduled personnel, who report for duty any later than 15 minutes after their scheduled time without contacting a supervisor, are considered AWOL and may be subject to disciplinary action. **Employees who call out sick for their assigned duty shift will be ineligible to work a voluntary overtime shift for the next forty-eight (48) hours.**

Swap time may only be done between full-time employees of the Department of Public Safety that are of the same position classification level, for example, a Lieutenant can only swap with another Lieutenant, and a paramedic can only swap with a paramedic, etc. The single exception to this would be the permitted swap between a BLS-EMT with an ALS-EMT. If an employee swaps time with another employee and they are unable to work the scheduled shift (suspension, illness, etc.), it will be the responsibility of the person scheduled for that day to find coverage.

Revised: 08/2011

Swaps cannot be open-ended; you must specify a date to be paid back and that date must fall within six months of the scheduled swap.

NOTE: All types of leave may be canceled during times of disaster or declared States of Emergency.

Overtime will be distributed to employees in the following manner:

- a. Full-time EMTs.
- b. Full-time Paramedics.

NOTE: No more than 48 consecutive hours will be worked without 12 hours off. The EMS Chief must approve any exceptions to this policy. Two person paramedic teams will be split-up and EMTs utilized for coverage.

Overtime will be distributed on a rotating basis with an emphasis on spreading the hours evenly. The following circumstances will allow an employee to remain in the uppermost position on the rotation list for overtime:

- a. Assigned duty day coincides with available overtime.
- b. EMS related school days coincide with available overtime.
- c. Unable to make contact with an employee.
- d. An employee is on scheduled vacation during available overtime.
- e. The employee is excused from work by a doctor's written statement (this includes workers compensation).

The following circumstances will place an employee at the bottom of the rotation for overtime:

- a. The employee declines an overtime shift.
- b. Disciplinary reasons:
 - (1) Oral warning removes an employee from the overtime rotation for two weeks then returns to the bottom of the list.
 - (2) Written reprimand removes the employee from the rotation for 30 days then returns to the bottom of the list.
 - (3) Suspension removes the employee from the overtime rotation for 90 days then they return to the bottom of the list.

Revised: 08/2011

The following guidelines also apply to the use of leave and distribution of overtime:

- a. The following may lead to termination of Emergency Relief employees:
 - (1) Canceling a scheduled shift with less than 24 hours notice (unexcused).
 - (2) Not working 24 hours within a 30-day period.
 - (3) Knowingly accepting any shift assignment that would place them over 40 hours weekly.
- b. Once an employee has scheduled an overtime shift, in order to cancel the commitment, that employee must notify a Shift Supervisor at least 24 hours in advance to be relieved of that obligation. Cancellation of an overtime shift moves the employee to the bottom of the overtime rotation.

Responsibility: It is the employee's responsibility to ensure that all leave and swap forms are properly completed. Personnel scheduling is the responsibility of the Shift Commander. The Shift Commander is responsible for ensuring the relief employees do not exceed 40 hours/week. The EMS Chief must approve any exceptions to this policy in advance; violation of this procedure will likely result in disciplinary action for all parties involved.

Title: Medical Director Contact
SOG#: 39
Effective Date: October 2008

Purpose: To ensure the Medical Director is kept apprised of all significant medical issues and incidents.

Policy: If any of the following events occur, the Shift Commander will request contact with the Medical Director:

- a. Mass Casualty Incidents.
- b. Any untoward outcome of a patient.
- c. All injuries and/or death to EMS, Fire and Law Enforcement personnel while on duty.
- d. All incidents involving employees under the influence of drugs or alcohol.
- e. Any incident involving a verbal or physical confrontation with any doctor, nurse or hospital employee directly related to patient care, transport or delivery to a hospital or nursing home facility.
- f. Any deviation from protocol as determined by the Shift Commander.
- g. Anytime the Medical Control Physician issues orders that directly conflict with the standard of care or our protocols.

Responsibility: The on-duty Shift Commander is responsible for ensuring that proper notification of the Medical Director is made utilizing the above standards.

Title: Medical Incident Command
SOG#: 40
Effective Date: October 2008

Purpose: This standard operating guideline (SOG) identifies the procedure to be employed when establishing EMS Command. It also designates responsibility for the command function and its associated duties to one individual at any time during the incident. The effective functioning of EMS units and personnel at operating incidents requires clear decisive action on the part of the EMS Commander.

Policy: The first arriving EMS paramedic is responsible for establishing the EMS Command function until such time the identity of the on scene EMS Command changes, by transfer. When assuming command, the paramedic should don an EMS Command vest, if available, to assure they are clearly identifiable. The person assuming EMS Command is not assuming responsibility for the entire incident (incident commander), but only the medical sector command functions. The on scene EMS Command reports to the incident commander or his designee for unified command.

Personnel should formally assume EMS Command in the following situations:

- a. Vehicle crashes with three or more cars
- b. Any incident with five or more patients (multiple casualty incidents)
- c. Multiple ambulance response to an incident
- d. Watercraft emergencies
- e. Any fire ground operation
- f. Hazardous-materials emergencies
- g. Aircraft emergencies
- h. START triage will be performed on all EMS trauma incidents. Training for the assumption of EMS Command will be accomplished through monthly scenarios for EMS line units and each time a member of command staff responds to and arrives on scene of an EMS incident.
- i. Other situations deemed necessary by the initial on scene paramedic's assessment of the incident. Examples being: Vehicle crashes with extrication, calls in which helicopter transport is requested, or multiple resources are required.

Once on scene, and it is ascertained that multiple units are necessary, the on-scene paramedic or the EMS command staff shall assume command and transfer all radio traffic relating to Tac 1 for operations. EMS primary should be utilized only by on scene personnel operating in the command function. All units should announce their arrival on scene and their intention to change frequencies to EMS communications before the change is made.

2. COMMAND RESPONSIBILITY:

- a. Command Procedures are designated to accomplish the following:
 - (1) Assign the responsibility for managing the incident on a certain individual through a standard identification system depending on the arrival sequence of members, companies and officers.
 - (2) Insure that strong, direct and visible EMS Command will be established as early as possible in the operation.
 - (3) Establish an effective framework outlining the activities and responsibilities assigned to the EMS Command.
 - (4) Provide a system for the orderly transfer of EMS Command to subsequent arriving officers.

- b. Command is responsible for the following objectives:
 - (1) Access and triage all patients
 - (2) Establish treatment sectors.
 - (3) Transport and properly track all patients.
 - (4) Establish early notification of hospitals.
 - (5) Scene safety (When first on scene and no other commander is present).

- c. EMS Command is responsible for the following functions as required by the circumstances of the situation:
 - (1) Assume and confirm Command and take an effective position.
 - (2) Rapidly evaluate the situation (scene size up).
 - (3) Initiate, maintain and control the communications process.

- (4) Identify the overall strategy, develop a plan and assign units.
 - (5) Develop effective scene organization.
 - (6) Provide continuing EMS Command within the framework of standard operating procedures.
 - (7) Coordinate the transfer of Command, as required.
 - (8) Request and assign additional resources, as required.
 - (9) Return units to service and terminate Command.
 - d. All of these functions are responsibilities of Command, whether or not command is transferred from one individual to another. The first five (5) functions must be addressed immediately from the initial assumption of EMS Command.
3. ESTABLISHING COMMAND: The first EMS unit to arrive on scene SHALL assume EMS Command and remain in Command until relieved by a ranking officer or until the incident is terminated.
4. INITIAL REPORT:
 - a. The person assuming EMS Command shall transmit a brief initial radio report including:
 - (1) Unit identification on the scene
 - (2) Description of the scene and size up
 - (3) Obvious conditions and safety concerns dealing with life hazards.
 - (4) Initial actions to be taken.
 - (5) Confirming assumption of Command.
 - b. The Initial Report procedure should be instituted for all incidents.
5. RADIO DESIGNATION: The Radio designation "EMS Command" will be used with a brief description of the incident location, (i.e.: "7th Avenue EMS Command" or "McDonalds EMS Command"). This designation will not change throughout the duration of the incident. The EMS Commander will not use their unit number when communicating.

6. COMMAND OPTIONS:

- a. In cases when the initial arriving officer is a Command Officer, tasks should automatically be directed towards establishing contact with the Command Post and fulfilling the listed Command functions.
- b. Contact with the Command Post and establishing EMS Command in a vehicle equipped for this purpose is a priority at all working incidents. The location of Command in a vehicle, which provides appropriate workspace, lighting, communications equipment, reference items and limited isolation from distractions will make Command more effective.

7. ASSUMING COMMAND:

- a. When a line paramedic initially assumes EMS command, that paramedic must decide on an appropriate commitment for their unit. This will generally fall into one of the general categories listed below.
 - (1) On Scene Units Can Handle: No other resources are required.
 - (2) Additional Resources Are Necessary: Identify the number and type of additional resources and be prepared to activate the EMS MCI protocol.
- b. The initial arriving paramedic must establish command and operate within the structure of the crew. The paramedic must maintain the command function via the portable radios. The person operating in the command role should be the only person communicating with the communication center and with the area medical centers.
 - The paramedic assuming command may assign his/her partner to another unit's crew, to work under supervision of the paramedic of that crew. In such cases, the command paramedic must communicate with the arriving paramedic and indicate the assignment-of those personnel.
- c. The paramedic assuming Command has a choice of modes and degrees of personal involvement in the incident but continues to be fully responsible for the identified tasks assigned to the EMS Command function. In all cases, the initiative and judgment of the paramedic are of great importance. The modes identified are not strict rules, but general guidelines to assist the paramedic in planning appropriate actions.

