

Southern
Berkshire
Volunteer
Ambulance
Squad

Policy Manual

January 2004

SBVAS President

Date

SBVAS Vice President

Date

SBVAS Secretary (document author)

Date

Officer Duties: President

The President is in charge of the day-to-day operation of the corporation and serves as both the Chairman of the Board and the Chief Executive Officer.

The President and/or his designee(s) are the official representative(s) of the corporation.

The President, or in his stead, the Vice President, or a Public Information Officer appointed by the President, is the spokesperson for the corporation.

The President will work with the Training Coordinator to determine Advanced EMT class needs so that the corporation can maintain its ALS status and meet its ALS staffing needs. This paragraph will be invalid if SBVAS (“the corporation”) loses its ALS status.

Officer Duties: Vice-President

The Vice-President reports to the President, assists the President in his duties, and serves as acting President in the President’s absence.

In circumstances where the President is not available, the Vice President, or a Public Information Officer appointed by the Vice President, is the spokesperson for the corporation.

Officer Duties: Treasurer

The Treasurer shall maintain or supervise the maintenance of all financial records, books, and accounts for the operation of the corporation.

Pursuant to MGL Chapter 180, Section 18, “every member of [a] corporation and every person who has an interest in its funds” may ask to see the financial records, books, and accounts for the operation of the corporation. The Treasurer must permit the asking party to view said records, but may do so at a time convenient to the Treasurer but not more than two weeks (14 calendar days, not business days) after a party has made the request.

Officer Duties: Secretary

General duties.

The Secretary shall attend all meetings of the corporation, and shall keep, or cause to be kept, an accurate roll of attendance at all meetings, unless a motion is made to dispense with the roll call, or the requirement to take a roll call is deleted from the bylaws.

The bylaws state that “The Secretary records the minutes of the meetings of the Board of Trustees and of the General Membership, causes them to be typed and kept in a suitable binder...” However, they also specify that “Minutes of Squad Meetings will be posted...”

Historically, meeting minutes of Board of Trustees and of General Membership meetings have been posted in the SBVAS lounge. The transfer binder holding archived meeting minutes should reside in the SBVAS lounge. Meeting minutes of Board of Trustees and of General Membership meetings should be posted, and older minutes archived, within the timeframe required by the bylaws.

If the Secretary is unable to attend a meeting, he or she must delegate responsibility for taking the minutes of meetings to a responsible party of his or her choosing.

Member data

The Secretary will have unrestricted access to member data for corporate mailings.

Member mailings

Whenever it is determined by an Officer of the corporation that correspondence should be sent to the membership, the Secretary will prepare or gather, duplicate, and mail or cause to be mailed such correspondence to each member to their mailing address on record.

Official mailings

Whenever it is determined by an Officer of the corporation that correspondence should be sent to a public official, the Secretary will assist the Officer in the preparation of any such correspondence, and will mail such correspondence. The Secretary will ensure that SBVAS, a nonprofit corporation, does not engage in lobbying of any sort in its correspondence as long as the corporation maintains nonprofit status.

Distribution of proposed bylaw changes

According to the bylaws themselves, “members must be given twenty-one (21) days prior written notice of a proposed change, deletion, or addition.” The bylaws are silent on the matter of what constitutes “written notice.” A single copy of proposed bylaw changes could conceivably be posted on a bulletin board in the SBVAS lounge and still comply with SBVAS requirements (so could distribution via an electronic mail mass mailing). However, proposed changes have historically been distributed:

- Manually at a meeting of the General Membership.
- Mailed postally to the membership.

The party or parties proposing the bylaw amendment(s) and the Secretary should convene to determine the best method of providing advance, written notice of proposed bylaw amendments. The proposing party may take it entirely upon themselves; the Secretary should lend guidance or assistance where necessary to ensure that the entire membership is informed 21 days in advance of a scheduled meeting at which bylaw amendments will be considered.

Reimbursement for SBVAS communications

The Secretary will be entitled to prompt reimbursement of all material and postal costs associated with the mailing of any type of SBVAS correspondence to members or other parties.

Miscellaneous duties

The Secretary will ensure that a current copy of the SBVAS bylaws are posted conspicuously in the lounge of the SBVAS building.

The Secretary will assist the President with other duties as needed.

Officer Duties: Trustee-at-Large

The number of Trustees-at-Large (hereafter, “Trustees” or “Trustee”) is set in the bylaws. Per the bylaws, the Board of Trustees reviews and establishes policy, advises the President and other officers, and serves as the “Board of Directors of the Corporation.”

Establishing and reviewing policy is not specified as a collective duty; one or more Trustees may draft policies. Review should be considered to be a collective duty. Historically, Trustees-at-Large present policy to the President. The President signs the policy. The policy then goes into immediate effect. There is no provision in the bylaws for the membership to vote on policies or procedures. It would appear that this was by design rather than by accident of omission.

Some policies are in place to comply with Massachusetts General Law. Matters of compliance with Massachusetts General Law are obviously not matters to be voted on. For this reason, not all policies will be presented to the membership prior to adoption or in such a way as to imply that such policies may be debated. Such matters will be incorporated into the SBVAS Standard Operating Procedures.

Other policies are specific to the corporation and are in place for the good of the organization. As such, it would be appropriate that some of these policies and procedures be presented to the membership for discussion about impact upon the organization. Such presentation should be for purposes of discussion solely to obtain member input. At no time will a policy be voted on by the General Membership. The Trustees should take very seriously any dissatisfaction voiced by the membership with respect to distasteful, burdensome, or problematic policies or procedures and make every effort to discuss member input and make any revisions that the Trustees feel are necessary.

Coordinator Duties: Supply Coordinator

This position (as a stand-alone position) was eliminated at the December 1999 General Membership meeting. These responsibilities were integrated into the job descriptions of certain of the Corporation’s paid employees.

The Supply Coordinator is not an officer position.

The Supply Coordinator is responsible for:

- Overseeing the appropriate stocking of medical equipment in ambulances.
- Overseeing the appropriate stocking of all spare medical equipment to insure that a shortage never occurs.
- Overseeing the appropriate stocking of all Mass Casualty Incident equipment.
- Ordering disposable medical and office supplies.

Where any questions should arise concerning overlapping responsibilities for equipment between the Supply and Maintenance Coordinators, the Board of Trustees shall clarify the issue.

The Supply Coordinator will work with the Maintenance Coordinator to insure that any equipment that could be examined by the state inspector is in good repair and is fully functional prior to inspection.

The Supply and Maintenance Coordinators shall make recommendations to the Officers, Trustees, and General Membership about upgrades or the acquisition of new medical equipment as they feel necessary.

Coordinator Duties: Maintenance Coordinator

This position (as a stand-alone position) was eliminated at the December 1999 General Membership meeting. These responsibilities were integrated into the job descriptions of certain of the Corporation's paid employees.

The Maintenance Coordinator is not an officer position.

The Maintenance Coordinator is generally responsible for arranging for the maintenance and repair of equipment in the event of mechanical failure. Specifically, the Maintenance Coordinator is responsible for:

- Arranging for the maintenance and repair of corporation buildings.
- Arranging for the maintenance and repair of ambulances and other vehicles.
- Arranging for the maintenance and repair of equipment in ambulances.
- Arranging for the maintenance and repair of medical equipment, including routine preventative maintenance of defibrillator and suction unit batteries, as well as care of the stretchers, according to manufacturer's recommendations.
- Arranging for the maintenance, repair, and distribution of all radio and pager equipment.
- Keeping and providing documentation of repairs and maintenance where required by law.
- Providing an adequate amount of bleach and other cleaning and disinfection supplies.

All vehicles of the corporation are to be maintained in good mechanical condition at all times. Maintenance and repair of vehicles is to be done routinely with a garage and/or mechanic approved by the Board of Trustees. Proper maintenance records will be kept by the Maintenance Coordinator in accordance with regulations of the Commonwealth of Massachusetts for ambulance licensure.

Where any questions should arise concerning overlapping responsibilities for equipment between the Supply and Maintenance Coordinators, the Board of Trustees shall clarify the issue.

The Maintenance Coordinator will work with the Supply Coordinator to insure that any equipment that could be examined by the state inspector is in good repair and is fully functional prior to inspection.

The Maintenance and Supply Coordinators shall make recommendations to the General Membership about upgrades or the acquisition of new medical equipment as they feel necessary.

Coordinator Duties: Training Coordinator

This position (as a stand-alone position) was eliminated at the December 1999 General Membership meeting. These responsibilities were integrated into the job descriptions of certain of the Corporation's paid employees.

The Training Coordinator is not an officer position.

