

**ANNA RESCUE SQUAD**  
**STANDARD OPERATING PROCEDURES**  
Effective December 15<sup>th</sup>, 2018

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**“GOLDEN RULE OF EMS”**

“IF YOU WILL ALWAYS CARE FOR THE PATIENT AS YOU WOULD WISH TO BE CARED FOR IF YOU WERE THAT PATIENT, YOU WILL MEET THE EXPECTATIONS OF BOTH MEDICINE AND THE LAW”

### **EMERGENCY MEDICAL TECHNICIAN OATH**

Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regimen which, according to my ability and judgment and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of man unless required by law.

I shall also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for all mankind.

While I continue to keep this oath inviolate, may it be granted to me to enjoy life, and the practice of the art, respected by all men, and in all times. Should I trespass or violate this oath, may the reverse be my lot. So help me God.

## **1. PREFACE**

1.1-1 It is the intent and purpose of this manual to give each member of the ANNA RESCUE SQUAD (hereinafter referred to as the SQUAD) procedures to follow for the everyday operation of the department and set forth rules governing such operation and conduct of its members.

1.2-1 A copy of this manual as well as Bylaw manual shall be given to each member of the SQUAD. All new members will be required to sign for their copy stating they have received and commit to read the documentation. It will become the responsibility of each member to read such manual and to maintain such in a reasonable condition. All updates will be emailed to members as well as documented in the SQUAD meeting minutes. A current copy of both the SOP's & Bylaws will also be accessible from the SQUAD website for all members to reference. It is the responsibility of the member to read such manual and understand its content. It will be the responsibility of said member to return this manual upon separation from the department. If any member does not understand the rules and procedures contained within, it is their burden to ask for clarification.

1.2-2 A copy of the Medical Protocols will be issued to all certified members. It is the responsibility of the certified member to read such manual. This manual is the basis for the limits and guidelines of operations in the field. It is the burden of the certified member to ask for clarification of these guidelines. Treatment beyond the protocols is permitted.

1.3-1 Upon formal approval of any changes in the policies, procedures, or rules contained in this manual, it will become the obligation of the Chief (or their designee) to distribute such changes to all members. It will become the responsibility of each member to insert such changes into their manual.

1.3-2 Any member can recommend an SOP change to the Board of Trustees in writing. The Board of Trustees have the final vote on SOP changes, and a majority vote of the Board of Trustees prevails. The Board of Trustees shall determine the exact wording of the proposed SOP.

1.4-1 If three or more members are in agreement that an SOP implementation was not in the better judgement for the SQUAD as a whole, a repeal form can be filed. See SQUAD Bylaws Article XII § A for process of repeal

1.5-1 In the absence of a rule or policy governing the operation in any phase of the department, nationally accepted practices shall be followed.

1.6-1 If any provision of this manual (in part or in whole), as may be amended, be held unlawful, invalid, or unenforceable by any judicial body having competent jurisdiction; then such decision will apply only to that provision and all other provisions will remain in full force and effect.

## **2. MEMBERSHIP**

2.1-1 An application from a prospective member can be found via the SQUAD website ([www.annarescuesquad.com](http://www.annarescuesquad.com).) and may be submitted online or by mail. The application will be sent to the Administrator thru the website, who in turn will forward to the Chief. The prospective member must be eighteen (18) years of age, and have a valid Ohio driver license.

2.1-2 A background check will be completed on the applicant followed by an interview conducted by the Chief and/or their designee(s). The prospective member will be voted on at the next Board of Trustees meeting. A majority of affirmative Trustee votes is required to become a member. The Assistant Chief will assign the new member to a crew and coordinate with the equipment manager to issue an entrance key/code to the building, pager, and uniform items.

2.1-3 All potential new members must complete a drug test. Subsequent drug tests shall be conducted on a random or as needed basis following hire.

2.1-4 Any new member will be classified as a trainee/non-clinical volunteer until they are certified as an EMR, EMT, AEMT, or Paramedic.

2.2-1 Any member dismissed from the SQUAD will not be eligible for re-admission for a minimum period of two (2) years.

2.3-1 Any member convicted of a felony will be dismissed permanently and reported to the State of Ohio EMS for withdrawal of certification. Reference Section 20.6-1.

2.4-1 Members with at least one year of active service with the SQUAD, with no current educational contract with the SQUAD, or new members who actively run with another department and participate in a temporary assessment period, are eligible to transition to Auxiliary status by submitting a written notification to include a start date to the Chief. Auxiliary Member roles and rules are as follows:

1. There will be a maximum of 15 Auxiliary members allowed. The Chief has authority in overseeing and managing (up to dismissal) of the Auxiliary membership.
2. Auxiliary members must complete the annual protocol and practical requirements and also maintain their State of Ohio EMS and CPR certifications.
3. No monthly volunteer requirements, Auxiliary members choose when to provide their EMS services, which can be scheduled or unscheduled (2<sup>nd</sup> or 3<sup>rd</sup> calls).
4. Auxiliary members are not eligible for paid daytime
5. Auxiliary members cannot hold officer positions.
6. Auxiliary members forego all voting rights and are not issued any equipment (pagers, radios, coats, etc.) other one T-shirt and a SQUAD badge.
7. Members who transition to Auxiliary status must do so for at least a 6 month period.

8. Auxiliary members who have met the 6 month requirement and are wanting to return to full active status need to notify the Chief with a return date.
9. Members coming off of Auxiliary status must wait 6 months before their voting rights are reinstated.

2.5-1 A member's resignation must be submitted to the appropriate manager per SQUAD Bylaw Article IV § A and B, via written letter, verified e-mail, or a documented method in charting-software at any time. The resignation must include the date of the correspondence and the resignation effective date. Written letters must contain a formal signature of the resigning member. All equipment and clothing issued to the member shall be returned at the time of the effective resignation date. Members failing to return SQUAD issued items will result in the member assuming liability for current replacement costs.

2.6-1 Any past member must re-apply as outlined in the By-laws and SOP's.

### **3. PROBATION**

3.1-1 All new members will serve a probationary period of six (6) months, which can be extended at the preference of the Chief. No member will be permitted to drive any apparatus on an emergency call until they have passed the driver check-off given by the Chief or their designee(s). After successful completion of probationary period and a favorable six (6) month probationary review, probationary period shall cease.

3.1-2 No probationary member will be permitted to respond to the scene in a personal vehicle unless prior authorization has been granted by the Chief.

3.1-3 All new members must complete CPR certification within six (6) months of their membership.

3.1-4 No member is to respond to calls while in a certification class.

3.1-5 At three (3) and at six (6) months, the Assistant Chief, Administrator, and the Chief or their designee(s) shall review probationary members.

3.1-6 It is the responsibility of the member to know all of the ambulance units and equipment and where it is located.

### **4. TRAINING**

4.1-1 It will be the responsibility of all members to maintain current CPR certification and provide the SQUAD with a copy of such a card for their training file. A suspension will be issued if your certification expires and the member will be given 30 days to renew his/her CPR card. It will be the member's responsibility to provide a copy of new card to the training officer.

Failure to renew your CPR within the 30 day suspension period will result in further disciplinary action.

4.2-1 It will be the responsibility of the certified member to maintain current certification and to meet the required continuing education hours for their level and provide ARS a copy of such certificates for their training file. Members who do not provide a copy of their card within 14 days of expiration will be placed on a 30 day suspension until an updated card is provided. Failure to provide updated card within the 30 day suspension period will result in further disciplinary action.