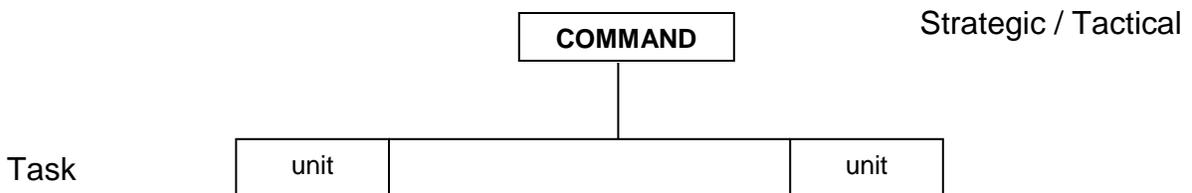
8. TRANSFER OF COMMAND:

- a. The first EMS unit to arrive on the scene shall assume and retain EMS Command until relieved by an EMS officer within the following guidelines:
 - (1) The paramedic on the first arriving unit will automatically assume EMS Command except as noted below.
 - (2) The first arriving Medical Commander, will automatically assume Command, after transfer of command procedures have been completed.
 - (3) In cases of complex tactical situations that have not been declared under control, the Medical Commander will automatically assume Command, after transfer of Command procedures have been completed. Assumption of Command in other situations is discretionary.
 - (4) Assumption of Command is discretionary for the Public Safety Director and the EMS Chief.
- b. Within the chain of command indicated above, the actual transfer of command will be regulated by the following procedures:
 - (1) The officer assuming EMS Command will communicate with the person being relieved face-to-face upon arrival.
 - (2) The person being relieved will brief the medical commander assuming Command and indicate the following:
 - (a) General situation status:
 - Extent of and factors affecting incident.
 - Effectiveness of efforts thus far.
 - Safety considerations.
 - (b) Deployment and assignments of on scene operating units
 - (c) Appraisal of needs for additional resources at that time.
 - (2) The person being relieved should review the command work sheet with the Medical Command Officer. This sheet provides the most effective framework for Command transfer as it

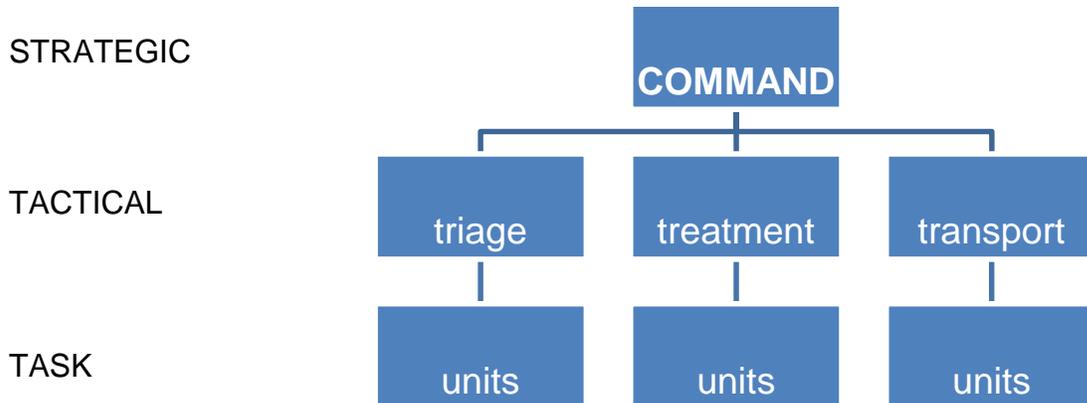
outlines the location and status of resources in a standard form that should be well known to all members.

9. COMMAND PROCEDURES:

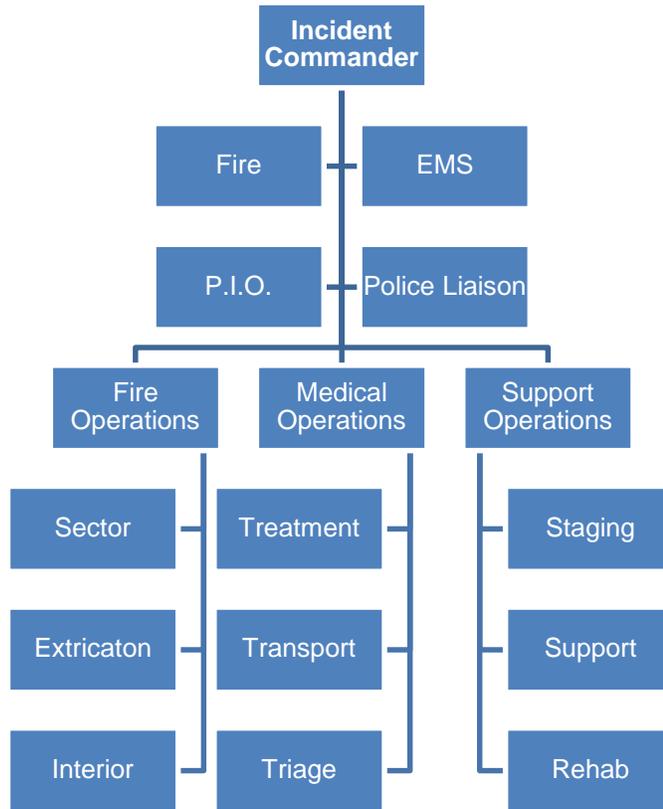
- a. The basic configuration of a Command structure includes three (3) levels:
 - (1) **Strategic Level** - Overall incident Command.
 - (2) **Tactical Level** - Direction of sectors and functions.
 - (3) **Task Level** – Unit activities.
- b. The **Strategic Level** involves the overall Command of the incident and includes establishing major objectives, setting priorities, allocating resources, predicting outcomes, determining the appropriate mode of operations and assigning specific objectives to Tactical Level Units.
- c. The **Tactical Level** includes intermediate level officers directing activities oward specific objectives. Tactical Level officers include sector officers, in charge of grouped resources operating in assigned Areas or providing al functions at the scene of an incident. The accumulated achievement of tactical objectives should accomplish strategic level objectives.
- d. The **Task Level** refers to those activities normally accomplished by individual units or specific personnel. Task Level activities are routinely supervised by paramedics. The accumulated achievement of Task Level activities should accomplish tactical objectives.
- e. The most basic structure for a routine incident involving a small number of units involves only two (2) levels. The role of Command combines the strategic and tactical levels. Units report directly to Command and operate at the task level as shown here.



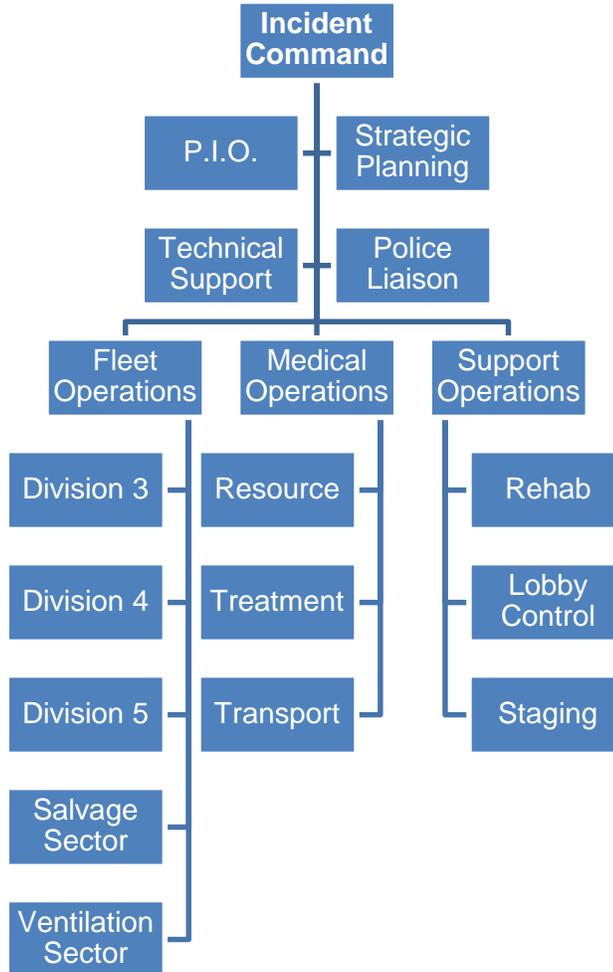
- f. In more complex situations, Command should group companies to work in sectors. The sector officers operate at the tactical level, directing the work of several companies or performing specialized functions as requested by Command. Command continues to operate at the strategic level, determining and directing the overall strategy to deal with the incident.



10. MASS CASUALTY:



11. HIGH-RISE FIRE:



Responsibility: It is the responsibility of all Emergency Medical Services personnel to read, understand and be able to perform under the guidance of this procedure at all times.

Title: Movement of Patients from the Scene
SOG#: 41
Effective Date: October 2008

Purpose: To provide procedures for moving patients that will ensure proper safety for both patients and EMS personnel.