The Training Coordinator is responsible for:

- Providing a sufficient number of continuing education classes each year.
- Providing and posting in the SBVAS lounge lists of continuing education classes approved by Massachusetts OEMS.
- Providing for an EMT-Basic level DOT refresher every year.
- Providing for an EMT-Intermediate refresher every other year.
- Providing for defibrillation credentialing and recredentialing, including periodic skill evaluations as required by OEMS.
- Providing for sufficient numbers of CPR classes each year for squad members to retain their CPR certification.
- Providing for an EMT-Basic course as needed to maintain and increase membership.
- Providing for an EMT-Intermediate course as needed to maintain SBVAS ALS status.
- Maintaining records related to Continuing Education lectures given at SBVAS, such as attendance rosters, for a period of not less than 5 years.
- Assisting with the annual state inspection as needed.

Coordinator Duties: Orientation Coordinator

The Orientation Coordinator is not an officer position.

The Orientation Coordinator will ensure that Team Captains have the resources to orient all new employees. For purposes of this section alone, any Probationary Member or any other class of SBVAS member new to SBVAS will be considered to be an "employee," whether or not they are compensated.

Orientation will be provided to all Probationary Members, as well as to any other persons who wish to participate (such as EMT students who are unsure if they wish to join the corporation) primarily by Team Captains. It is the responsibility of the Orientation Coordinator to ensure that orientation takes place.

In addition, the Orientation Coordinator is responsible for:

- Keeping the squad up-to-date and current with Massachusetts Statewide Treatment Protocols by obtaining, at least yearly, a copy of Statewide Treatment Protocols in printed text format and making them available in a binder.

- Keeping the squad up-to-date and current with other Massachusetts regulations governing ambulance services by posting any Department of Public Health circulars where they may be read by the membership.

Coordinator Duties: Infection Control Coordinator

The Infection Control Coordinator is not an officer position.

The Infection Control Coordinator shall serve as the “DICO” or “Designated Infection Control Officer.” The Infection Control Coordinator is responsible for:

- Assuring compliance with infection control procedures by ensuring that members read and understand corporate policies regarding same.
- Keeping new members apprised of the opportunity to receive, free of charge, certain vaccinations.
- The Infection Control Coordinator may utilize, at the President’s discretion, any means to carry the above objectives out, such as the contracting with a third party to provide the opportunity to receive vaccinations and other tests as required by Massachusetts General Law.
- As the above objectives may be carried out by a third party, the position of DICO or Infection Control Coordinator may be occupied by a non-member of the Corporation.

Personnel: Team Captain

A Team Captain is defined as an EMT that has been appointed to the position by the President of the corporation. The President will consider past performance in the field, sound decision making ability, and familiarity with Statewide Treatment Protocols when appointing a Team Captain. Where a team is without such a formally appointed individual, the senior EMT shall act as Team Captain. The position of Team Captain should be looked upon as carrying additional decision-making responsibilities, and not conferring any special status or unique benefits. This individual is responsible for carrying out those duties charged to the position found in the corporation’s Bylaws, Policies, and the Standard Operating Procedures.

An SBVAS member that is an ALS provider always assumes control of a scene; this ALS provider’s decisions supercede those of a BLS-level Team Captain.

In addition, a Team Captain is responsible for:

- Orientation of new members that ride on their team.
- The checking off of skills that new members that ride on their team are required to know or perform in the member’s orientation booklet.
- Assuring that members are up-to-date in their vaccinations and testing and that the Infection Control Coordinator has this information.
- Assuring compliance with all Massachusetts mandatory reporting by assisting members with filing such mandated reports, when necessary.
- Assuring that a run report is written completely, that a copy is taken and submitted with a “face sheet” to SBVAS for billing, and that a file copy is left with the patient, and not at the front desk.

Personnel: Orientation

Orientation will consist, at a minimum, of the following:

- A guided tour of the corporation's facility.
- A guided tour of the ambulances.
- Presentation of an orientation booklet.
- Presentation of corporate Bylaws.
- Presentation of corporate Policies.
- Presentation of corporate Standard Operating Procedures.
- Presentation of necessary employment forms.
- An explanation of corporate governance.
- An unstructured question and answer session where prospective or new members have a chance to gather any additional information about the corporation.

Personnel: Suspension of Right to Vote

As of January 2004 this policy is not presently in effect.

Any SBVAS member who is entitled to vote shall have their voting rights suspended if they fail to attend three consecutive, regularly scheduled general membership meetings. The duration of this suspension will be three calendar months.

Such member's voting rights will not be suspended if the member:

- cannot possibly attend the meeting due to ongoing extenuating circumstances, such as having to work during the meeting time, not being able to leave work early, having fire practice, etc. The member must notify the President of his or her ongoing responsibility.
- is on any leave permitted in the bylaws (or on any leave that the Board has approved).
- notifies the President prior to the meeting that he or she is unable to attend due to circumstances beyond his or her reasonable control. The President will use discretion and determine whether the member made a reasonable effort, or made no effort at all.

The President may restore a member's voting rights before the three-month period expires at his or her discretion.

Since meeting attendance determines a quorum, the number of members present at a meeting that have had their voting rights suspended shall not affect the quorum.

This policy shall expire automatically and have no effect after June 1, 2002, or sooner if the Board of Directors determines that it does not serve the interests of the corporation.

Personnel: Continuing Education Reimbursement

Beginning in 2003, SBVAS has arranged for members to get all of their Continuing Medical Education credits via the Internet. SBVAS recognizes, however, that some members may opt to obtain lectures in longer formats, such as weekend-long lectures in other states.

SBVAS will reimburse Corporate Members who have served at SBVAS for at least one year for certain expenses related to Massachusetts EMT Refresher classes and Massachusetts-required Continuing Medical Education. SBVAS will only reimburse members when the following requirements are met:

1. the member must get pre-approval from the Trustees and Board of Directors;
2. if the education is not a Refresher class, the lecture must be an out of state lecture unless the Trustees make an exception;
3. the Office of Emergency Services (“OEMS”) has approved a program and the member provides evidence of this approval in writing.

Although OEMS permits EMT’s to take non-approved courses and seek approval and accreditation afterward, it would be a burden for SBVAS to keep track of this data. SBVAS will, therefore, only reimburse members when a member submits a copy of the course’s OEMS approval sheet, or a letter from OEMS awarding credits, along with the required SBVAS form. Members will not be reimbursed for expenses related to transportation, meals that were not included in a program, or other incidentals unless this policy provides otherwise.

Any SBVAS Trustee or Board member reserves the right to verify the member’s attendance by contacting the educational provider and requesting to view the provider’s sign-in sheet(s). If a member has been “compensated” by SBVAS for an educational opportunity that he or she did not actually attend, that member may be found unfit to serve by reason of misconduct. The matter will be referred to the Board of Trustees. Any subsequent action taken will be pursuant to the bylaws. At the discretion of the Board of Trustees, action may be taken against the offending member in order to recover the total amount of reimbursement funds.

Continuing Education.

SBVAS will reimburse members a maximum of \$25 per credit awarded. SBVAS will not reimburse EMT’s for continuing education credits that exceed the Massachusetts OEMS 2-year requirement. (For example, as of 2003, the maximum is \$700 for 28 credits for EMT-B and EMT-I, and \$625 for 25 credits for EMT-P). SBVAS will not compensate members for self-administered continuing education or media, which includes but is not limited to books, journals, videotapes, DVDs, DVD-ROMs, CD-ROMs, or any other such media, unless such media constitutes materials integral to an approved course or lecture.

Members wishing to receive reimbursement for other forms of education must submit a request to the Trustees.

Teaching Obligation.

It shall be at the discretion of the Board of Directors to require any member requesting reimbursement for continuing education to give one or more lectures at SBVAS. Such lecture(s) must have OEMS approval before taking place. The Board of Directors reserves the right to set the number of credits that the member is required to offer. This may be any number from none to

the same number that the member received reimbursement for. The member's required lecture(s), if any, must take place within a timeframe specified by the Board of Directors.

Failure to meet a teaching obligation where one has been required will result in a member's being found unfit to serve by reason of misconduct. The matter will be referred to the Board of Trustees. Any subsequent action taken will be pursuant to the bylaws. At the discretion of the Board of Trustees, action may be taken against the offending member in order to recover the total amount of reimbursement funds.

EMT Recertification (any level).

SBVAS will reimburse members a maximum of \$70 for attending and completing an EMT Refresher class.

Incidentals.

SBVAS will no longer reimburse hotel or other lodging expenses.

Members should submit their receipts and a completed "SBVAS Refresher / Continuing Education Reimbursement Form" to the Treasurer. Members must submit ALL of this paperwork together.

SBVAS Refresher / Continuing Education Reimbursement Form

Member must be a Corporate Member of SBVAS who has served on the squad for a period of at least one year. Reimbursement is only available to an individual if it is applied for during the same year the Continuing Education credits were awarded.

Name _____ Date _____

Continuing education

Check whichever one of the following applies:

Mass. OEMS approval form is attached.

Mass. OEMS letter granting credits for a program not pre-approved is attached.

Total cost of this continuing education program to you: _____

Total number of credits OEMS awarded to you: _____

Refresher

Letter from OEMS approved Refresher program provider showing proof of successful completion is attached.