4.3-1 **All new members must complete Blood Borne Pathogen and HIPAA training within 30 days** of being accepted on the SQUAD. All current members must complete Blood Borne Pathogen and HIPAA training each calendar year. Both trainings must be completed at ARS and will be provided at no cost. Failure to complete required Blood Borne Pathogen and/or HIPAA training will result in disciplinary action up to and including dismissal from ARS.

4.3-2 All members will be required to complete GMVEMSC written and practical protocol exams no later than May 31st of each calendar year (Unless a date otherwise determined by GMVEMSC is mandated.) All practical skills testing must be done with an ARS proctor. If a member is in class for a higher certification level, they must complete protocol for their current level to continue to run with ARS. Once their higher certification is complete, an out of cycle protocol test can be scheduled with the EMS Coordinator for their new certification and must be completed within 30 days of achieving certification. Failure to complete protocol testing by the specified date will result in disciplinary action up to and including dismissal from ARS.

4.4-1 All members must complete an annual ambulance unit familiarization training conducted by the Chief or Assistant Chief.

4.5-1 Members will receive two (2) volunteer hours for attending the SQUAD's in-house trainings. If training is longer than 2 hours, additional volunteer hours may be awarded at the preference of the Chief and Training Coordinator. Regular SQUAD in-house trainings will be held at station 140 on the 2<sup>nd</sup> Thursday of odd months (January, March, May, July, September, November) at 1900 hours unless stated otherwise.

## **5. REIMBURSEMENT**

5.1-1 The SQUAD will reimburse fees for continuing education that are required to meet the EMT's certification level at a rate of 100%. An additional 10% of required CEU's will be granted. Members will be reimbursed after proof of completion of the class. (A copy of the successfully completed course certificate must be given to the Chief before payment). The maximum number of CEU's that are eligible for reimbursement will be based on the member's certification level and will be accepted anytime during the certification cycle (2 years). Members must attend or have obtained prior authorization for excusal from at least 50% of the CEU trainings that are offered at the 140 building before members will be reimbursed for any CEU

training courses outside of the 140 building. Auxiliary members are not eligible for CEU reimbursement.

5.2-1 CEUs not relating to a member's EMS certification level will not be funded.

5.3-1 Members wishing to enroll in certification classes must submit a written request to the Chief and the Administrator. The Administrator along with the Treasurer will review the SQUAD's financial status to ensure funding is available. If funding is available, the Chief will make their recommendation to the Board of Trustees. The Board of Trustees will make final determination and if approved, a contract will be generated.

5.4-1 In order to promote EMS, the SQUAD will pay 100% for initial EMT or EMR certification prior to the start of the class if financial status permits. Members will be required to sign a contract to complete 12 months of active running volunteer service with the SQUAD under the funded certification for EMT and six months under the funded certification for EMR. The SQUAD will pay for one attempt at the National Registry Exam. Additional attempts at the National Registry Exam and Refresher classes if certification is not obtained upon initial completion of class are the member's financial responsibility.

5.4-2 ARS will pay 50% of initial ALS level certification (e.g. AEMT or Paramedic) prior to the start of the class if financial status permits. For AEMT's, the other 50% will be reimbursed to the member by the SQUAD after 24 months of active running volunteer service with the SQUAD under the funded certification. For Paramedics, 25% will be paid after 18 months of active running volunteer service with the SQUAD under the funded certification and the remaining 25% after 36 months of active running volunteer service with the SQUAD under the funded certification. The SQUAD will pay for one attempt at the National Registry Exam. Additional attempts at the National Registry Exam and Refresher classes if certification is not obtained upon initial completion of class are the member's financial responsibility. A contract for volunteer service must be signed by ARS Chief, at least 2 trustees and member prior to the member signing up for the class.

5.4-3 ARS will pay 50% of the initial CPR Instructor, Assistant EMS Instructor, or Full EMS Instructor prior to the start of class if financial status permits. The amount paid is to include initial competency testing costs. The remaining 50% will be paid to the student 12 months after completion of certification and after teaching 3 CEU awarded sessions at the 140 building. The SQUAD will pay for one attempt at the National Registry Exam. Additional attempts at the National Exam and Refresher classes are the member's financial responsibility.

5.4-4 All members attending a certification course partially or fully funded by the SQUAD are required to sign a contract agreeing to the terms set forth by that certification level. The member also permits the SQUAD's executive officers to verify the student's academic status at any time with the accrediting institution.

5.5-1 No expenses incurred outside of the cost of CEU's will be reimbursed by the SQUAD. (E.g. lunch, hotels, mileage, etc.)

## **6. PERSONNEL**

6.1-1 Any member who resigns, is dismissed, or is suspended, shall not wear jackets, jumpsuits, T-shirt's, etc. designating them as members of the SQUAD. The equipment, clothing, keys, and other supplies that belong to the SQUAD must be returned immediately to an officer or Board of Trustees member. If not received within seven (7) days, a certified letter shall be sent requesting a prompt return of all items. If the items are not returned within fourteen (14) days, the Board of Trustees shall contact law enforcement to assist in retrieval. If items have not been retrieved after a total of thirty (30) days and correspondence with law enforcement has been made, the member will be responsible for the reimbursing the SQUAD for the current purchase price value of all items.

6.2-1 All members are prohibited from use of illegal drugs.

6.2-2 Members who are on duty or responding to a call are not permitted to drink alcohol. All new members must complete a drug test as a condition of membership. All other members are subject to random drug tests and/or breathalyzers. Any member testing positive for drugs or having a Blood Alcohol Content level above 0.0 while on duty or responding to a call will be subject to immediate dismissal.

6.2-3 Any member exhibiting abnormal behavior, is witnessed consuming drugs/alcohol, or who has alcohol on their breath while responding to a call or on duty time is subject to an immediate blood alcohol test.

6.3-1 Any member who causes adverse publicity to the SQUAD is subject to disciplinary action up to and including dismissal upon investigation by the executive committee.

6.4-1 All members upon their acceptance to the SQUAD are eligible for HBV shots through the Shelby County Health Department at the SQUAD's expense. All members refusing the shots must sign a waiver stating that they are aware of their rights to the vaccination.

6.5-1 All members are required to be tested for tuberculosis (or provide proof of recent testing) upon their acceptance as a member. The SQUAD will assume liability for costs associated with testing that is completed at the Shelby County Health Department.

6.6-1 It is the responsibility of the members to check the bulletin boards, emails, EMS reporting websites, and their mailboxes on a regular basis for messages. This applies to all members.

6.7-1 The following "Chain of Command" shall be used to handle any disagreements and/or problems between members of the SQUAD.

- 1<sup>st</sup> - Directly to the individual involved.
- 2<sup>nd</sup> - Assistant Chief/Administrator (in writing)
- 3<sup>rd</sup> - To the Executive Committee (via Grievance form)
- 4<sup>th</sup> - To the Trustees (via Appeal Form)

6.8-1 Any member stopped or cited for a traffic violation while responding to or on a call is responsible for all fines and associated cost. If repeated violations occur, disciplinary action will be taken up to and including termination.