Policy:

1. In addition to providing direct care, personnel are responsible for deciding what method of transfer from the scene to the ambulance shall be utilized in accordance with EMS patient-care protocols and this policy.
2. Personnel of the Department are also responsible for:
 - a. Selecting the proper patient-carrying device.
 - b. Packaging and securing the patient for transfer.
 - c. Moving the patient to the ambulance.
 - d. Loading the patient into the ambulance.
 - e. Unloading the patient from the ambulance and transferring the patient to the care of the emergency department personnel.
3. Shift Supervisors are responsible for monitoring the activities of their personnel on a regular basis to ensure compliance with this policy.
4. Patients should not be walked to the ambulance unless the injury is minor, i.e., scratches, minor burns, minor lacerations. All trauma patients must be immobilized if transported by EMS unless C-spine clearance has been obtained. Psychiatric patients may walk to the ambulance if they prefer, provided that they are not sedated.
5. If additional lifting assistance is necessary, contact the Communications Center and request assistance (Shift Commander, fire, police, additional EMS units, etc.).
6. As a last resort, the voluntary help of a member of the patient's family or a bystander may be used.

Responsibility: It is the responsibility of all OCEMS employees to ensure the safe movement of patients at all times.

Title: Mutual Aid
SOG#: 42
Effective Date: October 2008

Purpose: To provide procedures for responding to emergency calls outside of Okaloosa County.

Policy:

1. When a medic unit is dispatched to a location which is found to be outside the limits of the county, OCEMS will disregard county boundaries and provide whatever emergency care is required according to our current patient care protocols.
2. Mutual aid with surrounding counties.
 - a. All requests for mutual aid in adjacent counties will be handled by the EMS Shift Commander and the Communications Center. The determination of availability of mutual aid will be at the discretion of the Shift Commander.
 - b. All requests for mutual aid between Okaloosa and surrounding counties will be handled through the respective EMS Command from both services.

Responsibility: OCEMS has a responsibility to respond, when called upon to do so, to emergency calls in counties adjacent to Okaloosa County.

Title: Non-Patient Passengers
SOG#: 43
Effective Date: October 2008

Purpose: To provide for safe transportation of non-patient passengers.

Policy:

It is our policy that only one family member or friend of the patient is permitted to ride along.

This person must sit in the front seat and wear a seat belt. The only exception to this policy is in the case of a parent of a child/infant. He/she may ride in the back with the child but must wear a seat belt. If the parent or guardian becomes a hindrance to patient care, the paramedic will stop the unit and request the person to ride in the front seat.

The crew should explain to the non-patient passenger that the individual is responsible for arranging their personal transportation from the receiving facility to any other location.

Responsibility: It is the responsibility of the crewmembers to ensure that this policy is followed to ensure the safety of non-patient passengers.

Title: Non-Solicited Medical Intervention Protocol
SOG#: 44
Effective Date: October 2008

Purpose: The following policy provides procedures in cases of non-solicited medical interventions by non-EMS systems physicians and others at the scene of EMS operations.

Policy:

1. Patient care management shall not be turned over to any non-OCEMS system personnel, except to a physician who conforms with the procedure as described below.
2. Under no circumstances shall patient care management be turned over to nurses, physician's assistants, non-EMS system EMTs or paramedics, or other individuals who claim to be medically trained when EMS personnel are operating at the scene of an assignment.

PROCEDURE:

1. When a non-EMS system physician offers to assist in rendering care at the scene of an EMS operation of any type, or wishes to assume responsibility for directing patient care, and this is judged to be contrary to the best interests of the patient by the responsible EMS personnel on the scene, the responsible EMS personnel shall:
 - a. Assure that critical pre-hospital care is not interrupted at any time to respond to the non-EMS system person.
 - b. Inform the non-EMS system member, when circumstances permit, that their assistance, although appreciated, is not necessary.
2. When a non-EMS system physician insists upon intervening, the responsible EMS personnel shall take the following steps to ensure that neither EMS operations, nor patient care is compromised.
 - a. Request identification in the form of a valid M.D. or D.O. physician's identification licensure card issued by the state they practice in.
 - b. If a license card is presented the individual may assume patient management after:
 - (1) Speaking with and obtaining approval to assume patient management from the physician on duty at the EMS Medical Control facility.

- (2) If contact with an EMS Medical Control physician cannot be made patient care management cannot be turned over to a non-EMS system physician. EMS personnel must retain patient care management.
 - c. If the non-EMS system physician cannot properly identify himself or herself as described above, request the following assistance:
 - (1) Request that the Shift Commander respond to the scene, if not already present.
 - (2) Request that law enforcement respond if the possibility of a physical or verbal confrontation exists, and have the individual removed from the scene.
 - d. Expedite treatment of the patient if the crew or patient is likely to be placed in danger or patient care is being compromised. Attempt to transport as quickly as possible if this is judged to be the best course of action in protecting the patient or EMS personnel.
3. EMS Medical Control Physicians shall explain to the individual desiring to assume patient management that he/she must adhere strictly to all OCEMS patient-care protocols in all cases.
 - a. The assisting physician must accompany the patient in the ambulance to the hospital if approval is granted for transfer of patient management.
 - b. He/she must sign a statement acknowledging the above **on the run report**.
4. Non-system physicians desiring to assume responsibility for patient care management must abide by the procedure as set forth above.

Responsibility: It is the responsibility of all EMS crewmembers to inform Medical Control of any unsolicited medical intervention and to provide thorough documentation of such events as outlined in this SOG.

Title: On-Scene Operations - General Regulations
SOG#: 45
Effective Date: October 2008

Purpose: To provide general guidelines and regulations that shall be followed on all scenes.

Policy:

1. Employees of the Department shall:
 - a. Follow all appropriate patient-care protocols and procedures concerning operations and the delivery of patient care at the scene of each call.
 - b. Render pre-hospital emergency care as necessary to resuscitate, stabilize, remove and/or transport the patient in accordance with their level of certification.
 - c. Take all portable medical equipment to the patient including: stretcher, medical bag, cardiac monitor, O₂ and backboards, etc.
 - d. Document all data concerning call dispatch, patient information, patient assessment, treatment and transportation as completely as possible on the run report.
 - e. Be responsible for packaging, moving and transporting the patient to an appropriate, designated receiving facility with a maximum of safety, while continuing all required patient care.
 - f. When transporting physically handicapped persons, ensure that any prostheses, appliances, equipment (e.g., walkers, etc.), devices or other aids, as well as, seeing-eye dogs, that the patient requests or requires for mobility, are transported to the medical facility along with the patient, if possible. **An exception to this would be in cases where the paramedic feels that crew's safety is in jeopardy.**
 - g. Thoroughly evaluate the physical condition of the patient and provide pre-hospital care in accordance with the appropriate protocols before moving patient to the ambulance, if necessary.
 - h. If a survey of the scene indicates that additional resources are required, contact the Communications Center and specify what additional resources are needed. The Shift Commander shall be requested to respond to unusual incidents or multiple casualty incidents.

- i. Refrain from taking any action contrary to the policies and procedures of the department.
 - (1) If law enforcement or fire personnel order EMS personnel to take action, which is inconsistent with EMS policy, inform the individual that such action is contrary to EMS regulations.
 - (2) If the individual continues to insist that the crew take such actions, notify the dispatcher and request the Shift Supervisor to respond to the scene.
 - (3) While awaiting the arrival of the Shift Supervisor, personnel shall take reasonable and prudent steps to avoid confrontation with members of other agencies.
- j. Be responsible for the clothing and valuables of a patient and their safe delivery to the hospital.
- k. Treat patients, their relatives, and members of the public with courtesy and in a professional manner at all times.
- l. Cooperate with clergy who are ministering to the patient provided that patient care is not compromised.
- m. Accommodate reasonable requests by a family member or friend who wishes to accompany the patient to the hospital provided that patient care is not compromised. Additional permitted riders must be in the front passenger seat. The only exception would be a parent accompanying a young child, who could be seat belted in the patient compartment.

Responsibility: It is the responsibility of all employees to present a professional appearance and attitude at all times while performing their duties. The safety of crewmembers and patients should never be compromised. Employees of the Department are also advised to refer to the appropriate EMS patient-care (ALS/BLS) protocols as they pertain to individual responses.

Title: Outside Seminars, Conferences and Workshops
SOG#: 46
Effective Date: October 2008

Purpose: To provide procedures and criteria for evaluating and approving individuals to attend educational classes.

Policy:

1. Individuals desiring to attend outside educational activities, and attain reimbursement, should submit a letter of request to their Shift Commander. The letter should contain the following information:
 - a. Dates, times and cost of the activity (include brochures).
 - b. How the activity will benefit the individual.
 - c. How the activity will benefit OCEMS.
2. The Shift Commander will evaluate each request using the following criteria:
 - a. Involvement with Department activities (FTO, Bike Team, Water Rescue Team, Public Information activities, etc.).
 - b. Participation in projects above and beyond what is required.
 - c. Annual Evaluation scores (>40).
 - d. No disciplinary action received in the last year.
3. Once a Shift Commander recommends an individual they will write a letter in support of that individual and forward it to the EMS Chief for a final decision.
4. If selected to attend the activity, the individual must agree to either write an article describing the activities benefits for the newsletter or give a brief presentation at a scheduled staff meeting.
5. Each request will receive equal consideration and be ultimately based on available funds.

Responsibility: It is the responsibility of the employee, Shift Commander and EMS Chief to follow these guidelines to ensure fair application of this policy.

Title: Patient Transport Destinations
SOG#: 47
Effective Date: October 2008

Purpose: To ensure that patients are consistently transported to the appropriate medical facility.

Policy: Patient transport destinations should be determined using the following criteria:

1. OCEMS will transport stable patients to the hospital of their choice.
2. In an emergency situation, the patient will be transported to the closest medical facility.
3. Trauma patients meeting trauma transport protocol criteria will be transported to the appropriate trauma center if helicopters are available.