Check only if applicable:

Letter from Mass. OEMS accepting an out-of-state DOT-approved Refresher program is attached.

Total cost of this Refresher program to you: _____

SBVAS member signature

Date

SBVAS Treasurer or Treasurer designee's signature

Date

Treasurer: Please keep this form with all documentation and receipts attached to it on file in YOUR records, NOT the member's personnel file.

EMT-B to EMT-I or EMT-P Upgrade

Applicable when an EMT-B wishes to gain certification at the EMT-I or EMT-P level. Historically, it has been the case that individuals seeking tuition assistance from SBVAS to become EMT-P certified have resulted in complications, and SBVAS losing the EMT in every case. The first time the squad considered an upgrade to Paramedic service was when Kevin Mooney proposed it on June 27, 1991. The question of providing financial assistance to EMT-P students was tabled at the September 1991 General Membership meeting. The issue was never taken from the table, though the squad did revisit the question of upgrading to Paramedic service, most notably on June 20, 1996. A consultant was contacted and a feasibility study was completed in 2004. To date, no final decision has ever been issued on this question.

Any EMT-B wishing to upgrade from Basic to Intermediate or Paramedic level should keep in mind that when the grace period is over, SBVAS will become a Basic level squad unless it can achieve ALS coverage for 24 hours per day, 7 days per week, pending OEMS enforcement action.

This having been said, SBVAS will reimburse a student, upon being awarded certification in Massachusetts at the EMT-I level, a maximum of \$1,000. The EMT-I must be a member of a regularly scheduled, on-call team, whether paid or unpaid. The reimbursement will be paid one calendar year after certification is awarded. Should the EMT-I take a leave of absence during this period, reimbursement will be delayed for however many months the leave lasts. Should the member not take call for more than three months while **not** on leave, or should the member resign, reimbursement will be at the discretion of the Board.

SBVAS will reimburse a student, upon being awarded certification in Massachusetts at the EMT-P level, a maximum of \$5,000. The EMT-P must be a member of a regularly scheduled, on-call team, whether paid or unpaid. The reimbursement will be paid three calendar years after certification is awarded. Should the EMT-P take a leave of absence during this period, reimbursement will be delayed for however many months the leave lasts. Should the member not take call for more than three months while **not** on leave, or should the member resign, reimbursement will be at the discretion of the Board.

Operations: Dispatch of EMT-Intermediates

MEMORANDUM OF UNDERSTANDING

Friday March 2, 2001

As per our conversation at our last meeting, below find an initial draft policy to be approved by all departments involved.

Any time an EMT-Intermediate intercept is requested, Central Dispatch will page “736” and request that an EMT-Intermediate respond.

As always, whenever additional EMT’s of any level are requested, Central Dispatch will page “331” and request a team.

Respectfully submitted,

Jay Harner, EMT-Paramedic
President, Southern Berkshire Volunteer Ambulance Squad

Operations: Dispatch of Fire Dept. on Code I MVAs

MEMORANDUM OF UNDERSTANDING

Friday March 2, 2001

As per our conversation at our last meeting, below find an initial draft policy to be approved by all departments involved.

The Fire Department will be paged out at the same time as EMS on all Code I motor vehicle accident (“MVA”) calls.

The Fire Department and their apparatus are to be staged 100 yards back from the scene, until:

1. they are directed otherwise by a police officer in charge, or
2. they speak, verbally and without the use of a radio, to the police officer in charge.

Respectfully submitted,

Jay Harner, EMT-Paramedic
President, Southern Berkshire Volunteer Ambulance Squad

Operations: Dispatch of Fire Dept. on Code I Backup Calls

MEMORANDUM OF UNDERSTANDING

Friday March 2, 2001

As per our conversation at our last meeting, below find an initial draft policy to be approved by all departments involved.

The Fire Department will be paged out for all Code I backup calls at the same time 331 is paged.

Respectfully submitted,

Jay Harner, EMT-Paramedic
President, Southern Berkshire Volunteer Ambulance Squad

Personnel: On-Call Team Uniform

SBVAS strives to maintain a professional image. The uniform is a critical element of this image. The particulars of the SBVAS uniform were decided on at the May, 2000 meeting. All categories of SBVAS membership are expected to adhere to the following uniform guidelines when on call:

Shirts. Members must wear a white long or short sleeve collared dress shirt bearing a corporate logo two inches below the right shoulder seam.

Pants. Pants must be navy blue or black. Sweatpants, blue denim jeans, or shorts are not permitted.

Shoes. Sturdy black sneakers, black shoes, or black boots are recommended. Open-toed shoes, sandals, or flip-flops are not permitted.

EMT members are expected to wear a Massachusetts EMT patch two inches below the left shoulder seam. (Embroidery will of course substitute for a patch). Under no circumstances will an EMT wear any patch, rocker, or signifier that indicates a higher level of EMS status that the EMT has not attained. At the discretion of the Team Captain, a driver or an EMT student must wear any identifier that clearly signifies his or her role.

All SBVAS members that attend official functions such as funerals or memorial services are expected to appear in the on-call team uniform.

Jacket (if one is worn). Jackets must be blue (any shade) or black and must bear any one or more of the following:

- A corporate logo patch
- If an EMT, a Massachusetts EMT patch (NREMT or other state EMT patch may be worn below a Massachusetts EMT patch)
- A 2 inch or larger star of life anywhere on the garment

The placement of ribbons, pins, nametags, or EMT-Intermediate or EMT-Paramedic rockers or identifiers are left to the discretion of the wearer. EMT-I's and EMT-P's functioning at the EMT-B level will not be expected to alter their uniforms, despite the fact that their scope of practice may be limited.

Coveralls may be worn. Coveralls may be navy blue or black and must at a minimum have a 2 inch or larger star of life on the garment.

Backup, ALS intercepts.

EMT members acting in a first-responder capacity, backup teams, and/or Advanced EMT's should make a reasonable effort to use a jumpsuit or an SBVAS lapel tag signifying affiliation with SBVAS when intercepting or responding to a call when not in uniform.

Personnel: Interaction with the Media

The President, or in his stead or absence, the Vice President, is the spokesperson for SBVAS.

SBVAS recognizes that the media's expertise lies solely in reporting events, and that the nature of this reporting reflects the fact that most journalists do not possess a substantive knowledge of Emergency Medical Services. Nevertheless, media reporting influences public perception, and the media will draw on a wide range of information sources to build a story. SBVAS personnel may, therefore, be approached by the media and asked to comment on an event.

Members are encouraged to refer the media to the President. If pressed, the SBVAS member should keep his or her remarks brief, keeping confidentiality requirements in mind. The SBVAS member should then disclaim their remarks by adding that they are not an SBVAS officer (as applicable), that their remarks do not necessarily reflect the views of Southern Berkshire Volunteer Ambulance Squad, and that the reporter should talk to the President as soon as they are able. Remember, every journalist, and the organization that he or she represents, is completely free of the burden of accountability. SBVAS members are not.

In the event of an MCI, the President, or in his stead or absence, the Vice President, may appoint a public information officer ("PIO") to serve as a conduit for communications between SBVAS and the media.

Personnel: Certification

All personnel will hold the required Massachusetts certification when riding on an ambulance. Driver-only members must be the third member of a team, and be CPR certified. Such members will renew their CPR certification as required.

EMT members will hold current Massachusetts EMT certification and be CPR certified. Such members will take a DOT-compliant refresher and accrue the necessary number of continuing education credits each renewal period in order to maintain certification.

Personnel: Alcohol Policy

Alcoholic beverages may not be consumed while on duty or within six hours of the start of a member's shift.

Although alcoholic beverages are permitted on SBVAS property they may only be consumed by off-duty members. These members are forbidden from responding to calls, forbidden from riding along on calls, and must NOT be wearing the on-call team uniform. These members must also take all alcoholic beverage containers with them and must, if applicable, arrange to be taken home in a non-emergency vehicle if unable to drive. SBVAS vehicles shall not be used for this purpose.

Off of SBVAS premises, SBVAS members may not consume alcoholic beverages while wearing any SBVAS uniform shirt or SBVAS jacket that identifies the individual as an SBVAS member. Please note the wording carefully: an SBVAS T-shirt is permissible in this circumstance, because it's not an "SBVAS uniform shirt."

Violations of this policy will constitute member misconduct and will be referred to the Board of Trustees. Any subsequent action taken will be pursuant to the bylaws.

Personnel: Drug Use and Drug Testing Policy

SBVAS will not tolerate any use of nonprescribed drugs or alcohol during work hours. If any person comes to work under the influence of drugs or alcohol or uses drugs or alcohol during work time, the employee may be terminated. (For purposes of this policy, all persons performing EMS-related functions for SBVAS at any time shall be considered an “employee” whether paid or unpaid).

Employees who work at SBVAS will be asked periodically to submit to drug testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made.