6.9-1 Any member who is on restricted work duty for any reason must submit documentation from their Health Care Provider to the Assistant Chief/Administrator (e.g. work injury, pregnancy, and health issue). The member must also provide Health Care Provider documentation to the Assistant Chief/Administrator when they have been released for full duty prior to being placed on the schedule.

6.10-1 No member shall provide any treatment above his or her scope of practice according to the State of Ohio. Those acting outside of their Scope of Practice will be terminated and violation reported to the State of Ohio Board of EMS.

6.11-1 Greater Miami Valley EMS Council (GMVEMSC) requires an annual protocol and practical test to be taken by each certified member operating under their jurisdiction. Passing is a requirement for each member in order to function as a certified care provider with the SQUAD. New members previously certified by another entity outside of region 2 have 90 days to pass the protocol test. Members not passing within the appropriate time frame set by the council will be put on administrative leave from the SQUAD, as GMVEMSC require 100% compliance or drug bag can be removed from the SQUAD. CEUs can be offered for classes that qualify for CEUs when Certified Instructor is present and Department has a Training Center Certification.

6.12-1 Annual Volunteer Longevity Appreciation Pay will equate to \$50 per active year of service (9 out of 12 months from January 1st to December 31st) and be issued by the December Membership Meeting each year. Membership must be maintained by December 31st of that year in order to receive payment.

## **7. SQUAD BUILDING**

7.1-1 No personal long distance phone calls are allowed, with the exception of emergency calls.

7.2-1 No alcoholic beverages or illegal substances are permitted in the SQUAD buildings, on the premises, or in/around the ambulance units.

7.3-1 Children are not permitted in or around the SQUAD buildings without a member being present and responsible for child's behavior.

7.4-1 All furnishings and equipment of the SQUAD and members are to be treated with respect for the property. Mistreatment of equipment will not be tolerated.

7.5-1 When leaving a SQUAD building, make sure all doors are closed and locked and that all lights are off. Make sure when leaving on a call that the overhead door is closed.

7.6-1 Upstairs and basement thermostats at the 140 building should be set at 65 degrees in the winter and 72 degrees in the summer when building is not in use. The bay is to be maintained at ambient temperature in the summer and 58 degrees in the winter.

7.7-1 Dirty laundry should be placed in the laundry bin. Do not place wet or contaminated laundry in the bin. All contaminated laundry must be washed immediately following call/incident.

7.8-1 Clean up the SQUAD building before leaving.

7.9-1 All equipment and supplies are to be used for SQUAD functions only and not for personal use unless prior authorization has been obtained by the Chief.

7.10-1 The SQUAD buildings and ambulance units shall be smoke free at all times.

## **8. UNIFORMS**

8.1-1 All new members will be issued a coat, jumpsuit, polo shirt and T-shirt. Each member will be responsible for signing an equipment agreement upon receipt of equipment acknowledging the items received. The uniforms should fit properly. If it is required, a new jumpsuit or jacket will be ordered by the Equipment Coordinator. Special order clothing will be issued after the probationary period if necessary. All unused jackets and jumpsuits are to be returned to an officer.

8.2-1 Uniforms will be replaced at the preference of the Equipment Coordinator.

8.3-1 All uniforms bought by the SQUAD remain the property of SQUAD.

8.4-1 All members that respond to a call, while on duty should wear their jumpsuit, jacket, or SQUAD issued T-shirt/polo shirt to display that they are associated with the SQUAD. Members not on duty but responding should make every effort to wear SQUAD apparel if possible.

8.4-2 All students must wear appropriate school trainee shirts, as required by each individual institution.

8.5-1 Appropriate footwear should be worn on all runs for safety reasons. No sandals or open-toed shoes are allowed. Leather-based footwear is recommended, but not required, due to possible bio-hazard encounters.

8.6-1 All members must wear appropriate PPE on all runs. PPE is kept in the ambulance units and should be worn when the crew deems it necessary.

8.7-1 No dangling jewelry should be worn while on call for safety reasons.

8.8-1 Shorts, tank tops, and similar clothing are not appropriate attire while on duty. (E.g. no tube tops, halter-tops, tank tops, open toed shoes or flip-flops)  
Members responding while not on duty should make every effort to wear SQUAD jacket/jumpsuit to provide skin coverage.

8.8-2 Special Events – Shorts or skirts can be worn, but must be of reasonable length. Clothing worn must be appropriate for the event in question and look professional. It must allow the Member to respond to the call with minimum BSI capabilities. Questions about what is deemed appropriate should be ran past the Chief or Trustees prior to the event. – Check OSHA and ORC/OAC on the recommended clothing requirement.

8.9-1 Any clothing with alcohol advertisements, rude statements, or inappropriate designs must be covered at all times while on duty.

8.10-1 No SQUAD uniform, clothing, or pager/radio shall be worn while consuming alcoholic beverages.

## **9. RECORDS**

9.1-1 A personnel file will be maintained for each member of the SQUAD. These files will be retained for a period of thirty (30) years after the member's separation date.

9.2-1 All members must submit updated copies of their driver's license, personal vehicle insurance card, all certification cards, and proof of all training that is completed.

9.3-1 All written documentation on disciplinary action taken against a member/employee will be kept in their file for a minimum period of five (5) years from the date of the occurrence or longer depending upon nature of the offense.

9.4-1 All personnel files will be maintained by the Chief, Assistant Chief and the Administrator. All files will be kept locked and confidential. Any unauthorized use of these files, will be grounds for disciplinary action up to and including dismissal and possible legal action.

## **10. SCHEDULES**

10.1-1 Volunteer Schedules shall be made by the Assistant Chief or their designee. All volunteer staffing availability is due to the Assistant Chief by the 2359 hours on the 17<sup>th</sup> of every month.

10.1-2 Daytime staffing schedules shall be made by the Administrator. All members requesting to work daytime schedule for an upcoming month must have completed 30 volunteer hours the month prior to the month in which they are submitting their availability (e.g. to qualify for March schedule, you must complete 30 hours in January.) All day staffing availability is due to the Administrator by 2359 hours on the 9<sup>th</sup> of every month with availability for the upcoming month (e.g. February availability is due by 2359 on January 9<sup>th</sup>)

10.2-1 Schedules will be emailed and also listed on the SQUAD's website.

10.3-1 Any member having a conflict with a scheduled crew time is responsible for obtaining a replacement to cover that time. The member must also notify the other crew members of the cover replacement. Daytime rescheduling must go through the Administrator. Disregard for this SOP is grounds for disciplinary action up to and including dismissal. If a member is called into work or has an emergency situation arise, that member must make contact with the appropriate supervisor (Assistant Chief /Administrator to advise that you are not able to respond. If you are unable to make verbal contact with your immediate supervisor, contact must be made with the Chief.

10.4-1 There shall be no more than one (1) trainee on any crew. No trainee shall first respond to the scene unless prior authorization has been given by the Chief. An attempt will be made to divide trainees evenly among crews. All trainees (for any skill level) must be the 3<sup>rd</sup> member on the truck

10.5-1 Every effort should be made to schedule Paramedics and AEMTs so that they are divided evenly among the crews.

10.6-1 All certified volunteer members are required to run a minimum of twenty-four (24) hours monthly to maintain active status. Those requesting to work daytime staffing are required to run a minimum of thirty (30) hours.

10.7-1 If a member needs to take a leave of absence, he/she must contact the Chief to a request Medical or Personal leave of absence. Request must be provided in writing and state the effective date and length of leave requested.