In the instance of an interfacility transfer, the patient should be transported to the facility noted on the patient transport form as directed by the transferring physician. If the patient's condition deteriorates while enroute to the receiving facility, Medical Control should be contacted to request a diversion to the closest medical facility for evaluation and treatment. In the event of a diversion, the paramedic attending to the patient will contact the on duty shift commander who will in turn contact the original accepting physician to provide explanation as to why the diversion was necessary.

The following are some examples of unstable and stable patient criteria:

1. **UNSTABLE:**
 - a. Crescendo chest pain.
 - b. Hemodynamic instability.
 - c. Non-patent airway.
 - d. Lack of intravenous access (central or peripheral) in the presence of severe hypotension.
 - e. Need for pericardiocentesis to relieve a pericardial tamponade.
 - f. Insertion of a chest tube to correct tension pneumothorax not managed by needle decompression.

- g. New onset of decrease in level of consciousness.
- h. Cardiac arrest.
- i. Contractions 3 minutes apart post rupture of amniotic membranes.

2. **STABLE:**

- a. Non-crescendo chest pain.
- b. Non-symptomatic hypertension.
- c. Non-symptomatic atrial fibrillation/flutter.
- d. Nausea/Vomiting.
- e. Shortness of breath with SAO2 greater than 95%.

Responsibility: It is the responsibility of each employee to transport patients to the appropriate facility using the guidelines set forth in this policy.

Title: Patients on Stretchers
SOG#: 48
Effective Date: October 2008

Purpose: To provide procedures for handling patient-bearing stretchers.

Policy:

It is the policy of Okaloosa County Emergency Medical Services that all patients transported by EMS ambulances be placed securely on the stretcher, the safety belts applied and secured, and the stretcher locked into position. This will, in most cases, prevent serious injury to the patient in the event of a vehicular accident.

The only exception to this policy would be the cases where a psychiatric patient is transported, and use of a stretcher would agitate the patient. In this case, the patient must be secured with the seat belts located on the bench seat of the patient compartment.

Patients shall be covered with a sheet or blanket when possible, to ensure privacy.

Responsibility: It is the responsibility of all crewmembers and supervisors to ensure that patients are handled in a safe manner at all times.

Title: Patients Transported to DECC
SOG#: 49
Effective Date: October 2008

Purpose: To provide procedures and criteria for patients transported to Destin Emergency Care Center (DECC).

Policy:

1. Patients who are categorized as minor and whose injury/illness is easily managed may be brought to the DECC for treatment. The following patients are deemed appropriate for transport to the DECC:

- a. Non-emergent patients with minor, uncomplicated medical symptoms.
- b. Minor, uncomplicated fractures.
- c. Minor, uncomplicated burns.
- d. Minor soft tissue injuries.
- e. Psychological or emotional problems that are not “Baker Act” patients, i.e., anxiety.
- f. Trauma patients who are triaged as “GREEN” by EMS. (“Green” patients are those with minor injuries.)
- g. Headache; non-trauma.
- h. Heat exhaustion.
- i. Non-severe asthma/COPD exacerbation; room air SATS >92%.

2. Patients who should not be transported to the DECC:

- a. Significant instability in vital signs; i.e., severe hypotension or hypertension.
- b. Signs and symptoms of acute abdomen; i.e., distended, very tender abdomen.
- c. Open fractures, displaced fractures with neurovascular compromise.

Revised: 08/2011

- d. Second degree burns greater than 10% or worse.
- e. Combative patients.
- f. Significant eye trauma.
- g. Severe respiratory distress.
- h. Chest pain, regardless of etiology.
- i. Patients who will likely require immediate surgical intervention.
- j. Snake/spider envenomation that might require antivenom.
- k. Trauma patients with abdominal or chest pain, loss of consciousness, spinal injury with signs and symptoms of spinal cord involvement, MVC with significant vehicular damage.
- l. Accidental/intentional ingestion.
- m. GI bleeding or any patient that has blood loss significant enough to require transfusion.
- n. Patients experiencing active seizures.
- o. Syncope patients.
- p. Etoh intoxication.

Responsibility: It is the responsibility of the transporting paramedic to determine if their patient meets the criteria for transport to DECC. The DECC should be contacted on the med radio to confirm the status of the patient prior to or during transport. If there are questions as to whether the DECC will accept the patient, physician contact should be made.

Revised: 08/2011

Title: Peripheral Venous Access for EMTs
SOG#: 50
Effective Date: October 2008

Purpose: To provide Medical Director approved procedures for EMTs employed by OCEMS regarding the initiating of a peripheral venous IV while on-duty.

Policy:

The following protocol is in accordance with the Department Of Health, Bureau of EMS, Chapter 64E-2.008 of the Florida Administrative Code.

An EMT employed by a licensed ALS provider, is authorized to start a non-medicated IV under the following conditions:

1. A non-medicated IV is initiated only in accordance with department approved protocols as approved by the medical director. This protocol includes the requirement that the non-medicated IV be initiated in the presence of a Florida certified paramedic (of the same licensed provider) who directs the EMT to start the IV.
2. By utilizing EMTs in this capacity, OCEMS shall ensure that the medical director approves training equivalent to that required by the 1999 U.S. D.O.T. EMT-Intermediate National Standard Curriculum relating to IV therapy. OCEMS will document successful completion of such training in each EMTs training file and make documentation available to the Bureau of EMS upon request.
3. The EMT operating under this protocol **must be employed with OCEMS and be on-duty** when performing peripheral venous access on a patient. The run report must reflect the name of the EMT who initiated the IV.

Responsibility: It is the responsibility of the paramedic on-scene to ensure that the above SOG is carefully followed.

Title: Plain Talk Radio Procedures
SOG#: 51
Effective Date: October 2008

Purpose: To provide common radio language text permitting brief, concise radio transmissions, thus eliminating any confusion.

Below is a list of common phrases used in transmitting a radio message:

<u>Procedure Phrase</u>		<u>Meaning</u>
ADVISE	-	Give message
AFFIRMATIVE	-	Yes
ARRIVAL _____	-	Arrived at hospital
AVAILABLE	-	Unit available for a call
CANCEL PER _____	-	Fire department, law enforcement, etc.
10-24	-	Crew is in trouble, dispatch law enforcement
CLEAR FROM _____	-	Left from, leaving from
CHANNEL CLEAR TO _____	-	One unit wants to talk to another
COPY	-	Understood
CORRECTION	-	Error was made (correct version is ...)
DISREGARD	-	Ignore
ENROUTE	-	Medic unit is driving to the dispatched location
IN SERVICE	-	Unit advising dispatch information received and responding
NEGATIVE	-	No
ON SCENE	-	Unit arrived at the call
PX	-	Phone

- PRIORITY - Emergency traffic, clear channel to unit
- RADIO CHECK - Followed by 5, 4, 3, 2, 1
- REPEAT - Say last transmission over
- RESPONDING - Responding to a call
- STANDBY - Do not transmit until told to do so

Response Modes:

- Alpha** (non-emergency) - Responding without lights and siren
- Charlie** (emergency, non-critical patient) - Responding lights and siren
- Delta** (patient's condition is critical) - Responding lights and sirens
- Echo** - Scene is unsafe, unit must stage

Responsibility: It is the responsibility of all OCEMS employees to exercise professionalism when communicating by radio, allowing for transmissions to be short and concise.

Title: Press Releases
SOG#: 52
Effective Date: October 2008

Purpose: To provide procedures for handling requests by members of the media.

Policy: All media requests for information will be forwarded to the Shift Commander, EMS Chief, Public Safety Director and the Emergency Management Chief as outlined below:

REACTIVE COMMUNICATIONS

1. Phone Inquiries:

- a. Inform the caller that OCEMS policy does not authorize you to make any form of comment.
- b. Record the caller's name, organization and phone number, and summarize what the request pertains to in the station or Communications Center logbook.
- c. Inform the caller that you will notify your Shift Commander of the request.

2. Personal Inquiries:

- a. Inform the individual that policy does not authorize you to make any form of comment.
- b. Direct the individual to contact the Shift Commander.
- c. Record the individuals name, organization and telephone number, and summarize what the request pertains to in your station logbook.
- d. If the individual persists in their request, leave the area if patient care is not affected. If this is not possible, continue patient care, continue to refrain from comment and advise dispatch to have the Shift Commander dispatched to the crew's location.

PROACTIVE COMMUNICATIONS

In those cases where OCEMS wishes to initiate communications with the media, the Public Safety Director will oversee and approve all press releases, advertisements and/or promotions.

Responsibility: It is the responsibility of all OCEMS employees to adhere to the above policies and exercise sound judgment when responding to information requests by media personnel.

Title: Prohibited Conduct/Sexual Harassment
SOG#: 53
Effective Date: October 2008

Purpose: To maintain a safe and professional work environment and provide procedures when a situation regarding prohibited conduct or sexual harassment occurs.

Policy:

It is essential that employees be allowed to perform their duties in a non-discriminatory and non-threatening work environment. Specific forms of prohibited conduct and sexual harassment are outlined in the Human Resources Policy Manual. Any form of prohibited conduct or sexual harassment from or towards an OCEMS employee will not be tolerated. Such actions will result in disciplinary action and/or termination of employment.

All employees have a duty to report any incidents of prohibited conduct or sexual harassment regarding an OCEMS employee. This also applies to employees of outside agencies as well. Any instance of the above is to be immediately reported to the Shift Supervisor or any other member of management. Failure to do so may result in the employee receiving disciplinary action for failure to report such an incident involving employees in the workplace.