Any SBVAS employees **may** be asked to submit to drug testing. Due to the random nature of testing, however, not every SBVAS employee will necessarily be asked to submit to drug testing. Before being asked to submit to a drug test, the employee will receive written notice of the request and testing requirements. All drug testing requested by SBVAS will be conducted by a laboratory licensed by the state. SBVAS will pay the cost of any drug testing that it requests, including retesting of confirmed positive results. Any additional tests that the employee requests will be paid for by the employee.

If the employee is asked to submit to a drug test, SBVAS will notify the employee of the results within one week after it receives them from the laboratory. To preserve the confidentiality SBVAS strives to maintain, the employee will be notified verbally whether the test was negative or confirmed positive. If confirmed positive, the employee may have the same sample retested at a laboratory of the employee's choice. The employee will be given the opportunity to explain the positive result to the Board of Directors following the employee's receipt of the test result. Any subsequent actions with respect to discipline or termination will be carried out by the Board of Directors after they consult with Corporate Counsel.

SBVAS's drug testing program is limited to testing for amphetamines and their analogues, Cocaine, Marijuana, and PCP/Ketamine. Any other substances that may be found to be present using the same method used to test for controlled substances will not be reported.

If there is reason to suspect that the employee is working ***while under the influence*** of an illegal drug, the employee will be suspended without pay until the results of a drug test are made available to SBVAS by the testing laboratory. Where drug testing is part of a routine physical or random screening, there will be no adverse employment action taken until the test results are in.

The employee will be asked for the employee's consent before test results are released to anyone else. Be advised, however, that test results may be used in arbitration, administrative hearings and court cases arising as a result of the employee's drug testing. Also, results will be sent to

federal agencies wherever required by federal law. The results of drug testing in the workplace will not be used against the employee in any criminal prosecution.

Personnel: Pet Policy

Pets are only permitted in the smoking room, and only then with the consent of other persons in the smoking room. Pets should never be permitted to get on lounge or smoking room furniture. Under no circumstances will pets be permitted in the classroom or garage areas or anywhere upstairs in the SBVAS building. Seeing-eye dogs that assist blind visitors or seizure-detecting dogs are absolute exceptions to this.

Personnel: Personal Belongings

SBVAS is not responsible for members' belongings left anywhere on SBVAS or Fairview Hospital property.

Personnel: Conduct

Professionalism.

SBVAS personnel are expected to conduct themselves in a professional manner when dealing with patients, patient families, bystanders, other responders, hospital staff, and any other people they contact during the course of their shift. Acting in a professional manner simply means using appropriate language, dressing in a manner consistent with the corporation's uniform policy, appearing clean and neat, being polite, exhibiting calm in stressful situations.

Treatment.

Members are expected to render emergency care pursuant to Statewide Treatment Protocols, and to follow all SBVAS Policies and Procedures. Members are expected to use Universal Precautions to avoid infectious disease while rendering patient care.

Grievances.

Any member who is having a problem or grievance with another member should file a detailed, written description of the problem or grievance with the President of the corporation. The President will address the issue within seven calendar days after having received the description. If the member does not receive acknowledgment from the President, the member should file the description of the problem with the next officer in the corporation, the Vice President.

The Vice President will address the issue within seven calendar days after having received the description. If the member does not receive acknowledgment from the Vice President, the member should file the description of the problem with a Trustee and, if possible, the Team Captain of the other party.

Members always have the absolute right to approach any Board member in cases where violations of Massachusetts General Law have allegedly occurred, such as where sexual

harassment may have occurred, where threats of physical violence have allegedly been made, or where a member alleges assault.

Personnel: Affecting Change to the Corporation

Rights of personnel to alter corporate bylaws

A member has the absolute right to propose a bylaw amendment. The member must follow the provisions in the corporation's bylaws for doing so.

Rights of personnel to alter corporate policy

If a member finds that any policy or procedure is negatively impacting them, other members, the organization, patient care, or any other aspect of the corporation or its efforts, that member has the absolute right to present his or her findings to a Trustee-at-Large at any time. Per the corporate bylaws, Trustees-at-Large "review and establish policy" and procedures; it is their responsibility to correct any deficiencies in them or problems with them.

If a member believes that any policy or procedure should be adopted that would improve the corporation in any respect, the member similarly has a right to approach a Trustee-at-Large with their suggestion. In any case, Trustees-at-Large are not obligated to amend or adopt new policies and procedures. The Trustees-at-Large are only obligated to consider changes in policies or procedures as part of their duties to review them.

Personnel: Specific Duties

Though it results in much duplication, in response to Board requests for clarification on the issue, employee responsibilities are broken down into very specific classes of employees.

Day Team Employee Duties, 06:00 - 18:00

Monday, Tuesday, Wednesday, Thursday, Friday

When not responding to emergencies and other employment duties, it shall be the responsibility of the on-call team to:

- Ensure that the ambulance garage remains locked at all times to avoid unauthorized access to the ambulances.
- Ensure that the ambulance garage remains between 58 and 65 degrees Fahrenheit at all times.
- Complete and submit a check sheet that shall evidence that the on-call team inspected the ambulance according to a state mandated equipment checksheet and noted and corrected (where possible) any equipment deficiencies.
- Restock the ambulances as necessary.
- Refuel the ambulances as necessary.
- Wash dirt off of the ambulances as necessary.
- Wash the windshield of the ambulances as necessary.
- Notify the employee responsible for maintenance of emergency vehicles of any defects or flaws in their operation. (Use the whiteboard provided.)

- Notify the employee responsible for maintenance of emergency equipment of any defects or flaws in the operation of the equipment. (Use the whiteboard provided.)
- Keep the walkways clean and free of snow and ice.
- Keep personnel records up to date and on file. For purposes of this policy only, personnel records will include vaccination records and all tax forms.
- Submit, according to policies and procedures, hours to determine pay. Members not wishing to receive pay must notify the Treasurer.
- Complete and submit, according to policy, all mandatory reporting forms.
- Arranging for the conveyance of returnable cans. As of 2003, the SBVAS voted to give all returnables to the Boy Scouts, who pick them up.
- Wash dishes and flatware after use.
- Empty trash when it's full.
- Mop up all non-carpeted floors in the squad part of the building (garage excluded) on a regular basis.
- Clean the SBVAS lounge area.
- Clean the downstairs bathrooms.

Day Team Employee Duties, 06:00 - 18:00

Saturday, Sunday

When not responding to emergencies and other employment duties, it shall be the responsibility of the on-call team to:

- Ensure that the ambulance garage remains locked at all times to avoid unauthorized access to the ambulances.
- Ensure that the ambulance garage remains between 58 and 65 degrees Fahrenheit at all times.
- Complete and submit a check sheet that shall evidence that the on-call team inspected the ambulance according to a state mandated equipment checksheet and noted and corrected (where possible) any equipment deficiencies.
- Restock the ambulances as necessary.
- Refuel the ambulances as necessary.
- Wash dirt off of the ambulances as necessary.
- Wash the windshield of the ambulances as necessary.
- Notify the employee responsible for maintenance of emergency vehicles of any defects or flaws in their operation. (Use the whiteboard provided.)
- Notify the employee responsible for maintenance of emergency equipment of any defects or flaws in the operation of the equipment. (Use the whiteboard provided.)
- Keep the walkways clean and free of snow and ice.
- Keep personnel records up to date and on file. For purposes of this policy only, personnel records will include vaccination records and all tax forms.
- Submit, according to policies and procedures, hours to determine pay. Members not wishing to receive pay must notify the Treasurer.
- Complete and submit, according to policy, all mandatory reporting forms.
- Arranging for the conveyance of returnable cans. As of 2003, the SBVAS voted to give all returnables to the Boy Scouts.
- Wash dishes and flatware after use.
- Empty trash when it's full.

- Mop up all non-carpeted floors in the squad part of the building (garage excluded) on a regular basis.
- Launder sheets and other linens as necessary.
- Clean the upstairs bathrooms.
- Sign the sheet that is provided as evidence that these employment duties have been met. Each member of any weekend team that does not fulfill its cleaning responsibilities shall be suspended from taking call the next scheduled time such member is to work. Where a team cannot be formed, a per diem EMT shall serve in any suspended member's place.

Night Team Employee Duties, 18:00 - 06:00

Monday, Tuesday, Wednesday, Thursday, Friday

Weeknight crews are volunteer unpaid personnel.

When not responding to emergencies and other employment duties, it shall be the responsibility of the on-call team to:

- Ensure that the ambulance garage remains locked at all times to avoid unauthorized access to the ambulances.
- Ensure that the ambulance garage remains between 58 and 65 degrees Fahrenheit at all times.
- Complete and submit a check sheet that shall evidence that the on-call team inspected the ambulance according to a state mandated equipment checksheet and noted and corrected (where possible) any equipment deficiencies.
- Restock the ambulances as necessary.
- Notify the employee responsible for maintenance of emergency vehicles of any defects or flaws in their operation. (Use the whiteboard provided.)
- Notify the employee responsible for maintenance of emergency equipment of any defects or flaws in the operation of the equipment. (Use the whiteboard provided.)
- Keep the walkways clean and free of snow and ice.
- Keep personnel records up to date and on file. For purposes of this policy only, personnel records will include vaccination records and all tax forms.
- Complete and submit, according to policy, all mandatory reporting forms.
- Wash dishes and flatware after use.
- Empty trash when it's full.