## **11. EQUIPMENT**

11.1-1 All members will be issued a pager and charger. It is the responsibility of the member to become familiar with the operation of it.

11.2-1 Any pagers/radios in need of repair must be turned into the Equipment Coordinator and a temporary pager will be issued.

11.3-1 All members should remember to secure and turn down their pagers while in the ambulance for safety and to eliminate feedback during radio transmissions.

11.4-1 A pager test will be conducted nightly at approx. 18:00 hours by Shelby County dispatch. Pager tests are subject to change via determination by Shelby County Sheriff's Office

11.5-1 It is a courtesy to leave your pager turned on when in the area and available, in the event additional personnel are needed.

11.6-1 Use the radio for appropriate traffic only. Failure to follow this will be grounds for disciplinary action.

## **12. AMBULANCE UNITS**

12.1-1 You can be held subject to criminal and/or civil action even if you are not at fault in the event of an accident. The omission of any nationally accepted practice of specific law, does not give permission to violate such laws or safety standards. Violations of the law and/or safety practices will result in disciplinary action. This provision is to be followed by all SQUAD members while responding on an emergency call and while operating the SQUAD's ambulance units. Be sure to use due regard at all intersections and follow speed limitations at all times.

12.2-1 When backing the SQUAD's ambulance units, a spotter should be used when necessary to prevent accidents from occurring.

12.4-1 Pursuant Ohio Revised Code, Non-certified members are not permitted to drive the SQUAD's ambulance units with a patient on board. No probationary member shall drive the SQUAD's ambulance units on emergency calls until they have passed the driver check off. They may drive back from the hospital to the appropriate SQUAD building. A crew member must be riding in the passenger's seat during such a trip. Should another call be received prior to reaching the station, the probationary member shall stop the unit and trade positions with the other certified member.

12.5-1 Ambulance unit maintenance and inventory shall take place every day by paid daytime crews. All fluid levels are to be kept full at all times. Fuel levels are never to be lower than  $\frac{3}{4}$  tank. All fuel receipts are to be turned into the Administrator's mailbox.

12.6-1 Upon returning to quarters the SQUAD's ambulance units must be restocked and cleaned. Both outside (weather permitting) and inside of the SQUAD' ambulance units must be cleaned for the next call. The outside should be rinsed off to remove excessive dirt and road grime. This should be done at a minimum of once a week (depending on the temperature). The inside must be clean of any body fluids with an approved germicidal cleaner. Gloves and safety glasses should be worn while cleaning the inside.

12.7-1 If the unit malfunctions or is damaged, the Maintenance Coordinator or designee as well as the Chief must be notified immediately to complete any necessary repairs.

12.8-1 No smoking inside the SQUAD's ambulance units at any time. Noncompliance will be subject in immediate dismissal.

12.9-1 While the SQUAD's ambulance units are being operated, the driver and front seat passenger shall wear seat belts at all times. The members in the back shall wear seat belts whenever it does not interfere with patient care.

12.10-1 Any person accompanying the patient during a transport should ride in the front passenger seat and must wear a seat belt. A parent/guardian may ride in the back with a pediatric patient if it aids in the treatment of the patient.

### **13. RECEIVING/RESPONDING TO A CALL**

13.1-1 The first arriving staff at the building notifies Shelby Co. by the following radio traffic. Example “Anna 141/142/143/144, etc. acknowledging page”.

13.2-1 To respond to a call there must be a minimum of 1-certified driving and one other EMT on board or en route to the scene. Every effort should be made to wait a reasonable amount of time for the Duty Crew to arrive. If the situation dictates that a quicker response is necessary have Shelby Co. page the remaining crew to meet the responding ambulance unit at the scene.

13.3-1 To transport a patient to the hospital requires a minimum of 2-certified’s on board. One certified has to be EMT level or higher.

13.4-1 Ideally, no more than 4 members should respond to the scene and transport to the hospital, unless the situation dictates otherwise.

13.5-1 Procedure for a “MVC” will be as follows:

- a.) When the tones drop, the Duty Crew will respond to their building and any extra personnel will man a 2<sup>nd</sup>/3<sup>rd</sup> truck for availability.
- b.) The Duty Crew will be the “primary unit”. When the 2<sup>nd</sup>/3<sup>rd</sup> trucks are fully staffed then either truck may respond to the scene of the accident.
- c.) At least 2 units will respond to the scene as soon as the Duty Crew arrives. The Duty Crew will respond “27(two-seven)” and the additional crews will respond non “27” except in the case of a multi-vehicle or confirmed patient count of more than 2. The 2<sup>nd</sup>/3<sup>rd</sup> unit will respond “27” in these cases.
- d.) The Duty Crew will be responsible for control of the EMS portion at the scene. They are to work with the Fire Command on the scene.

13.6-1 If you respond when you are not on call, let the Duty Crew know that you are an extra and you must standby unless it is determined that your help is needed. It is the Duty Crew’s decision as to whether you respond with the crew or not. Also remember to let the Duty Crew know if you are covering for someone as to not waste time waiting on members.

13.7-1 The SQUAD contracts with the townships to provide assistance to their territory and will respond to all calls for help as staffing allows.

13.8-1 The SQUAD will respond with mutual aid for all the surrounding departments if our assistance is requested and staffing allows.

13.8-2 Concerning mutual aid inside or outside our jurisdiction, it is understood that the mutual aid truck is the transporting truck, unless cancelled en route or a higher certified provider is needed.

13.9-1 When en route to the scene notify Shelby by radio ex. “Shelby, 141/142/143/144, etc. We are en route to the scene” and identify yourself if you have a paramedic on board as Medic 141/142/143/144, etc.

13.10-1 When responding to a call, the lights and siren should be used regardless of the time of day. If a silent run has been requested it is the Duty Crew’s decision to honor the request or not based on traffic, and the nature of the call. When possible do not use the siren when nearing the hospital.

13.11-1 All crewmembers should respond to the building unless your response causes you to directly pass the scene or a certified member is already on the scene. Notify dispatcher by phone or radio when responding directly to the scene.

13.12-1 If the responding crew has left the building and additional personnel are needed at the scene, you may respond to the scene. ALS may respond to the scene as requested by the Duty Crew.

13.13-1 It is suggested that EMTA and Paramedics respond to the scene for the following calls: cardiac arrest, possible heart attack, severe allergic reaction, MVC, and/or unconscious patient.

13.14-1 If you are dispatched to or arrive at the scene of an emergency out of the SQUAD’s jurisdiction, respond and treat until emergency medical services from the appropriate jurisdiction arrives at the scene or you are requested to transport. Remember if it is life-threatening transport immediately.

13.15-1 The crew that is covering the territory when the first set of tones drop is the Duty Crew for the call.

## **14. AT THE SCENE**

14.1-1 Notify the dispatcher you are on scene. Ex. “Shelby, Anna 141/142/143/144 on scene.”

14.2-1 Upon arrival at the scene, assess the scene and patient(s) quickly to determine if additional help is required. (E.g. fire, ems, police, helicopters, etc.)

14.3-1 All infection control procedures should be followed. Appropriate PPE must be worn on all runs. Gowns and mask should be worn on calls that have large amounts of body fluids, or when the possibility of contacting body fluids is high. Gloves and Safety glasses are required on all runs.

14.4-1 Assess the patient(s) fully and treat according to the SQUAD’s standing protocol.