Any questions regarding prohibited behavior or sexual harassment should be referred to the Human Resources Department.

Responsibility: It is the responsibility of all employees to ensure that any situation involving prohibited conduct and/or sexual harassment is avoided at all times, or if encountered, is reported to management.

Title: Record Keeping
SOG#: 54
Effective Date: October 2008

Purpose: To ensure adequate and required documentation of the following:

- Personnel Records
- Exception Reports
- Run Reports
- Patient Medical and Billing Information
- Employee Time Sheets
- Daily Operation Reports

Failure to properly maintain the above records may result in disciplinary action.

Policy:

NOTE: All reports and records must be legible.

The information on all these documents may not be inspected, copied, or removed without the expressed consent of the EMS Chief and/or release of medical record by a subpoena.

All amendments to run reports must be written by the original author. They will be submitted electronically by the billing coordinator.

All patient information and employee personal data is considered strictly confidential and is not to be discussed with anyone without management approval.

Employees are required to keep personal information accurate. Please be sure to notify all management of any changes to personal data (name changes, phone numbers, and addresses) as soon as they occur.

NOTE: At no time is it acceptable to delay completion of a patient report. All reports will be completed before off-going crew departs. If reports take longer than one hour to complete after the end of your shift, the Shift Commander must be notified. Additionally, any outstanding reports that require attention either for an addendum or corrections will be completed within 72 hours of notification. Delay in correcting reports after 72 hours may result in disciplinary actions.

Responsibility: It is the responsibility of each employee to ensure that the policy regarding record keeping is followed. The Shift Commanders are responsible for policy enforcement.

Revised: 2/2014

Title: Responses Involving Emotionally Disturbed Patients
SOG#: 55
Effective Date: October 2008

Purpose: To safeguard both patients and EMS personnel against bodily harm during a response involving an emotionally disturbed patient.

Policy:

At all times, when present, law enforcement is responsible for, and in control of, any emergency call involving an emotionally disturbed patient.

Upon notification of the initial dispatch information, if it is reported that the patient is suicidal, violent and/or threatening other individuals, the dispatch center will dispatch a unit "Echo" response. The responding unit will **stage** with fire department personnel until law enforcement arrives and secures the scene.

If a patient is willing to be transported to a hospital and, in the crew's judgment, the patient can be removed without restraint or assistance, the crew may transport the patient to the hospital (if there is a medical necessity for transport by ambulance) without waiting for law enforcement. If there is no medical necessity for transport, law enforcement will transport the patient.

If a patient does not desire transportation to a hospital, is alert, oriented and able to understand his/her condition; treatment may be refused. If there is a question on the patient's ability to make sound decisions, medical control and/or law enforcement should be contacted to assist in Baker Act enforcement.

If a patient is found to be emotionally disturbed and is capable of violent action, EMS personnel shall await the arrival of law enforcement before attempting to treat the patient. EMS personnel shall not knowingly approach or remove a violent, emotionally disturbed patient without law enforcement present to accompany the patient.

If law enforcement at the scene finds it necessary to utilize restraining equipment, such as handcuffs, and the patient still needs transport by ambulance, every attempt should be made to restrain and position the patient in such a way that will facilitate CPR, should it become necessary. At least one law enforcement officer, if available, should ride in the patient compartment when handcuffs are used to restrain a patient. All emotionally disturbed patients shall be transported to the closest receiving hospital.

Where an emotionally disturbed patient is to be transported in custody from a law enforcement station or facility and no law enforcement officers are immediately available to accompany the patient, the crew shall contact the Shift Commander for assistance after evaluating the patient.

Responsibility: It is the responsibility of all OCEMS employees to exercise caution when responding to a psychiatric/behavioral emergency. In addition, all OCEMS personnel will cooperate with law enforcement officers when dealing with such patients.

Title: Run Number Report Requirements
SOG#: 56
Effective Date: October 2008

Purpose: To ensure the accountability and proper tracking of medic unit responses.

Policy:

Run numbers will be assigned to all details assigned via radio by the Communications Center. This will include all standbys, sporting event assignments, special details such as festivals, concerts and public relations contacts. The above cited assignments will not require the initiation of a report unless it develops into a patient care situation or if the Shift Commander specifies that a report be written due to the nature of the detail. Reports will also be required for the below listed situations:

- a. All paid standbys.
- b. All Public Assist calls where contact is made with a patient.

ALL PATIENT REFUSALS WILL REQUIRE A REPORT

When a call is “No Report”, as in the examples above, the Communications Center will attach the letter “X” to the existing incident code. This will account for the run number and indicate that no report was written. The dispatcher will also indicate in the comment section of the CAD program the reason for the “No Report” disposition. All incident codes not having an “X” attached will require a written report to be completed.

Responsibility: It is the responsibility of the Communications Center to issue the appropriate run number for each call. The medic writing the run report is responsible for documenting the proper run number on the report.

Title: Safety Gear
SOG#: 57
Effective Date: October 2008

Purpose: To provide for proper utilization of all issued safety equipment.

Policy:

All OCEMS field personnel are issued the following safety equipment:

1. Protective headgear.
2. Jackets (not flame retardant).
3. Weapons of mass destruction level C protection.
4. Personal protective equipment (gown, goggles, reflective vests, mask, gloves, ear plugs, red trash bag, blue pouch).
5. Protective footwear.

The appropriate level of protective gear must be worn by all field personnel during the following situations:

1. MVAs.
2. Structure fire scenes, as needed.
3. Haz-Mat incidents, as needed.
4. Any time there is potential for exposure to an infectious disease.

Responsibility: The department provides safety equipment to all field personnel. All personnel are expected to utilize safety equipment as appropriate. All employees are to wear high-top boots while on duty.

Title: Shift Change Procedures
SOG#: 58
Effective Date: October 2008

Purpose: To provide procedures for performing a shift change/pass-on.

Policy:

1. The off-going crew will begin end-of-shift duties no later than 6:30 a.m.
2. The off-going crew will inspect the station for cleanliness, including taking out trash. Kitchen and bathroom areas will be cleaned and all linens are to be removed from the beds. The floors will be vacuumed or swept and mopped.
3. Vehicles will be washed every shift, notwithstanding inclement weather, and the inside patient and crew compartments cleaned. The off-going crew will be responsible for restocking the unit. Vehicles will have no less than 3/4 of a tank of fuel. **It is the off-going crew's responsibility to ensure that the medic unit is fully operational and ready for service.**
4. Off-going crews will ensure that all paperwork and patient care reports are complete.
5. The off-going crew will make all necessary logbook entries.
6. Both the on-coming and off-going paramedic must sign the narcotics log and review for any errors or omissions.
7. A verbal pass-on will be given to the on-coming crew as to any discrepancies involving the ambulance, station, equipment or supplies. The on-coming crew must submit supply orders to the logistics office.

Responsibility: It is both the on-coming and off-going crews' responsibility to ensure a smooth and thorough shift pass-on.

Title: Shift Duties
SOG#: 59
Effective Date: October 2008

Purpose: Outlines specific daily duties and responsibilities for EMS personnel.

Policy:

1. All 24-hour employees will be in uniform and ready for emergency response no later than 0700 hours. BLS crews will be ready for duty as outlined by their schedule.
2. The on-coming crew will retrieve radios, Blackberry and unit keys from the off-going crew.
3. The on-duty crew will perform a pager/radio check at 0710 hours via the Communications Center pager check. The on-duty crew will advise the Communications Center of the employee unit numbers and if a 3rd rider is on board.
4. The on-duty crew will perform a check of their medic unit and any back-up units at the station. Findings will be documented on the unit check sheet.
5. Any missing or broken equipment must be reported to the Shift Commander immediately.
6. The ToughBook should be connected to the server as soon as practical to ensure patient reports are submitted in a timely manner.
7. The on-duty crew will advise the need for maintenance on the unit or any equipment, and procure supplies that need to be picked up or refilled.
8. The on-coming crew will review the station logbook entries for the past two shifts and make all required entries.
9. **The Shift Commander will inspect for the above during his/her station rounds.**

Responsibility: It is the responsibility of the on-duty crew to ensure that the shift duties are completed in a timely manner.

Title: Special Teams
SOG#: 60
Effective Date: October 2008

Purpose: To provide the Special Operations Teams with a standard operating procedure to report training, to obtain continuing education credit, and to maintain a current roster approved for special team pay.

Policy:

Each team will be assigned to a Shift Commander and the commander will designate a team leader. The team leader will provide information about their training activity to their assigned Shift Commander. A training schedule and travel request must be provided 30 days in advance for consideration. All team leaders will regularly update rosters as needed to ensure special team pay is only paid to qualified individuals and to provide contact information to update the Telestaff notification system.

Information to be provided:

1. Date training is scheduled to occur, length of the course or class, and the location of the training.
2. Type of training and subject matter.
3. Resources needed for the training session, if any.
4. Course outline and instructors.
5. Instructors must have a CV (resume) on file or provide one.
6. A course roster listing all personnel who will be attending the training.
7. Any travel requiring use of a county vehicle must have prior approval from the Public Safety Director.

Responsibility: It is the responsibility of each team leader to be familiar with and utilize this SOG to insure that documentable training occurs and that CEUs are granted as appropriate.

Title: Standby and Public Relations Events
SOG#: 61
Effective Date: October 2008

Purpose: To provide guidelines for OCEMS employees when performing stand-by or public relations duties.