Night Team Employee Duties, 18:00 - 06:00

Saturday, Sunday

Weekend night crews are volunteer unpaid personnel.

When not responding to emergencies and other employment duties, it shall be the responsibility of the on-call team to:

- Ensure that the ambulance garage remains locked at all times to avoid unauthorized access to the ambulances.
- Ensure that the ambulance garage remains between 58 and 65 degrees Fahrenheit at all times.
- Complete and submit a check sheet that shall evidence that the on-call team inspected the ambulance according to a state mandated equipment checksheet and noted and corrected (where possible) any equipment deficiencies.
- Restock the ambulances as necessary.

- Notify the employee responsible for maintenance of emergency vehicles of any defects or flaws in their operation. (Use the whiteboard provided.)
- Notify the employee responsible for maintenance of emergency equipment of any defects or flaws in the operation of the equipment. (Use the whiteboard provided.)
- Keep the walkways clean and free of snow and ice.
- Keep personnel records up to date and on file. For purposes of this policy only, personnel records will include vaccination records and all tax forms.
- Complete and submit, according to policy, all mandatory reporting forms.
- Wash dishes and flatware after use.
- Empty trash when it's full.

Pay At Southern Berkshire

Hourly rate: \$_____ (EMT-P, EMT-I), \$_____ (EMT-B). In order to be paid, all personnel must have on file with the Treasurer their current tax information, and must submit a time card documenting their hours for the pay period. In order to be paid for backup calls, all personnel must in addition to the above document both the call that the first ambulance was on during the backup call, as well as the backup call's time, in the backup call log.

All hourly pay at the Corporation will be on a one hour initial minimum with 15 minute increments thereafter.

0 min to 60 min = \$[hourly rate]*1.0 hours

61 min to 75 min = \$[hourly rate]*1.25 hours

76 min to 90 min = \$[hourly rate]*1.5 hours

91 min to 105 min = \$[hourly rate]*1.75 hours

106 min to 120 min = \$[hourly rate]*2 hours

The Corporation will only pay two EMT's on any given shift. EMT-Intermediates will be given pay preference (in other words, an Intermediate will never be considered to be a third rider if he or she is assigned to a team with two EMT-Basics).

Primary Call, Day Shift (911 response / Non-Transfer)

Calls performed by an on-duty crew between 0600 and 1800 are compensated according to the payment schedule and rates above (does not apply to salaried EMTs).

Primary Call, Night Shift (911 response / Non-Transfer)

Calls performed by an on-duty crew between 1800 and 0600 are uncompensated and on a volunteer basis.

Primary Call, Day Shift (Transfer)

Calls performed by an on-duty crew between 0600 and 1800 are compensated according to the payment schedule and rates above (does not apply to salaried EMTs).

Primary Call, Night Shift (Transfer)

Calls performed by an on-duty crew between 1800 and 0600 are uncompensated and on a volunteer basis.

Backup Call, Day Shift (911 response / Non-Transfer)

Each responding EMT (maximum of two per team) will be paid for backup calls performed between 0600 and 1800 ("daytime backup calls") according to the payment schedule and rates above (does not apply to salaried EMTs).

In addition, a \$25 per call incentive will be paid to the two first responding EMTs. Since the point of this is to be an incentive to respond, this shall be paid even if an EMT responds but the call is cancelled afterward.

Backup Call, Night Shift (911 response / Non-Transfer)

Backup calls performed between 1800 and 0600 are uncompensated and on a volunteer basis ("night time backup calls").

Backup Call, Day Shift (Transfer)

Each responding EMT (maximum of two per team) will be paid for backup transfer calls performed between 0600 and 1800 (“night time backup transfer calls”).

In addition, a \$25 per call incentive will be paid to the two first responding EMTs. Since the point of this is to be an incentive to respond, this shall be paid even if an EMT responds but the call is cancelled afterward.

Backup Call, Night Shift (Transfer)

Each responding EMT (maximum of two per team) will be paid for backup transfer calls performed between 1800 and 0600 (“night time backup transfer calls”).

Waiting On Standby, Day Shift (No Calls Taken)

Waiting for calls at the garage is an unpaid activity.

Waiting On Standby, Night Shift (No Calls Taken)

Waiting for calls at the garage is an unpaid activity.

Holidays

Each EMT (maximum of two per team) that takes call during a day that the corporation has designated as a holiday will be paid an hourly rate commensurate with their EMT level (Driver hourly rate, Basic hourly rate, or Intermediate hourly rate as applicable).

Personnel: Probationary Member Pay

At the June 2002 membership meeting it was voted to end pay suspension for Probationary Members.

Communications: Telephones

Personal Calls

Except for emergency calls, making personal calls that SBVAS has to pay for (*i.e.* non-calling card long-distance calls or accepting collect calls) is prohibited. The Board of Trustees will make every reasonable effort to determine who made personal long distance calls and may charge that member accordingly or, at the Board's discretion, charge the member with misconduct.

Operations: Control, Inspection of Controlled Substances

Controlled substances are subject to and shall be available for inspection by the Department of Health upon request.

IV Security

IV supplies are a controlled substance, and the IV kit should be secured with a twist-off plastic lock to identify usage. After use, the kit must be fully restocked and the plastic lock replaced. The IV kit must be kept out of sight, in its compartment, when not in use. Any missing IV supplies must be reported to the President and the Supply Coordinator.

In order to reduce the possibility of IV supply theft, the ambulances must be locked when parked at a public place for more than one hour, AND there are no members staffing the vehicle, AND the vehicle is not in the constant line of sight of any members. The front doors open with the key on the keychain, the side and back doors do not open with this key.

IV supplies must be removed from the ambulances when they are out of service for repair.

Any unauthorized use of the IV kit must be reported to the squad President or Vice-President.

The carrying of IV supplies (or any medical supplies) that are controlled substances in a personal vehicle in the absence of a prescription or other legal authorization to do so is a felony.

Epinephrine (Epinephrine autoinjection devices / "Epi-Pens")

The stocking of Epinephrine is the responsibility of the Supply Coordinator (who shall ensure that enough of the drug is kept for restocking) **AS WELL AS** the personnel on each shift (who shall ensure that each ambulance is carrying the required amount of unexpired drug and/or drug delivery systems). Expired autoinjection devices must be reported to the Supply Coordinator and must be replaced, but should NOT be discarded. Expired, unused autoinjection devices will be disposed of by the Supply Coordinator.

Epinephrine is a controlled substance, and shall be kept in a kit secured with a twist-off plastic lock to identify usage. After use, the kit must be fully restocked and the plastic lock replaced.

The kit must be kept out of sight, in its compartment, when not in use. Any missing Epinephrine autoinjection devices must be reported to the President and the Supply Coordinator.

Albuterol

The stocking of Albuterol and its delivery system (small volume nebulizer) is the responsibility of the Supply Coordinator (who shall ensure that enough of the drug is kept for restocking) **AS WELL AS** the personnel on each shift (who shall ensure that each ambulance is carrying the required amount of unexpired drug and/or drug delivery systems).

Operations: Ambulance Stocking, Restocking

All teams shall conduct a check of the ambulances (“rig check”) to determine if each is stocked as required at the start of their shift.

Missing and used supplies must be restocked immediately after each ambulance response.

Supplies are not permitted to be taken off of an in-service ambulance for training purposes. If supplies are removed for training purposes, then the ambulance that they were taken from is ***out of service until it is restocked.***

Operations: Maintenance of Mechanical and Biomedical Equipment

The Maintenance Coordinator shall conduct preventative maintenance of all such equipment according to manufacturer guidelines or specifications.

Operations: Charitable Donations

As long as it retains its nonprofit status, the corporation can by law only make charitable monetary contributions (“donations”) to other nonprofit organizations.

While recognizing that there are a number of worthy charitable causes in need of aid, the corporation will only make charitable monetary or equipment donations to causes that are **both** germane to Emergency Medical Services **and** in the SBVAS service zone. “Emergency medical services” is defined as “the pre-hospital assessment and treatment and other services utilized in responding to an emergency.” Donations for all other causes may be made privately by squad members.

Because of the increased availability of grant money for emergency services, SBVAS encourages nonprofit organizations to retain the services of grant writers in lieu of asking for contributions from the Corporation, which realizes smaller and smaller financial gains as health insurance reimbursements are consistently decreasing.

Each year the squad will make available a total amount of \$2,500 for charitable donations to nonprofit organizations within the service zone. No more than \$250 may go to any single organization requesting funds.

All requests brought before the squad must meet the following requirements:

1. the request for funds must be made in writing and submitted to the Officers and Trustees;
2. the written request should be no more than one page describing what the funds will be used for.