14.5-1 Living Will laws do not apply to EMS. Medical protocol should be followed.

14.6-1 Cooperate with all law enforcement officials, firefighters, and medical personnel. Any controversial issues will be handled at a post-run meeting and not at the scene or at the hospital. Remember to always uphold our image outside the department.

14.7-1 No smoking while on the scene of an EMS call. Use discretion if we are there for standby only.

14.8-1 When on the scene of a multiple patient situation, advise the hospital(s) of the situation and confirm with them their capacity status.

14.9-1 When requested by another agency to a scene for stand-by purposes, it is advisable to take along additional personnel to help cover in the event of a transport.

14.9-2 Upon arrival to a multi-agency scene, one member of the Duty Crew should report to the OIC for staging and orders, then return to the SQUAD's ambulance units. Do not wander the scene.

14.9-3 The crew will remain on the scene until released by the OIC of the scene.

14.9-4 While on scene at major incidences, always keep one certified member at the truck at all times.

14.10-1 Any member responding to a scene will attempt to stabilize the patient(s) until the ambulance unit arrives. The first responding EMT will advise the Duty Crew of the situation and all pertinent information. The EMT will accompany the patient to the hospital unless released by the Duty Crew.

14.11-1 Any EMT on the scene and not going to the hospital should check the scene to be sure all the equipment is returned to the building and that all contaminated items are cleaned and/or destroyed.

14.12-1 If a patient is injured while being transported to a hospital due to an accident of some nature, all information regarding the accident and further injuries must be recorded on the run sheet for the patient. Be as complete and accurate as possible for insurance purposes. If an incident occurs on a call where the patient or member is injured, the Duty Crew must contact the Chief and advise them of the incident as soon as possible.

14.13-1 If a member incurs an injury/exposure during a run, they must seek medical attention as soon as possible. A run sheet should be completed and an incident/exposure sheet must be completed. The Chief must be made aware of this incident as soon as possible.

14.14-1 If a call involves a minor, the patient should be transported to the hospital unless released to a guardian, parent, children services or law enforcement.

14.15-1 When en route to the hospital, advise dispatch that you are en route to your destination. Ex “Shelby, Anna 141/142/143/144 en route to xxxx.”

14.17-1 A helicopter may be placed on stand-by while en route to the scene based on the dispatch information. Remember that once on the scene be certain to advise dispatch to send the helicopter or cancel. The highest level EMT should make this determination based on the situation.

14.18-1 When arriving on the scene an EMT from another department states they are an Intermediate or Paramedic, it is up to the Duty Crew to determine whether to allow them to assist with treatment or refuse. If they assist with patient treatment then they must accompany the patient to the hospital and provide either their SSN or copy of their EMT card.

14.19-1 Abusive behavior toward by-standers by a member of the SQUAD will be grounds for disciplinary action. Always request law enforcement to assist in removing by-standers that interfere with patient care. 1<sup>st</sup> offense will be suspension. 2<sup>nd</sup> offense will be dismissal.

## **15. HOSPITAL SELECTION CRITERIA**

15.1-1 All patients that are in critical condition should be transported to the nearest appropriate hospital in accordance with the State Trauma Guidelines.

15.2-1 If a patient is in stable condition and requests to be transported to a certain hospital, it is up to the preference of the Duty Crew as whether or not to honor this request. Generally, the hospitals we will transport to include Joint Township District Memorial Hospital, Wilson Memorial Hospital, Lima Memorial Hospital, or St. Rita’s Medical Center. If transporting to another hospital not listed, the Duty Crew should contact dispatch, and have the pagers set off alerting other members the crew will be out of territory for a longer period of time.

## **16. TRANSPORTING/CALLING THE HOSPITAL**

16.1-1 It is the responsibility of the EMT in charge of the patient (not the driver) to determine whether to run with or without lights and siren based on the patient’s condition. Remember that lights and siren can make the patient’s condition worse.

16.2-1 Before calling the hospital, make sure to collect all the necessary patient information to relay to the ER staff.

16.3-1 When using the radio to call in press in the transmit button and enter the appropriate number code for the receiving hospital. As soon as the signal is cleared then call the hospital by “Anna Rescue 141/142/241 to the name of the receiving hospital”. Once radio contact is established continue with the report of the patient. Inform receiving hospital of your highest level of training on board, EMT, EMTA, or Paramedic.

16.4-1 The EMT with the highest certification is responsible for the call-in information content, but does not need to do the actual call-in. The call-in information should follow the call-

in procedure established by the hospital protocols. Remember to re-contact the hospital if there are any major changes in the patient's status.

16.5-1 All EMT's should be comfortable with hospital call-ins and knowledgeable with terminology.

16.6-1 Remember when transporting a patient to the hospital, the patient is the first priority. If an accident or equipment malfunction occurs contact dispatch and have the closest ambulance unit give assistance to transport the patient. After the patient is transferred then work on the equipment.

16.7-1 If, when transporting a patient, you witness another emergency situation, notify dispatch immediately so they can notify the proper agency. If there is not a patient on board in the ambulance and you are able to render assistance, initiate patient care (if needed.)

## **17. AT THE HOSPITAL**

17.1-1 Notify the dispatcher when arriving at the hospital. (e.g. "Shelby, Anna 141/142/143/144, etc. at Wilson")

17.2-1 Unload the patient(s) and take them in to the hospital. Certified personnel must stay with each patient until care is transferred to the ER staff.

17.3-1 Assist the ER staff in moving the patient to the hospital bed and if further assistance is requested stay until released by the staff.

17.4-1 Give all the patient's belongings to the hospital personnel and note this on the run sheet.

17.5-1 Make up the cot with clean linens and replace all linen used. Leave all infected items at the hospital.

17.6-1 Replenish all supplies used on the run. Only take what was used on the run.

17.7-1 Check with the receiving nurse before leaving the hospital to make sure they have all the information they need regarding the patient.

## **18. RUN SHEET/ REPORTS**

18.1-1 Ensure all pertinent information regarding the patient and care/situations encountered are documented in their entirety.

18.2-1 Make sure all blanks are completed on the report. Run Sheets/Reports are a legal document and may be used against you in the event of a lawsuit. Missing information or blank spaces can hurt the best-written run report.

18.3-1 Record all the information on the run pertaining to the call. Include such things as dispatch message, situation on arrival of scene, initial patient status, problems/obstacles at the scene, transport, changes in patient status, call-in method, request for orders or hospital given orders, arrival information, patient medical information.

18.4-1 It is the responsibility of all the members on the call to review the run report for missing or incorrect information and to sign it.

18.5-1 If you are at a hospital that requires a hand written report (e.g. Joint Township) and there is an error made on the run sheet, draw a single line through the error and initial it, make the correction, provide updated copy to hospital.

18.5-2 If an error is found after completing the electronic run report, an addendum must be typed into the report, and a copy should be faxed to the hospital within the time constraints as required by GMVEMSC Protocol. Call the hospital before and after sending fax to alert them of its coming, and to verify its receipt.

18.6-1 All run times up to the hospital arriving time should be included on the report along with the run number. The remaining times should be completed when the printout from dispatch is received.