Policy:

1. During such events, OCEMS personnel will wear the proper uniform and present a professional image at all times.
2. The rescue unit will be cleaned before arrival to the stand-by.
3. The rescue unit will arrive fifteen minutes prior to starting time, if possible.
4. At least one crewmember will stay with their assigned unit at all times.
5. Upon completion of the stand-by/public relations event, if it is to be billed, the EMS crew will complete a run report.

Responsibility: It is the responsibility of all OCEMS employees to present a professional image, at all times, when in the public's view.

Title: Station Logbooks
SOG#: 62
Effective Date: October 2008

Purpose: To provide documentation of information pertinent to daily operation for security and accountability, logbooks are issued to each station and the Communications Center to provide permanent record of all non-medical events pertinent to the operations of the unit/station.

Policy:

Each crew will record, as a minimum, the following:

- a. Time, crew names, and unit number when reporting for duty.
- b. Condition of medic unit, station, discrepancies, and missing/damaged equipment.
- c. Controlled substance inventory.
- d. Record of scheduled/unscheduled leave, personnel leaving or returning during shift, and all shift swaps.
- e. Record of all personnel in station during shift including visitors, students etc., and for what reason.
- f. Correspondence, memos or policy and procedures received or sent.
- g. Training or Public Relations assignments.
- h. Any unusual incidents.
- i. Condition/status of back-up medic units.
- j. Record run activity with time, incident #, and whether ALS/BLS.
- k. End of Shift, time off duty.
- l. General information to be passed on to next shift.

Responsibility: It is the responsibility of all OCEMS crewmembers to appropriately document information in the station logbook as outlined in this SOG.

Title: Station/Unit Security
SOG#: 63
Effective Date: October 2008

Purpose: To ensure the proper security of personnel, stations, and County property.

Policy:

1. It is imperative that the EMS stations be locked at all times.
2. No persons, other than OCEMS personnel, will be allowed access to any OCEMS station after 2200 hours. Exceptions must be approved by the Shift Commander.
3. Under routine (non-emergency) circumstances parked ambulances must be turned off and securely locked, both the cab and patient compartments. While at hospitals, the unit is to be turned off rather than allowing it to idle. Unattended ambulances left running are a safety and security risk and also needlessly consume fuel.
4. When units are at stations they will be backed into the designated parking space at that station and secured as noted above. This will allow for easy egress to the roadway in a safe manner. Units will not under any circumstance be parked in an unsafe manner.

Responsibility: It is the responsibility of all OCEMS employees to ensure that all doors to the building are closed and locked, and to ensure the security of their assigned medic unit.

Title: Supervisory Contact
SOG#: 64
Effective Date: October 2008

Purpose: To ensure supervisors are adequately notified of significant operational emergencies/incidents.

Policy:

1. In the event any of the following emergencies occur, the Shift Commander will be notified by the Communications Center:
 - a. All cardiac and trauma arrests.
 - b. Mass Casualty Incidents.
 - c. Airplane accidents/incidents
 - d. Motor vehicle accidents with entrapment, rollovers, ejections, head-on collisions, multiple patients; and vehicle vs. pedestrian, bicycle or motorcycle (all without stable patient information).
 - e. All structure fires reported to be fully involved.
 - f. All hazardous materials incidents.
 - g. All vehicle breakdowns or accidents involving department vehicles.
 - h. All injuries to EMS, fire and law enforcement personnel.
 - i. Amputations.
 - j. Animal attacks—unstable or unknown patient information.
 - k. Army Ranger incidents (send two units and MEDCOM until further information is obtained).
 - l. Assaults with life threatening injuries.
 - m. Bomb threats with a confirmed device.
 - n. Burns (severe with respiratory distress or multiple patients).
 - o. Respiratory arrest—choking with complete airway obstruction.
 - p. Continuous seizures.

- q. Drowning and near drowning.
 - r. Explosions.
 - s. Electrocutions (to include lightning strikes).
 - t. Gun shot wounds.
 - u. Long falls (definition: any fall greater than 6 feet) and without stable patient information.
 - v. Missing persons/search and rescue incidents.
 - w. School bus incidents.
 - x. Stabbings.
 - y. Watercraft accidents.
 - z. Water rescue incidents.
2. EMS personnel requesting law enforcement assistance: If EMS personnel feel in danger of bodily harm, they are to radio for assistance by calling "10-24" or push the red emergency button on the SLERS radio.

Responsibility: It is the responsibility of both the Shift Commander and Communications Center personnel to maintain communication during significant emergency events.

Title: Third Riders
SOG#: 65
Effective Date: October 2008

Purpose: To provide procedures for students and riders on medic units.

Policy:

1. Individuals riding on any OCEMS vehicle will be limited to the following:
 - a. OCEMS employees undergoing orientation or training.
 - b. Individuals employed or associated with agencies/organizations with business or interests related to Emergency Services. These individuals will ride only with special permission of the EMS Chief.

NOTE: Persons riding under this stipulation will be *observers* only.

- c. Students **currently** enrolled in an EMT/Paramedic program that have a Memorandum Of Understanding with OCEMS.

NOTE: Students may be allowed to participate in patient care, within the scope of their training, at the discretion of the paramedic in charge of the medic unit.

No one riding under the stipulation of paragraph “b.” above will remain past 2200 hours unless the medic unit is actively involved with a call.

2. All potential riders must meet the following established criteria prior to the beginning of the ride:
 - a. Completion of an established bloodborne pathogens training course.
 - b. Completion of proper release of liability waiver and meeting with the affected Shift Commander or EMS Chief. Rules of conduct will be outlined to the person being scheduled to ride.
 - c. Proper dress and identification as observer/student to insure that rider will not be mistaken for an EMS employee. Acceptable attire is blue or black slacks (no jeans), a button-down or polo-type shirt, and black shoes or boots (no tennis shoes). Military students will wear the uniform authorized by their instructor.

Responsibility: It is the responsibility of the employees and management staff to ensure that the above policy is followed to ensure safety, security, and proper patient care.

Title: Time Sheets
SOG#: 66
Effective Date: October 2008

Purpose: To provide procedures for completing bi-weekly time sheets.

Policy:

1. Time sheets must be submitted to the Shift Commander's office by 0800 on the Friday preceding payday.
2. Time sheets will be prepared on all personnel except for salaried positions.
3. Time sheets will be prepared utilizing the Excel spreadsheet program and sent via Okaloosa County email accounts to: EMSSuper@co.okaloosa.fl.us. No others will be accepted.
4. At the end of each pay period, the Shift Commander will check for accuracy and any necessary adjustments will be made.
5. The Shift Commander will sign all time sheets for personnel under his/her direct supervision.
6. Explanations for leave, overtime, swap time, etc. must be included on the time sheet.

Responsibility: It is the employee's responsibility to see that his/her time sheet is completed and forwarded to his/her Shift Commander. If no time sheet is turned in by the required time, the full-time employee will only receive pay for base hours. Relief employees will not receive a check until the next pay period.

***** Falsification or failure to submit time sheets will likely result in disciplinary action up to and including termination.**

Title: Unable to Locate Patient/Location of Call
SOG#: 67
Effective Date: October 2008

Purpose: To provide procedures for EMS units arriving on scene and the patient cannot be located.

Policy:

1. All EMS personnel of the Department shall:
 - a. Respond directly to the location of the assigned call as provided by the Communications Center.
 - b. Upon arriving at the location of the assignment, make every attempt to locate the patient/incident by checking the immediate area before giving a final disposition.
2. In the event a patient/incident cannot be located the responding crew will:
 - a. Contact the dispatcher and request verification of the address/location and particulars of the call.
 - b. If no further information is available and the information given is invalid or unfounded, and bystanders are obvious, interview them in regards to information received.
 - c. Advise the dispatcher of:
 - (1) The final disposition of the call, and
 - (2) Availability status of the responding medic unit via radio.
3. The Communications Center shall:
 - a. Attempt to verify all information provided by the caller.
 - b. Relay any additional information obtained to the assigned medic unit.

A run report is not required for "unfounded" calls, however, the dispatcher will assign a run number for statistical purposes.

Responsibility: It is the responsibility of all responding crews to make every reasonable effort to locate the patient before informing the Communications Center that the call is "unfounded."

Title: Uniform Dress Code
SOG#: 68
Effective Date: October 2008

Purpose: To provide guidance for employees regarding dress and appearance while on duty and standard issue items.

Policy:

All County employees of Emergency Medical Services are required to wear their issued uniform while on duty. Failure to wear the specified uniform may result in being sent home without pay in addition to disciplinary action. Repeated violations of this policy may result in termination of employment.

Uniforms will be provided, but will remain the property of Okaloosa County Emergency Medical Services. It is the employee's responsibility to return all uniforms and personal protective equipment (PPE) upon termination of employment.

Please note that no additional items are to be worn beyond those specified below or as listed in the County Policy Manual.

Approved Uniform for Field Personnel:

1. County issued pants, shirt (all shirt buttons will be fastened except for the top-most button).
2. Black uniform belt with plain silver or gold buckle (provided by the employee).
3. Black, high-top boots, cleaned and polished (provided by the county).
4. Plain undershirt, either v-neck or crew neck style (no lettering). No other style of undershirt is authorized (such as half-cut, tank style, sports-bra, etc.).
5. Coat as supplied by OCEMS.
6. At least one clean spare uniform should be available on shift, in case of contamination.
7. Issued jumpsuits must be worn from dusk to dawn. A white or navy undershirt must be worn under the jumpsuit. The regular duty uniform should be worn during the dawn to dusk hours every day.