The Officers and Trustees will consider the matter and then make a recommendation to the membership. All requests will be brought before, and will be voted upon by, the General Membership. A 3/4ths majority vote shall be necessary to award the charitable donation.

Southern
Berkshire
Volunteer
Ambulance
Squad

Standard
Operating
Procedures

January 2004

I. Staffing

Shifts

SBVAS, Inc. (“SBVAS”) provides emergency medical services in two shifts, day time coverage (0600 to 1800) and night time coverage (1800 to 0600). Each ambulance team will have, at a minimum, two certified Massachusetts EMT’s.

Weekday non-holidays from 0600 to 1800 are covered by two paid EMT’s. Weekends and holidays from 0600 to 1800 are covered by paid rotating teams (maximum of three SBVAS members). A schedule is kept posted in the lounge.

Day crews.

The on-call team during the day is expected to arrive at 0600. They are discharged at 1800 provided that they are not on a call.

Night crews.

The on-call team at night is expected to arrive at 1800. They are discharged at 0600 provided that they are not on a call. On-call members sleeping at the squad building should always place a radio or pager within hearing distance when sleeping.

It is a matter of negligence to leave when another team or team member is late. An EMT is encouraged to wait a reasonable time for replacement, and is asked to keep in mind that people are not always late for frivolous reasons.

Only those personnel that live 5 minutes away may be on call and respond from home if that is their wish. All on-call members responding from home must make arrangements prior to the start of their shift to meet their team mate(s) if the ambulance is dispatched. These on-call members must always carry a radio or pager.

Any EMT that will not be available for his or her shift must secure coverage by another EMT who will be available for call during that shift. After December 31, 2003, an ALS provider must ensure that his or her entire shift has at least one ALS provider available for call and may only secure coverage from another member who is an ALS provider. This provision shall not apply if SBVAS is a BLS level service.

Advanced Life Support Staffing

Until December 31, 2003, SBVAS will provide ALS coverage for at least 8 hours per day (as currently required by law) and will *attempt* to provide ALS coverage 24 hours per day. At 0001 on January 1, 2004 and thereafter, SBVAS will provide ALS coverage 24 hours per day. If this goal cannot be met, the SBVAS Board of Directors will, at their discretion, arrange to provide 24 hour ALS coverage, or voluntarily surrender ALS licensure and provide Basic Life Support Service (“BLS”) 24 hours per day.

Expulsion of a Member

Right to Examine Books and Records

SBVAS is a corporation organized under Massachusetts General Law. As such, SBVAS is not a “club” or other such fraternal order where the membership must tolerate a member’s abhorrent or otherwise unacceptable behavior without any means of redress.

“No member of such corporation shall be expelled by vote of less than a majority of all the members thereof, nor by vote of less than three quarters of the members present and voting upon such expulsion. Every member of such corporation and every person who has an interest in its funds shall be entitled to examine its books and records.” MGL Chapter 180, “Corporations for Charitable and Certain Other Purposes,” Section 18, “Expulsion of member; examination of books by member.”

Members are reminded that Robert’s Rules of Order and corporate bylaws *never* trump state law.

Sexual Harassment

It is a goal of SBVAS to promote a workplace that is free of sexual harassment. Sexual harassment of employees occurring in the workplace or in other settings in which employees may find themselves in connection with their employment is unlawful and will not be tolerated by the corporation. Further, any retaliation against an individual who has complained about sexual harassment or retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is similarly unlawful and will not be tolerated. To achieve the goal of providing a workplace free from sexual harassment, the conduct that is described in this policy will not be tolerated. Further, this policy outlines a procedure by which inappropriate conduct will be dealt with if it is encountered by employees.

Because SBVAS takes allegations of sexual harassment seriously, the Board of Directors will respond promptly to complaints of sexual harassment, and where it is determined that such inappropriate conduct has occurred, the Board will act promptly to eliminate the conduct and impose such corrective action as is necessary, including disciplinary action where appropriate. This policy is not designated or intended to limit the Board’s authority to discipline or take remedial action for workplace conduct which is deemed unacceptable, regardless of whether that conduct satisfies the definition of sexual harassment.

In Massachusetts, the legal definition for sexual harassment is this: “sexual harassment” means sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

- (a) submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or,
- (b) such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual’s work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange

for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment. The legal definition of sexual harassment is broad and in addition to the above examples, other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a work place environment that is hostile, offensive, intimidating, or humiliating to male or female workers may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct which if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

- Unwelcome sexual advances -- whether they involve physical touching or not;
- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life; comment on an individual's body, comment about an individual's sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, cartoons;
- Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- Inquiries into one's sexual experiences; and,
- Discussion of one's sexual activities.

All employees should take special note that, as stated above, retaliation against an individual who has complained about sexual harassment, and retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is unlawful and will not be tolerated by the corporation.

If any of our employees believes that he or she has been subject to sexual harassment, the employee has the right to file a complaint with our organization. This may be done in writing or orally. An employee may file such a complaint by contacting the President, Vice President or the Treasurer. If both genders are not represented among one of these three officers, the President will appoint a member of the Board of Trustees to provide a person from the unrepresented gender.

When an officer of the corporation receives the complaint, he or she will promptly investigate the allegation in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. The investigation will include a private interview with the person filing the complaint and with witnesses. Those investigating will also interview the person alleged to have committed sexual harassment. When the investigation is completed, the officers will, to the extent appropriate, inform the person filing the complaint and the person alleged to have committed the conduct of the results of that investigation.

If it is determined that inappropriate conduct has occurred, the offending conduct will be eliminated, and where it is appropriate, disciplinary action will be imposed. Such action may range from counseling to termination from employment, and may include such other forms of disciplinary action as deemed appropriate under the circumstances.

In addition to the above, if an employee believes that they have been subjected to sexual harassment, they may file a formal complaint with either or both of the government agencies set forth below. Using the SBVAS complaint process does not prohibit you from filing a complaint with these agencies. Each of the agencies has a short time period for filing a claim (EEOC - 300 days; MCAD - 6 months).

1. The United States Equal Employment Opportunity Commission (“EEOC”) One Congress Street, 10th Floor Boston, MA 02114, (617) 565-3200.

2. The Massachusetts Commission Against Discrimination (“MCAD”) Boston Office: One Ashburton Place, Rm. 601, Boston, MA 02108, (617) 727-3990. Springfield Office: 424 Dwight Street, Rm. 220, Springfield, MA 01103, (413) 739-2145. Worcester Office: 22 Front Street, Fifth Floor, PO Box 8038, Worcester, MA 01641, (508) 799-6379

II. Emergency Response

Ambulance Response

SBVAS recognizes its responsibilities as an ambulance service to respond when called and to provide appropriate treatment and transport and will not refuse in the case of a critical or unknown emergency to respond an ambulance when requested by Central Dispatch. SBVAS will not refuse to administer life-support or other appropriate treatment at the scene.

In accordance with requirements of federal and state anti-discrimination statutes, the SBVAS will not discriminate on the grounds of race, color, religion, sex, sexual orientation, age, national origin, ancestry or disability in any aspect of the provision of ambulance services or in employment practices.

When EMS is required, Central Dispatch will page “730.” The on-call team will acknowledge and respond immediately. (See the next section for dispatch of ALS).

Backup

Back-up call is provided by squad members carrying pagers. In the event a second ambulance is required, Central Dispatch will page “331” and request a team. If the on-call team must leave the service zone (such as on a transfer), a back-up team **may** be placed on standby, *ideally* at squad premises (this is not mandatory). It is the Team Captain’s **option** to arrange this. If this is not arranged, a Team Captain will request that Central Dispatch page “331” in the event that there is another call. If the on-call team must leave the service zone between the hours of 2200 and 0600, the Team Captain will contact Central Dispatch and request that they page “331” in the event that there is another call (he or she does not need to secure a back-up team).

If SBVAS is unable to staff a backup ambulance, Central Dispatch will dispatch another ambulance pursuant to the Mutual Aid plan, unless the Team Captain advises central dispatch

that (1) ALS is necessary, or (2) a different service is closer to the scene than SBVAS' second ambulance and a different service should be paged out.

Statutory Permission to Operate at Excessive Speed

“... the driver of an ambulance, in an emergency and while in performance of a public duty or while transporting a sick or injured person to a hospital or other destination where professional medical services are available, may drive such vehicle at a speed in excess of the applicable speed limit if he exercises caution and due regard under the circumstances for the safety of persons and property, and may drive such vehicle through an intersection of ways contrary to any traffic signs or signals regulating traffic at such intersection if he first brings such vehicle to a full stop and then proceeds with caution and due regard for the safety of persons and property, unless otherwise directed by a police officer regulating traffic at such intersection...” MGL Chapter 89, Section 7B. Operation of emergency vehicles.

This section further specifies that “the driver of any such... emergency vehicle shall” stop when approaching a school bus which has stopped and whose red lamps are flashing.