18.7-1 If a patient refused treatment, he/she must sign the patient refusal form before leaving. The patient must be advised about their condition and what to do in the event their condition changes later. The run report must include a set of vitals unless the patient refuses to let you. Also include any/all patient condition information. (E.g. patient has a laceration on right hand and left knee with minimal bleeding.) A copy of all reports (no transports included) must be given to the EMS Coordinator for review. Document any deviations to this in the report. At least three different attempts must be made to ask the patient for transport or to sign the refusal form. If the patient still refuses, document as such.

## **19. RETURNING TO THE BUILDING**

19.1-1 When en route back to quarters advise that you are in-service and returning to quarters. (e.g. “Shelby, 141/142/143/144 we are in-service, returning”)

19.2-1 If the ambulance unit has  $\frac{3}{4}$  or less tank of fuel, re-fuel before returning to quarters. The receipt must be put in the Administrator’s box in the office.

19.3-1 Upon returning to quarters inform dispatch that you are in quarters (e.g. “Shelby Anna 141/142/143/144 in quarters, please send a hard copy at your convenience”)

19.4-1 Clean the inside and outside of the ambulance and restock any supplies needed. Make sure the unit is ready to go before leaving the building. If there is any missing supplies that are needed on the ambulance unit contact the Administrator, so they can be ordered accordingly.

19.5-1 If a piece of equipment fails or is broken, remove it from service and contact the Chief for repairs. Leave a note to notify on coming crews of the problem.

19.6-1 Discuss and critique the run and note any unusual circumstances that occurred during the run. If any unusual circumstances were noted from the call, be sure to document them in the special report section of your run report in charting software.

19.7-1 When leaving the building make sure all the lights are off, thermostats set properly, and the doors are locked.

## **20. DISCIPLINARY ACTION**

20.1-1 The Executive Committee will be responsible for all rulings regarding disciplinary action. They will act according to the following guidelines and their decisions will be enforced by the Chief. They are acting on behalf and in the best interests of the SQUAD, and reserve the right to take legal action, if necessary.

20.2-1 The Chief, Assistant Chief, Administrator or all 3 Trustees in absence of Chief or Assistant Chief can administer disciplinary action on a temporary basis until the Executive Committee can meet. This period cannot extend for more than thirty days.

20.3-1 It is the responsibility of the Executive Committee to thoroughly investigate all grievance/incident reports submitted.

20.4-1 It is the responsibility of all members to report any actions that violate or have the potential to violate the By-Laws and/or SOP's. Improper use of the grievance/incident reports or unfounded complaints will be grounds for disciplinary action for the member(s) submitting the report up to and including dismissal.

20.5-1 It is the responsibility of the Executive Committee to investigate all complaint/concerns brought to them from the community or other agencies in writing.

20.6-1 Disciplinary actions will be passed down from the Chief. Any member may appeal to the Board of Trustees in writing. The Board of Trustees will make the final decision.

## **21. DOA VICTIM**

21.1-1 When dispatched to a call involving a possible DOA make sure to confirm that law enforcement is en route to the scene. Upon arrival at the scene make sure that it is safe to proceed with patient care. Assess the patient for possible signs of life and treat accordingly.

21.2-1 Remember to be courteous to the patient and family and cover the body when possible.

21.3-1 When calling for the Coroner for a natural death, please use the phone when possible to contact dispatch. Have the following information available on the patient: name, age, sex,

medical history, family physician, and last visit to physician. Also try to find out who saw them last and when.

21.4-1 Living Wills do not apply to EMS, however DNR patients with the correct paperwork will be treated per protocol. If paperwork cannot be produced or verified, treat patient as indicated by protocol.

## **22. NON-EMERGENCY TRANSPORTS**

22.1-1 Twelve hours advance notice is requested.

22.2-1 The request must be directed to the Chief who will contact the Duty Crew that will be responsible for the transport.

22.3-1 Notify dispatch by phone of the transport and have dispatch page the unit out of service. Use radio communications with dispatch to record times and information.

22.4-1 Make sure to get all documentation for report purposes.

22.5-1 Any calls that are received by dispatch should take precedence over the transport. Non-Emergency assistance will only be provided if staffing levels allow.

## **23. SPECIAL COMMUNITY SERVICE AND SCHOOL EVENTS**

23.1-1 The SQUAD will provide stand-by services for special events that are approved by the Chief and within the counties, which we directly serve (Shelby and Auglaize.) Coverage for profit, contractual, recurrent events must be approved by the Chief. The Trustees shall arrange for all contracts and establish details concerning coverage, responsibilities, manpower, etc. Each potential contract shall be reviewed on an individual basis, and individual details shall pertain to specific events. The SQUAD will no longer provide/participate in escorts for special events in our territory (e.g. school teams winning or participating in county through state level competitions) as requested by the school or law enforcement.

23.2-1 All members will be required to staff four (4) events throughout the calendar year (e.g. football or basketball games, 5K races, Village events, etc.) A member may not attend all four (4) events in one season (e.g. four (4) basketball games). A schedule will be released each spring/summer, fall and winter with all events listed. Members may sign up as soon as the schedule is released for preferred dates. If members do not sign up for events by the date specified, those members will be placed on the schedule in the remaining spots by the events coordinator. If a member is unable to attend he/she MUST find a cover and notify the events coordinator, members will still be responsible for staffing the required number of events. Members will receive four (4) volunteer hours for all events, if the event is longer than 4 hours, additional volunteer hours may be awarded at the preference of the Chief and Assistant Chief. Additional compensation will be awarded at the preference of the Chief. Failure to staff your scheduled events will result in disciplinary action up to and including dismissal from ARS.

23.3-1 The crew on duty will be given 1<sup>st</sup> choice for manning the ambulance unit for special events that are in the ARS territory, if the Duty Crew does not wish to attend it will be opened for volunteers. If there are more than 4 members, please leave extra certified with minimal equipment at the event. If no one volunteers for the event, the Duty Crew must handle the event or find a cover individually. Members finding coverage are required to notify the Assistant Chief of the change prior to the time of the event.

23.4-1 It is recommended that the portable radio from the SQUAD be carried with the members when on a special event. Members must carry their pagers at a minimum.

23.5-1 The ambulance unit(s) must be locked when it is not staffed at events.

23.6-1 Be prompt to the events. The unit should arrive at the event 10-15 minutes prior to the event.

23.7-1 In the event of an actual call, the Duty Crew will respond to the call if there is not an additional Duty Crew covering the territory. If possible, leave one EMT with a first out bag and a portable radio at the event or call in additional personnel to cover the event. If a scheduled Duty Crew is on an initial call and a second call occurs in the territory, the crew manning the event should respond to the 911 call. Once the call is complete, the event crew should return to the event.

23.8-1 The first out bag should be taken in at the event in case an injury should occur. It shall not be left unattended at the events.

23.9-1 SQUAD identification shall be worn at all special events. (E.g. shirts, jumpsuits, jackets)

23.10-1 At special events, off-duty EMTs should not interfere with the treatment of the patient unless requested by the Duty Crew. An exception to this rule is an off duty ALS member may decide that the patient needs ALS care, if the Duty Crew is a BLS crew.

23.11-1 Manpower at such contractual events can be paid for their time at the event, at the preference of the Chief. Unless previously altered by the Chief, there shall be a minimum of 2 EMS certified personnel (a minimum of one EMT or higher) for each event. Attempts shall be made to provide an ALS crew when possible.