8. Authorized patches (county and state certification) will be worn as follows on dress shirts:
 - a. Paramedic/EMT patch to be worn on right shirt sleeve, centered, 1 inch below shoulder seam.
 - b. County patch worn on the left sleeve, centered, 1 inch below shoulder seam.
9. Excessive jewelry is prohibited. Authorized items include watch, rings (no more than 3), and necklaces (must be tucked inside of shirt and out of view). Earrings must be conservative in nature (stud-type, maximum of 3mm in diameter) and no more than one pair may be worn while on duty. Other piercings (eyebrows, nose, tongue, etc.) shall not have visible jewelry in place while on duty. Rings and/or fingernails that interfere with the donning of gloves or limit manual dexterity are not allowed. Nail color should be of a neutral tone with no extreme design or bright fluorescent colored polish.
10. Prescription and non-prescription eyewear worn on duty will be conservative in nature. The only non-prescription eyewear to be worn inside of a patient care facility or patient's residence will be protective eyewear.
11. Hair will be neat in appearance. Long hair must be worn up or tied back while on a call.

Responsibility: It is the responsibility of the employee to ensure that they display a professional public image at all times while on duty. The Shift Commanders have an obligation to enforce the dress code as outlined above.

Title: Uniform Issue
SOG#: 69
Effective Date: October 2008

Purpose: To provide general guidelines for employee uniform issue and the terminating employee's responsibility to return OCEMS property.

Policy:

1. Employees are responsible for keeping uniforms in good condition and replacing uniforms as needed beyond the annual allotment. EMS does not replace uniforms for fading, weight gain or weight loss. If damage should occur to a uniform item ON A CALL, contact the on-duty Commander as soon as reasonable after that call.
2. Employees are required to sign for all issued items. When new issue arrives, employees will be sent an e-mail by Logistics with a 'cc' to the Commanders. New issue must be picked up within 2 weeks.
3. Upon termination, ex-employees have 15 days to return all uniform issue to Logistics. If issue is unreturned, Okaloosa County EMS may hold final pay checks and will file theft charges with the Okaloosa County Sheriff's Office if there is no final check to hold.

Title: Unit Location and Status
SOG#: 70
Effective Date: October 2008

Purpose: To ensure that dispatch has the most accurate information concerning crew locations and status in order to utilize resources most effectively.

Policy: When dispatch contacts the crews via radio, the crew will respond with their identity and location, for instance: "Medic 8, Lovejoy and Mary Esther Cutoff." Crews must also notify dispatch of a change in their location or status, for example: "Medic 10 is available at Carmel and Beal for fuel," then once clear fueling, "En route to District 10."

***REMINDER:** Always use proper radio procedures. No one way traffic.

Responsibility: It is the responsibility of the crews to follow this SOG and advise dispatch of their location and status.

Title: Use of Electronic Communication Devices
SOG#: 71
Effective Date: October 2008 (Revised: June 2010)

Purpose: To ensure full attention to patient care and operational activities at all times.

Policy:

Any contact necessary between dispatch, medic units, Shift Supervisors, hospitals, etc., will be done through department issued equipment.

Any contact with family, friends, and other non-business communication will be conducted via telephone.

Personal cellular phones may be used with discretion, i.e., at your station or after completion of a call. Cell phones, both personal and EMS issued, are **not** to be used when operating the ambulance, providing patient care, or to routinely give a patient report to the Emergency Room. Camera and video options will not be used to capture any patient images in accordance with HIPAA privacy rules (see SOG 29-32). This includes on-scene, during transport or at the receiving facility. In cases of radio failure, it is acceptable to utilize the cell phone to contact dispatch or relay patient information.

EMS issued NEXTELS are to be used for conducting EMS business only.

1. The NEXTEL issued for each medical unit is to be carried by one crewmember at all times.
2. EMS business numbers are stored in the phonebook of each NEXTEL. Do **NOT** add or delete numbers without proper authorization. Keypads will remain 'locked' to prevent errors. NOTE: Phone logs are printed and reviewed monthly.
3. All hospital phone numbers are Emergency Department phone numbers. Long distance ED numbers for out of county transfers are included.
4. NEXTELS are not to become the 'standard' method of contacting dispatch for run number and times. Follow SOG 34 via landline whenever possible.

Responsibility: It is the responsibility of all OCEMS employees to comply with this SOG and use discretion regarding the use of both personal and EMS issued electronic communication devices while on duty, and to maintain the privacy of every patient and secure protected health information according to law.

TITLE: Utstein Template Worksheet Completion
SOG#: 72
Effective Date: October 2008

Purpose: To provide guidelines for OCEMS employees and ALS fire department personnel, in the completion of an Utstein Template initial worksheet for all cardiac arrest patients.

Policy:

In order to analyze treatment and procedures initiated to arrest patients an Utstein evaluative approach will be initiated.

General Procedures:

1. An Utstein Template initial worksheet must be completed for **all** patients suffering cardiac arrest (**Box A-J**).
2. The completed template worksheets will be filed in a designated folder titled *Utstein Worksheets* and collected by the on-duty Shift Commander daily.
3. The completed worksheets will be analyzed monthly; in cases where the patient survives the pre-hospital setting a post admit continued analysis will be conducted. The total data collected over the course of a year will be evaluated for a final statistical survivability analysis in May of each year.

Responsibility: It is the responsibility of all employees, including ALS fire department personnel to complete an Utstein Template worksheet on all patients suffering cardiac arrest.

Okaloosa County Emergency Medical Service

Utstein Template Work Sheet

Patient's Name _____

Date _____

EMS Run Number _____

ALS/Fire Department Run Number _____

Responding Unit _____

OCEMS Staff Unit Numbers _____ & _____ -- _____

Utstein Template Worksheet



Title: Vehicle Accident Policy
SOG#: 73
Effective Date: October 2008

Purpose: To provide procedures for reporting EMS vehicle accidents.

Policy:

All accidents involving an EMS vehicle, regardless of the extent of damage, must be reported immediately to the Communications Center. The dispatcher will log the time of notification of the accident and will immediately notify the on duty Shift Supervisor and the appropriate law enforcement agency for response to the accident.

Guidelines for Vehicle Accidents

In the event an EMS vehicle is involved in a motor vehicle accident, the vehicle operator/crew shall:

- a. Protect the scene by using vehicle warning lights, flares or cones as needed.
- b. Notify the Communications Center immediately with the following information:
 - (1) The location of the accident.
 - (2) Any injuries resulting from the accident.
 - (3) Whether or not additional assistance is required (e.g., police, fire department or an additional ambulance to transport a patient).
 - (4) The extent of damage to the vehicle(s) and/or other property.
- c. Administer emergency medical care to persons injured in the accident until additional resources arrive. Complete a run report for each patient care was given to.
- d. If possible, leave the vehicle(s) in the accident position, until law enforcement arrives. If the vehicles(s) involved in the accident are in a hazardous location, the vehicle(s) may be moved to a safe location.
- e. Do not discuss any information regarding the accident with anyone except law enforcement and the assigned Shift Commander. Do not accept responsibility for the accident. This will be determined by law enforcement.
- f. Obtain the following information from the other driver(s).

- (1) Name, address and phone number.
 - (2) Make, model and vehicle license number.
 - (3) Insurance Company, policy number and agent name.
- g. Obtain the names, addresses and phone numbers of any witnesses.
 - h. Dispatch will log the exact time and location of the accident.
 - i. The crew must remain at the scene until released by law enforcement. After the investigation is over, write a detailed description of what happened on an accident report. Draw a detailed picture of the scene on the form where indicated. Submit the completed form to the Shift Commander by the end of your shift. You may not leave work until this is done, unless medically necessary.
 - j. Drug and alcohol testing will be conducted in accordance with Okaloosa County policy. Human Resources Policy XXIII states that employees who have contributed to an accident with injury to a person or persons that requires a physician's care or where damage to property in the amount of \$1,000 or greater has occurred, will be required to submit to drug screening.
 - k. All personnel involved in an accident with suspected injuries will be referred to the worker's compensation physician or the nearest medical center for evaluation. All claims will be filed in accordance with on-the-job injury policy (See Okaloosa County Human Resources Policy Manual).
 - l. The Shift Supervisor will take pictures of the accident scene, complete a supervisor's accident report, and forward all documentation of the accident to Risk Management.

Responsibility: It is the responsibility of all employees to use sound judgment and safe driving techniques when operating any EMS vehicle.

Title: Vehicle Maintenance Facility
SOG#: 74
Effective Date: October 2008

Purpose: To maintain OCEMS response vehicles in serviceable and working order.

Policy: Okaloosa County maintains facilities to accommodate the storage and repair of ambulances. These facilities are not to be used by anyone other than personnel designated by the Director of Fleet Maintenance.

Tools and other shop equipment are off limits to unauthorized personnel. Vehicle equipment/supplies must be requisitioned through the Supply and Logistics Supervisor. No vehicles will be taken to the maintenance garages or to dealerships without the approval of the Supply and Logistics Supervisor and/or the Shift Supervisor.

Under no circumstances will field personnel telephone the Fleet Maintenance for vehicle status.

Maintenance Facility Locations

1. North County Fleet Maintenance, 2798 Goodwin Avenue, Crestview.
2. South County Fleet Maintenance, 84 Ready Avenue, Fort Walton Beach.