The statute cited above is not a directive to speed. Any personnel operating an ambulance belonging to the corporation will not operate said ambulance at a speed exceeding 15 miles per hour above the posted speed limit, and only in circumstances where it is both safe to do so and the call is, or has been upgraded to, a Code 1 call.

Massachusetts law does not permit an EMT responding to a call in a personal vehicle to exceed the speed limit.

Use of Lights and Siren

Code 1 calls: Lights and siren must be used, together, while en route and returning from the scene. (Be sensible; if it's 3am and you're in a thickly settled neighborhood where warning lights are warranted but a siren would wake the dead, run with just your lights).

Code 2 calls: Lights and siren should not be used. SBVAS recognizes that in certain circumstances, transport may be hindered or delayed due to traffic, or that a patient's status may suddenly deteriorate, necessitating transport without further delay. In these cases, it may be in a patient's best interest to use the lights and/or siren as needed to hasten transport. If another call is received while returning to the hospital and a backup team is not coming in, lights and sirens should be used. Members are asked to use their discretion when making any of these determinations.

Code 3 calls: Lights and siren will not be used. (Unless you're going to end up “sitting in traffic all day.”) If another call is received while returning to the hospital and a backup team is not coming in, lights and sirens should be used.

Use of the air horn is at the discretion of the driver.

Non-emergency Use of an Ambulance

Members are expected always to use their discretion and give consideration to public perception in the non-emergency use of an ambulance.

Mechanical Failures

In the event of a mechanical failure, the Team Captain will need to determine if the ambulance may be operated safely. If the problem is minor, then the ambulance may remain in service. If the ambulance is not safe, the ambulance shall be taken out of service. The Team Captain will:

- Notify immediately Central Dispatch that the ambulance is out of service.
- Notify, as soon as possible, the Maintenance Coordinator.
- Write any problems on the whiteboard provided in the garage.

If the mechanical failure occurs while a patient is being transported, another ambulance will be called to complete the transport.

Ambulance Accident

Ambulance accidents are reportable events. If the mechanical failure is as a result of a motor vehicle accident, the Maintenance Coordinator, President, and police should all be notified. A copy of the accident report must be sent to OEMS within five working days. It is the responsibility of the EMT's involved in the accident to file this report.

Flat Tire

SBVAS does not routinely carry a spare tire on either ambulance. If the flat tire is on the rear, the operator is to continue, but at a reduced rate of speed. If the flat is on the front, another ambulance should be called to intercept. If the second ambulance is unavailable, another ambulance service should be called according to their proximity. Request that Central Dispatch send Steve's Auto Repair to either replace or repair the tire. If the flat occurs outside of the service zone, an EMT will go through C-MED to request an intercept with another ambulance.

Service Zone (formerly "Coverage area")

SBVAS recognizes the following structure and definitions in the formulation and adoption of a service zone within which it will provide ambulance service.

“‘Ambulance service’, the business or regular activity, whether for profit or not, of providing emergency medical services, emergency response, primary ambulance response, pre-hospital emergency medical care, with or without transportation, of sick or injured individuals by ambulance.

‘Emergency medical services’, the pre-hospital assessment and treatment and other services utilized in responding to an emergency or provided during the transport of patients to appropriate health care facilities as defined in regulations promulgated by the department.

‘Service’, an EMS first response service or an ambulance service.

‘Service zone’, a geographic area defined by and comprised of one or more local jurisdictions, in which a local jurisdiction may select and the department shall designate an EMS first response service and an ambulance service to provide EMS first response and primary ambulance response to the public within that defined geographic area, pursuant to section 10.

‘Service zone provider’, EMS provider, selected by a local jurisdiction and designated by the department to provide primary ambulance service or EMS first response, or both, to the public within a service zone, pursuant to section 10. A service zone provider shall be staffed and equipped to be available for primary ambulance service or EMS first response 24 hours a day, seven days a week.” MGL Chapter 111C, Section 1(a).

“Each regional EMS council shall, subject to the approval of the department, adopt a service zone plan that identifies, coordinates and makes optimal use of all available EMS resources within each service zone. Each such plan shall be developed by the local jurisdiction, shall provide for emergency response, and shall be in accordance with all federal, state and local laws and regulations related to incident command and control during emergency response...” MGL Chapter 111C, Section 10(a).

Local jurisdictions, therefore, retain the right to provide for their own emergency response. The following jurisdictions have determined to utilize SBVAS for the provision of primary ambulance service:

- The town of Alford
- The town of Ashley Falls
- The town of Egremont
- The town of Great Barrington
- The town of Housatonic
- The town of Monterey
- The town of Sheffield
- The Williamsville District of West Stockbridge
- The entire length of Shuntoll Road extending into Hillsdale, New York

Backup Service or “Mutual Aid” Agreements

SBVAS shall periodically evaluate and may enter into agreements with other ambulance services in Massachusetts, Connecticut, and New York to provide backup service, or “mutual aid.”

Provision of such service does *not* require that an EMT have formal reciprocity with these states.

SBVAS recognizes the following structure and definitions in the provision of backup service.

“Each primary ambulance service shall provide primary ambulance response for every emergency call for EMS originating within its service zone either directly, or through agreements with other qualified ambulance services, in order to meet the standards for primary ambulance response established by the service zone.” MGL Chapter 111C, Section 10(c).

“No ambulance service shall provide primary ambulance response in a service zone, unless it is the designated primary ambulance service, or is acting pursuant to an appropriate agreement with

the primary ambulance service, consistent with the service zone plan.” MGL Chapter 111C, Section 10(d).

SBVAS has entered into agreements with the following ambulance services to provide backup service to them, or to have them provide backup service to SBVAS (hereinafter, “mutual aid agreements”):

- Lee Ambulance Service
- Lenox Volunteer Ambulance Squad
- New Marlboro Rescue Squad
- North Canaan Volunteer Ambulance (CT EMT-I)
- Otis Rescue Squad
- Richmond Volunteer Fire Department and Ambulance Service
- Sandisfield Ambulance Squad
- Community Rescue (NY EMT-P)

Additional area services that SBVAS does not currently have formal mutual aid agreements with, but which are available and have provided mutual aid service in the past:

- Northern Dutchess Paramedics (Millerton, New York, EMT-P)

Additional ambulances are typically called based upon their proximity to parts of the SBVAS service zone. The decision to call for additional ambulances for mutual aid is made by the Team Captain.

Mutual Aid Response Preference

In order to reduce response time, SBVAS will call on the following ambulance services for the provision of mutual aid in the following areas of its service zone:

Mutual aid call to:	Call this service FIRST:
Egremont	Community Rescue Squad, Copake, NY
Mount Washington	Community Rescue Squad, Copake, NY

Point-of-Entry Plan

Regional EMS Councils are required by law to “implement guidelines for triage and point of entry that are in conformance with the Statewide Treatment Protocols and other relevant regulations, policies, interpretive guidelines and administrative requirements of the Department [of Emergency Services].” 105 CMR 170.104: Duties and Functions of Regional EMS Councils at (G)(2), as amended.

Patients are to be transported to the closest appropriate facility based upon the severity of their injuries.

By the Berkshire County Point-of-Entry Plan and the Region One Trauma Triage Plan, ambulance crews may bypass a community hospital (such as Fairview) in order to transport a patient meeting the Trauma Triage guidelines to a trauma center (such as Berkshire Medical Center). Medical Control should be contacted before doing so.

BLS crews may extend transport time by twenty minutes, and ALS crews can extend transport time by thirty minutes, in order to reach a trauma center. The run report **MUST** clearly document the rationale for the delay in transport.

Because of the close relationship between SBVAS and Fairview Hospital, if the Team Captain believes that it is necessary and appropriate to bypass Fairview Hospital, he or she will contact Fairview Medical Control to discuss this decision with the ED physician. If Medical Control orders transport to another facility, this information must be documented in the appropriate place on the run report.

In a non-critical situation, SBVAS will attempt to transport the patient to the hospital of his or her choice. If SBVAS is unable to transfer the patient to his or choice of facility, then the Team Captain will arrange for another ambulance to transport the patient.

III. Emergency Operations

Treatment

All personnel shall render treatment in accordance with the Massachusetts Statewide Treatment Protocols.

When BLS Teams Should Request ALS

Requesting an ALS intercept is required in the following situations. This reflects compliance with Statewide Treatment Protocols.

1. Cardiac arrest
2. Chest pain strongly suggestive of cardiac origin
3. Severe respiratory distress
4. Diabetic with suspected hypoglycemia and altered level of consciousness
5. Anaphylaxis not responsive to Epinephrine IM (Epinephrine autoinjector)
6. Unconscious patient (for any reason)
7. Head injury with altered level of consciousness
8. Shock (either compensated or uncompensated)
9. Any trauma patient who meets State or Regional Trauma Triage criteria for severe trauma
10. Any time when the Team Captain believes ALS would be appropriate

In any case, transport should not be delayed to wait for the ALS provider. The ALS provider should plan to meet the ambulance either at the scene or enroute to the scene to decrease transport time. If an ALS level EMT is not dispatched, for whatever reason, including short transport times, then this must be documented on the run report.