23.12-1 In the event that someone is hurt and requires transport from the event, the crew on scene should immediately call for an additional crew from the SQUAD to cover the event. They shall treat, stabilize and transport the patient(s) per protocol. The event crew shall return to their post as soon as possible, and relieve the Duty/Back-up Crew.

23.13-1 First aid shall be permitted at the events such as band aids, burn ointment, etc. with the exception of drug supplying such as aspirin, Tylenol, etc. Any drug bag access will require transport.

23.14-1 Upon completion of the event, the crew shall return the ambulance unit to “ready” status by cleaning, restocking, etc., if needed.

## **24. MEETINGS**

24.1-1 All members are encouraged to attend meetings, unless it interferes with work, training, or family commitments. Members who are unable to attend a meeting are required to notify the Administrator, Chief, and Secretary via email or Electronic Charting Instant Message prior to the start of the meeting and state the reason for absence to be counted as excused. All members will still be responsible for reading the meeting minutes. Monthly membership meetings will be held on the 2<sup>nd</sup> Thursday on the even months (February, April, June, August, October, and December) at 1900 hours unless stated otherwise. For issues requiring voting/additional discussion, membership will be notified by the Chief (or their designee) via email regarding additional meeting times/dates that such meetings will be held.

24.2-1 All members have the right to speak on the topic at hand regardless of their viewpoint as long as they do so respectfully and professionally. Any member not respecting this right will be asked to leave the meeting and/or session. The Chief or any Trustee has the authority to remove that member from the meeting and/or session.

24.3-1 While the SQUAD is publicly funded, we are a private, not-for-profit corporation. Any matters discussed at the meetings or within committees should be held confidential. All minutes or treasurer’s reports, given to the members should be kept in a secure place or destroyed appropriately.

24.4-1 Minutes of the business meetings will be emailed within one weeks of the meeting. Meeting minutes will be placed on the SQUAD’s website for all members to access as well as a hard copy at the 140 building. Members are expected to read the minutes within a timely manner. The minutes will not be read at the next meeting unless specifically requested by a member and approved by the Chief; however the minutes will be available for additions or corrections.

24.5-1 Executive Committee meetings shall be conducted, as needed. The meetings will be held at the 140 building unless announced otherwise by the Chief. Please be courteous to other members of the group by finding coverage if meeting night happens on your call night.

24.6-1 Members will receive two (2) volunteer hours per meeting attended. If the meeting is longer than 2 hours, additional volunteer hours may be awarded at the preference of the Chief and Assistant Chief.

## **25. OFFICERS**

25.1-1 The officers of the SQUAD shall be as set in the By-Laws.

25.2-1 See By-Laws for Officer Eligibility. All officers must be able to attend monthly meetings.

25.3-1 Duties of the officers are according to By-Laws

## **26. HIPAA**

26.1-1 HIPAA is a government requirement that must be adhered to the extent it is intended.

26.2-1 All patient information must be kept confidential by all members responding to all calls and is not to be discussed with other agencies or the public. Such reported breaches will be grounds for disciplinary action up to and including dismissal from the department.

26.3-1 Only members on the call and those designated as the Privacy Officer (Administrator), Billing Officer (Administrator), QA Coordinator(s), and the Training Coordinator shall have access to this information. Calls can be discussed provided that specific patient information is not included.

26.4-1 All hand written run reports will be kept under lock and or password protected as required by the law.

26.5-1 All new members will be trained on the HIPAA regulations within the first month of membership.

26.6-1 All members will attempt to give patients privacy packets explaining the policies and procedures implemented by the SQUAD, which includes information on how to contact us in the event the patient feels their rights have been violated. This shall be done at the earliest possible time without hindering the treatment of the patient. The patient must sign the log stating they have received the brochure if possible. Documentation of why a patient didn't receive the brochure shall be made on the log and in the run report if possible.

26.7-1 A contract must be signed with agencies that assist the SQUAD with patient care (e.g. lifting assistance, Cardiac arrest, accident scenes). This contract binds such agencies to the same regulations that the SQUAD is required to maintain. Violations of this law by such agencies will be handled as defined by the law. This includes disciplinary action up to and including termination of the contract. The SQUAD is ultimately responsible for all these agencies.

26.8-1 Any member aware of a violation of this law by a member or an agency in which a contract is signed must report it to the Chief as soon as possible. Failure to do so will result in disciplinary action up to and including termination.

26.9-1 All attempts to protect information must be made. However in some situations incidental information may occur. This is not a violation of the law and is not required to be reported.

26.10-1 In the event of an investigation of the SQUAD by a government agency, members should avoid answering any questions. Contact the Chief and inform them of the inquiry being made. All investigations will be handled by the Chief. If investigative interviews are requested, then members must participate as required by law. Only answer the questions asked and do not

give any additional information freely. Any violation is serious and can have a substantial fine associated with it.

26.11-1 All updates or changes made to the SQUAD's policies, SOP's, or procedures, via the Board of Trustees, will be issued to current members as soon as possible.

## **27. CONTRACTUAL EVENTS**

27.1-1 Coverage for profit, contractual, recurrent events must be approved by the Chief and the Board of Trustees. The Trustees shall arrange for all contracts and establish details concerning coverage, responsibilities, manpower, etc. Each potential contract shall be reviewed on an individual basis, and individual details shall pertain to specific events.

27.2-1 Manpower at such contractual events can be paid for their time at the event, at the preference of the Chief. Unless previously altered by the Chief, there shall be a minimum of 2 EMS certified personnel (a minimum of one EMT or higher) for each event. Attempts shall be made to provide an ALS crew.

27.3-1 If in the territory, and the Duty Crew is out on a call and another 911 call is dispatched in territory, the crew manning the event that requires coverage (e.g. Varsity Football Games) should respond to the 911 and request Dispatch to page for an additional crew/truck respond to the event to cover. When the Duty Crew returns from the hospital they should respond to the event, and relieve the group covering the event. The Event crew should return to the event when possible, and relieve the Duty Crew.

27.4-1 In the event that someone is hurt and requires transport from the event, the crew on scene shall immediately call for an additional crew from the SQUAD to cover the event. They shall treat, stabilize and transport the patient(s) per protocol. The event crew shall return to their post as soon as possible, and relieve the Duty/Back-up Crew.

27.5-1 First aid shall be permitted at the events such as band aids, burn ointment, etc. with the exception of drug supplying such as aspirin, Tylenol, etc. Any drug bag access will require transport.

27.6-1 Upon completion of the event, the crew shall return the ambulance unit to "ready" status by cleaning, restocking, etc.

## **28. POLICE CUSTODY AND TAZER POLICY**

28.1-1 Follow general practice and local protocols.

## **29. CCW FIRE ARM POLICY**

29.1-1 At no time shall a member in probationary status be permitted to carry a firearm on or in SQUAD property. Once released from probation, any member or staff employee who holds a

currently valid CCW permit in the state of Ohio is authorized to carry a gun on their person as long as state standards are followed pursuant of Ohio Revised Code § 2923.

29.1-2 Per ORC § 2923.126, firearms will not be permitted at station 240, however, will be permitted at station 140.

29.1-3 At no time is the carrying of a firearm permitted in the hospital setting. Upon arrival to the hospital, all firearms must be secured in the gun safe provided in each ambulance.

29.1-4 Members and staff understand their right to carry within the SQUAD setting may be revoked at any time should the person be found negligent of handling their weapon. Should any violation of the above stated policies occur, further disciplinary action may result up to and including termination.