Responsibility: It is the responsibility of all personnel operating an OCEMS vehicle to ensure that the preventive maintenance schedule is followed to maintain serviceability and operation.

Title: Vehicle Refueling
SOG#: 75
Effective Date: October 2008

Purpose: To provide procedures for fueling EMS vehicles and card security.

Policy:

Okaloosa County vehicles use the Fuelman and/or Wright Express fuel cards for refueling. Each vehicle is issued a Fuelman and a Wright Express card. These cards are vehicle specific and will be kept secured in the vehicle they are assigned to without exception. Each qualified driver will be issued a personal identification number (PIN) for use with each gas card. Employees are responsible for remembering their issued PINs and under no circumstances should the PINs be exchanged between employees. At the beginning of each shift, employees will inspect their unit for all cards. If any card is missing, the Shift Supervisor is to be notified immediately.

Fuelman/Wright Express Card Instructions:

1. Verify the gas station will accept the Fuelman or Wright Express card.
2. These cards are accepted widely with “pay at the pump” convenience.
3. Use the Pay at Pump or Point of Sale (POS) machine located inside the store. If you cannot pay at the pump, you must SEE the cashier BEFORE pumping fuel.
4. Collect all receipts.
5. If neither card can be used for any reason, the on-duty Shift Commander must be notified immediately for further instructions.

Approved Fuel Locations for County vehicles:

EMS vehicles will be fueled at County fueling locations listed below:

North County

2798 Goodwin Avenue
Crestview, FL 32539

South County

84 Ready Avenue
Fort Walton Beach, Florida

141-A Hollywood Blvd NW
Fort Walton Beach, Florida

Exceptions:

When traveling outside the County, use Fuelman stations exclusively. This will require planning to identify Fuelman stations along your route. A search may be

performed online at *fuelman.com*. If out-of-county fueling is required, always obtain a receipt and follow the documentation process outlined below.

It is understood that certain operational conditions will exist where travel across multiple response districts to refuel at an approved location is impractical.

Under these conditions, and with approval from the EMS Shift Commander, ambulance crews may refuel at alternative in-county commercial fuel locations that accept Fuelman. The following procedures will be followed and documented:

1. With approval, refuel at an alternative location that accepts Fuelman according to the instructions above.
2. Collect the receipt for the purchase.
3. Attach the receipt to an 8.5 x 11 sheet of paper.
4. Document the following on the paper next to the receipt.
 - a. Who obtained the fuel
 - b. Who approved the fuel purchase
 - c. Reason for obtaining fuel at an alternative fuel location
 - d. Sign and date the bottom (employee obtaining the fuel)
5. Place in Commander's file box in the station.

Shift Commanders will collect and sign fuel receipts daily and deliver to the logistics office.

The Logistics Supervisor will batch the fuel receipts by month. Fuel receipts will be reconciled individually with the monthly fuel report provided by the Fleet Department and filed appropriately for later inspection.

Never use personal cash or credit card to purchase fuel in the event of a system failure. Each EMS Shift Commander and/or the Logistics Supervisor can pay for fuel over the phone in crisis situations if necessary. In these situations, collect the receipt and document as outlined above.

Responsibility: It is the responsibility of all EMS employees to ensure that the above procedures are followed regarding the fueling of vehicles, and to make certain the vehicle specific cards remain with the specific unit they are assigned to. The off-going crew will ensure the vehicle has no less than $\frac{3}{4}$ tank fuel.

Revised: 8/2014, 9/2015

Title: VHF Pagers
SOG#: 76
Effective Date: December 2009

Purpose: To ensure notification of dispatch information to on-duty crews and supervisors.

Policy: Each unit will be issued two pagers. One is to be carried by the duty EMT and the other by the duty paramedic. The duty Medcom and Lieutenant will also carry a pager. The pager should be clipped securely to your belt to avoid dropping and possible damage.

Each pager will have its own charger and each Medic Station will have a charger/amplifier that one of the pagers will be placed into to allow audible station notification when the crew retires in quarters.

There are four select channels on the pagers:

- A. South-end EMS paging frequencies
- B. South-end EMS paging frequencies
- C. North-end EMS paging frequencies
- D. North-end EMS paging frequencies

It is imperative that the North-end units keep their pagers on Channel C or D, and the South-end units keep their pagers on Channel A or B. Units who are moved to provide coverage will need to switch to the appropriate channel as they approach Duke Field, or they won't receive pages.

Responsibility: Each employee is expected to insure that his/her issued pager is charged, on the correct channel and secured to their person during their shift. Failure to follow this policy could result in missed notification of a call and therefore possible disciplinary action.

Revised: 2/2015

Title: **Bariatric Transport Unit**
SOG#: **77**
Effective Date: **May 1, 2012**

Purpose: To identify the need for deployment of the Bariatric Unit. To provide safe, comfortable, and dignified transportation to morbidly obese patients, and reduce the number of responding units and personnel required to properly transport obese patients.

Policy: EMS crews will utilize a Bariatric Unit to transport the patient any time that the patient meets the parameters for Bariatric Unit transport unless the following are met:

1. The primary EMS crew determines that patient condition warrants emergent transport and awaiting the Bariatric Unit will significantly delay transport of the patient.
2. The EMS crew members collaboratively determine that they can safely move and transport the patient without Bariatric Unit response.

The Bariatric Unit is identified as **28B** and will be centrally located for best availability, as determined by the EMS Chief or designee.

Bariatric Parameters: The Bariatric Unit has the capability to carry and lift patients weighing up to 1089 pounds.

If information is received in dispatch that the patient fits within the listed parameters, they will notify the Medcom of the need to deploy the Bariatric Unit. Upon the primary EMS crew's arrival and patient evaluation, they will collaboratively determine the need for the unit to continue the response. There are several factors to consider when determining Bariatric Unit need:

- Patient Weight – 450lbs. or greater.
- Patient Size – body mass that is greater than 23 inches wide. Crews must be able to place the patient on the stretcher with the side rails in the up position with all safety belts buckled.

Remember – the Bariatric patient should not be rolled while the stretcher is in an elevated position.

Refer to the on-board manual for specifics on operations of the unit and equipment.

Responsibility: Only personnel that have been trained on the Bariatric equipment are permitted to utilize the Bariatric equipment unless under the direct

supervision of trained personnel. The Shift Commander is responsible for ensuring that Bariatric Unit is sent to calls requiring its service.

The crew of the station in which the truck is stored will be responsible for the daily and monthly truck check-outs, as well as the starting of the truck and allowing it to run for 20 minutes each day.

The crew/ employee that transport the truck to and from the originating point will be responsible for the refueling and restocking, as outlined in the SOGs.

Title: Concealed Firearm
SOG#: 78
Effective Date: April 9, 2013

Safeguarding Patients' Legally Carried Firearm

Purpose: To provide guidelines when EMS encounters a patient who is incapacitated and is in possession of a found concealed weapon.

Policy:

When EMS encounters a patient who is incapacitated and is in possession of a found concealed weapon and unable to pass possession to a law enforcement officer before leaving the scene, follow these steps:

- If the weapon is holstered, **DO NOT** remove the weapon from the holster.
- If the weapon is not in a holster, **KEEP YOUR FINGER OUT OF THE TRIGGER GUARD!!!** A weapon could discharge if you manipulate the trigger.
- **DO NOT** manipulate the weapon in an attempt to render the weapon safe.
- **DO NOT** remove the magazine.
- **DO NOT** eject rounds.
- **DO NOT** pull the slide back/rotate cylinder to check if the weapon is unloaded/loaded. All weapons should be considered loaded!
- If the weapon is found in the holster attached to the patient, EMS crew members may have to cut the belt/strap or whatever device is retaining the holster. This is to prevent unsafe handling of the weapon.
- Keep the barrel of the weapon pointed at the ground at all times

Guidelines for securing the weapon:

- Bring the assigned box to the weapon and place the weapon inside the assigned box. Take the box containing the weapon to the ambulance cabinet which contains the narcotic box and **lock the cabinet.**
- Once at the receiving facility, **DO NOT** bring patient's weapon inside the receiving facility.
- Security is to take possession of the weapon once at the receiving facility
- Security will come inside the ambulance and take possession of the weapon from the locked cabinet.
- If enroute to a landing zone, notify dispatch to have law enforcement meet you at the landing zone. Law enforcement will take possession of the weapon from the narcotic cabinet.

*******Notify the on-duty supervisor when utilizing this SOG.*******

Document in the patient's PCR the following:

1. Location and description of weapon when found.
2. Reason the weapon was removed by EMS, i.e., Patient unconscious.
3. Explain removal/securing procedure.
4. Security officer's/LEO name who took possession.

Responsibility: It is the responsibility of all employees to follow the procedures in this SOG for the proper safeguarding of a patient's legally concealed firearm.

**Okaloosa County
Emergency Medical Services
Standard Operating Guidelines**

Employee Review of Manual

I have reviewed the Okaloosa County Emergency Medical Services Standard Operating Guidelines Manual. I understand that it is my responsibility to familiarize myself with the information contained therein and will adhere to the guidelines as established. I further understand that the contents of the manual are a behavioral guide. The manual is not a contract and nothing contained therein shall give any contractual right. The county retains the sole right to manage its business, to make all business and employment related decisions and to establish, interpret and apply the policies and procedures in its absolute discretion. The Standard Operating Guidelines in this manual are subject to change at any time.

Employee Printed Name

Employee Signature

Supervisor Signature

Date