### **30. VOTING**

30.1-1 See Bylaws.

### **31. HOURLY DAYTIME STAFFING POLICIES & PROCEDURES**

31.1-1 Daytime Coverage will be provided between the hours of 0600 and 1800. Daytime staffing will provide volunteer hours from 0400 to 0600 prior to the start of their shift. No holidays will be covered by paid staffing. This would include New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas Day.

31.1-2 The Daytime Staffing Schedule shall be emailed (and posted on Squad's website) no later than two weeks before the schedule is to start. This will be done by the Administrator or his/her designee.

31.1-3 The scheduled hours will be left to the preference of the Administrator to be distributed as best as possible.

31.1-4 No staff member will be allowed to work more than 79 hours per pay period. Each pay period will be for two weeks, Monday through Sunday; paid via direct deposit on the Friday following a pay period.

31.1-5 Every attempt will be made to make each daytime unit an ALS unit. All EMS certified members meeting eligibility requirements may submit availability for daytime shifts. No crew shall contain more than one EMR.

31.2-1 At the start and end of each shift, staff members will be required to clock in/out via the biometric time clock at the 140 building.

31.2-2 When needing to call off for their shift, you shall call the Administrator 6 hours before the start of your shift, unless an emergency situation arises. It will be up to the Administrator to find proper coverage.

31.2-3 Daytime staff may not have more than 4 call offs in a 12 month period. Should you exceed that amount, you shall be removed from the daytime staffing schedule for a period of 6 months.

31.3-1 Daytime staff shall wear the provided shirts. They will receive two department issued shirts. Pants will be provided by the staff member and shall be Navy Blue or Black EMS pants. Shoes shall be worn that meet the requirements of OSHA and ORC/OAC. Daytime staff may wear their SQUAD issued jumpsuit instead if they would like.

31.3-2 Daytime personnel are required to carry their SQUAD issued pager while on duty.

31.4-1 Daily chores shall be posted in the staffing log book. It is the Duty Crew's responsibility to complete each task assigned to them for that day. Staff shall complete and sign off each task. Should this not be completed, it will be up to the Administrator to enforce the compliance of these tasks or find a replacement for the current noncompliant employee for that shift.

31.5-1 Hourly daytime staff shall be considered part-time.

31.5-2 The SQUAD will pay the required federal and state taxes on behalf of the daytime staff member (Social Security, Medicare, Federal Unemployment, State Unemployment and Workman's Composition.)

31.5-3 Health Insurance, Life Insurance, Disability Insurance will not be offered. Paid vacation and/or personal days will not be offered except for the Administrator position.

31.5-4 Daytime staff will be issued W2's at year end and all appropriate taxes will be withheld.

31.5-5 Pay scale will be as follows:  
EMR: \$9.00/Hour (only with prior approval from the Chief)  
EMT: \$11.00/Hour  
AEMT: \$13.00/Hour  
EMTP: \$15.00/Hour

31.5-6 Longevity Pay will be issued at the rate of \$1.00 per every 5 years of active service. Active service is defined as running under normal participation levels with no more than 90 days of LOA a year with the exception of schooling, military duty, SQUAD-related injury, etc.

## **32. FIRE SCENE RESPONSE & REHABILITATION**

### A. Weakness

- B. Dizziness
- C. Syncope
- D. Chest Pain
- E. Shortness of breath/dyspnea
- F. Altered mental status
- G. Nausea/vomiting
- H. Muscle cramps
- I. Consumption of 2 air bottles
- J. Any chief complaint including but not limited to any injury
- K. At the preference of the Incident Commander or Safety Officer

32.2-1 Park close to the incident scene to allow for rapid removal and transportation of injured or ill persons. When choosing a location, do not impair the ability of apparatus to access or depart from the scene or hydrants/water sources. Attempt to establish a clear means of egress from the scene even as other units continue to respond and arrive on scene. If possible, 2 staffed EMS units should respond to the scene. One unit will be responsible for rehab at the scene and the second unit will be for transports. If there is a transport, consider calling for the next mutual aid EMS to respond. The transport unit will also be utilized to cover the territory in the event of a second call.

32.3-1 Initial Actions:

- A. If a victim is known and has been removed from the hazard area/hot zone, initiate care per protocol and request mutual aid EMS response from the Incident Commander.
- B. If no victim is known or suspected, report to the Officer in Charge to establish rehab area, give accountability, and establish radio channel.
- C. One crew member shall be designated to lead the rehab area. Leader shall be EMT/AEMT/Medic certified and ensure rehab, treatment, and transport of both victims/responders is done efficiently; Will be in contact with Incident Commander for calling in additional EMS units and/or resources (e.g. Care Flight) as needed; Will also be responsible for ensuring accountability is in place for responders as they enter and are released from the rehab area.
- D. Once rehab area is established, necessary equipment and supplies should be gathered. Including monitor, O2 supplies, IV equipment and solutions, burn supplies, immobilization equipment, and water/other hydration drinks.
- E. Each responder reporting to rehab should have an initial screening completed including a rapid visual exam-does the responder look ill/injured? Ask the responder how they feel and treat per protocol.

32.4-1 Rehab Procedures:

- A. Responders should be moved to a cool, shaded area during hot weather and a warm area during cold weather. Cover will always be used during times of heavy precipitation
- B. During a minimum 10 minute rest/recovery period
  - 1. Log responders on scene using accountability system
  - 2. Responders remove PPE (including turnout pants in hot weather)
  - 3. Check and record vital signs to include Blood Pressure, GCS, Pulse, SPO2/CO%, and temperature. Assure responder has no complaints or signs/symptoms
- C. Initiate oral rehydration and utilize active or passive cooling/heating measures as necessary. Oral rehydration includes water or electrolyte drinks (e.g. Gatorade/PowerAde.) Avoid caffeinated and carbonated Beverages

32.4-2 Rehab area re-assessment (After 10 minute rest)

- A. Ask each responder how they are feeling
- B. Further question any areas of concern
- C. Repeat vitals on any responder with any vital sign out of “at least Below” parameters. Each responder will be assigned as “GREEN,” “YELLOW,” or “RED” and released/treated as per protocol
  - 1. Vital Sign Parameters
    - Blood Pressure: >100 and <160 Systolic
    - Pulse: <120
    - SPO2: >94%
    - CO: <5%
    - Temperature: <100.6°F
    - No Complaints or signs/symptoms

32.4-3 Treatment per Acuity Level

- A. GREEN: Vitals within normal limits/no complaints
  - 1. Release from rehab area per accountability
- B. YELLOW: Initial vitals outside normal limits and/or non-priority complaint
  - 1. Address any specific complaint per protocol
  - 2. Additional 10 minutes rest and additional rehydration. Assure one crew member stays with responder during this time.
  - 3. Reassess and release or continue to treat as necessary
  - 4. If possible, responders labeled YELLOW need assessed by an ALS provider

C. RED: Experiencing chest pain/discomfort, dyspnea, Altered Mental Status, and/or temperature >103.9°F

1. Immediate Oxygen application
2. Expose for cooling/warming and assessment
3. Treat specific complaints per protocol
4. 0.9% Normal Saline Infusion for any responder with Altered Mental Status or temperature >103.9°F
5. Transport
6. If possible, responders labeled RED need assessed by an ALS provider

**END OF STANDARD OPERATING PROCEDURES**