Dispatch of ALS Intercept

Any time an ALS intercept is required, an EMT will request that Central Dispatch page “736” and request that an EMT-Intermediate or EMT-Paramedic respond.

Because this is an interdepartmental procedure which is new as of March 2001, those police officers unfamiliar with the protocol may instead page for an EMT-I or higher on 331. The requesting member should encourage a 736 backup call, should make it clear that it is not a specific pager number, but should always relent if the officer is unsure and wishes to page 331 anyway.

Until the new policy is firmly established in the practice of the Great Barrington Police Department, it is recommended that members request an ALS intercept by specifically requesting that Central Dispatch “page 736 for an EMT-Intermediate,” rather than simply requesting an “EMT-Intermediate intercept.” If a question arises, the EMT should not hesitate to clarify that 331 will always continue to be used for backup calls, and that 736 is specific to an advanced-level EMT.

Dispatch of Fire Department on Code 1 MVAs

Central Dispatch will page out the Fire Department at the same time as EMS on all Code 1 motor vehicle accident (“MVA”) calls.

The Fire Department and their apparatus are to be staged 100 yards back from the scene, until:

1. they are directed otherwise by a police officer in charge, or
2. they speak, verbally and without the use of a radio, to the police officer in charge.

Dispatch of Fire Department on Code 1 Backup Calls

Central Dispatch will page out the Fire Department at the same time as 331 on all Code 1 backup calls.

Structure Fires

Central Dispatch will page out SBVAS to be on standby at the scene for any confirmed structure fire in the Service Zone (or where pursuant to a mutual aid plan). SBVAS will stage where Incident Command requests.

Lifting Assistance

Under no circumstances will SBVAS personnel request lifting assistance from a fire department or any other first responder organization for any patient residing at a health care facility, such as a nursing home. SBVAS EMT’s must be able to lift and transport all patients in a safe manner, minimizing harm to the patient as well as the EMTs themselves. If lifting assistance is needed, the health care staff will provide the personnel needed to assist. If a health care facility does not provide the required number of staff and / or does not provide satisfactory lifting assistance, this constitutes a risk to the EMTs, and the EMTs shall refuse to load the patient to or from the stretcher or the back of the ambulance until suitable assistance is provided by the facility.

For lifting assistance at private residences, SBVAS EMTs should not hesitate to call upon fire departments or other first responder organizations.

Flight Intercept

Determination of need by First Responder

On scene, Incident Command – the highest ranking Fire Department officer present – may make a determination to transport a patient via airlift before EMS has arrived. The responding EMT's will immediately perform an assessment, contact medical control, and report all findings to determine if air transport is appropriate. The EMT is the ER physician's eyes and ears and everything must be reported. If the ER physician believes air transport is not necessary, or that the patient should be stabilized prior to transport, or makes any other determination that calls for canceling the airlift order, then the order to transport via airlift shall be canceled through Central, Incident Command will be notified, and the patient shall be immediately transported to the nearest hospital pursuant to point-of-entry protocols. This is a circumstance not to be taken lightly and the best interests of the patient(s) must be carefully considered.

Determination of need by Emergency Medical Technician (all levels)

- In the field

The EMT is to follow the established Point of Entry Plan.

- At the hospital

Once at a hospital, an ER physician makes the decision to transport a patient via airlift. ER staff will arrange to have a flight crew dispatched. An ambulance will leave the hospital to meet the flight crew when they arrive at an appointed landing zone.

In making a determination to call for air transport in the field, the EMT will follow the Trauma Triage Guidelines.

The ambulance will bring a cot to the back of the aircraft only when the crew signals that it is safe to approach. All staff must be bent at the waist when approaching or walking from a chopper with moving rotors, as a sudden downdraft can push spinning rotors downward unexpectedly and cause injury. The flight crew will place their cot on top of the SBVAS cot, and both cot and crew will be loaded onto the ambulance for transport to the hospital. One EMT will debrief the crew members as needed during transport. (Quite often, the flight crew has been given only minimal details and a set or two of vitals. Giving them the information you have helps them to prepare.) Transporting a crew to the ER is not documented.

Once air transport lands, patient care is transferred to EMS flight personnel. The ambulance shall stage with the rear of the vehicle facing the helicopter, and no less than 100 feet away (as best as can be judged).

The patient will be transferred to the care of the flight crew and transported with them back to the aircraft. This transport must be documented. The SBVAS crew signs this report and does not record ALS information that the flight crew has initiated. (For example, if the flight crew administered a drug, the SBVAS run report will not document it). When loading a patient onto

the aircraft, remember that the patient is on top of two cots with two sets of fastening buckles. It's dark, things are happening fast. Before moving, make absolutely sure that IV lines or ECG lead wires are not tangled in buckles – it's happened before and it can create serious problems.

Withholding CPR

A “determination” of death can only be made by a physician. Massachusetts is a state that does not recognize an EMT's determination that death has occurred. SBVAS recognizes that pursuant to 105 CMR 170.810(C)(1), Massachusetts has issued guidelines for the withholding of CPR that match those of the American Heart Association. (OEMS Advisory, November 19, 2001).

The EMT should make every attempt to provide resuscitative efforts in all patients. CPR shall be withheld from patients that exhibit any one of the following signs:

- Evidence of a non-survivable injury such as decapitation (or complete transection of the torso anywhere from umbilicus to neck, for example)
- Dependent lividity (a pooling of the blood in the portions of the body that are closest to the ground, causing a dark discoloration of the skin over broad areas),
- Rigor Mortis (a stiffening of the joints and muscles in a dead body). This sign shall not apply in cases of severely hypothermic near-drownings.

The OEMS advisory does **not** cite decaying skin as an acceptable reason for failing to initiate CPR. However, although Massachusetts has not authorized the withholding of CPR in the following situations, SBVAS takes the position that beginning resuscitative efforts in patients that exhibit signs of decomposition is an unacceptable health risk to the rescuer.

This guidance is not meant to be comprehensive. The EMT should exercise his or her judgment; it would also be appropriate to withhold CPR from a patient who exhibits brain evisceration, for example. (This is a “non-survivable injury.”) **CPR should never be withheld on the mere suspicion of death where the signs above are not present.** All hypothermic patients are candidates for resuscitation unless presenting with non-survivable injuries.

In addition, CPR must be withheld if a valid Comfort Care order is present. The EMT must follow Massachusetts Comfort Care procedures. If CPR has been initiated, and a valid Comfort Care order is produced, CPR must be stopped.

The EMT shall describe the victim's condition on the run report clearly stating the reasons that life support measures were not initiated (*i.e.* “rescue efforts withheld due to decapitation of patient”).

“When Ashland emergency medical technicians found an ashen-faced woman in her partially filled bathtub, a suicide note, and evidence of a drug overdose nearby, they checked her neck and wrist for a pulse and looked for signs of breathing. Finding none, they checked her skin, which was turgid, and her eyes, which were unresponsive. She was dead, they decided, and instead of starting cardiopulmonary resuscitation, they notified the state medical examiner's office. But the 39-year-old woman was still alive - a shocking reality discovered hours later, as she lay inside a body bag at a funeral home last Saturday... One question that will receive particular scrutiny is

why the EMT's apparently did not follow national training guidelines, established by the American Heart Association, which call for resuscitation attempts in virtually all cases unless a person shows very 'obvious' signs of death, such as rigor mortis or decaying skin." Boston Globe, 1/26/01

Request for Medical Examiner

This applies in cases of sudden, accidental, or suspicious death. Upon finding a patient that exhibits "obvious signs of death," SBVAS will not transport a deceased person, and will request that the police officer on scene contact a Medical Examiner (if radio is used, "request Code 18").

Intoxicated Patients

If in the EMT's judgment the patient should be evaluated by hospital staff, the EMT needs to keep in mind that although an EMT cannot force a patient to accompany him or her to the hospital, an intoxicated person is incapable of giving consent. The EMT is therefore operating with implied consent.

Sexual Assault

In all cases involving sexual assault, either confirmed or suspected, the on-call team will request an intercept with an EMT who is the same gender as the patient if one is not present. Preserve any evidence including the patient's clothing. Clothing should be placed in paper bags only; this is evidence, and the chain of people who have had custody of this evidence must be traceable. Document anything that the patient says to you.

Foreign Language-Speaking Patients

EMT's responding must notify the ER as soon as possible that a translator is needed.

Photography

Photography (which shall include taping or filming as well as taking still shots) may be used only for improvement of patient care. Photographs should only be taken of scenes or vehicles if possible.

Photography raises potential concerns in patient or decedent confidentiality and tact should be the chief guidance in all on-scene photography. SBVAS recognizes, however, that on-scene photography could have positive uses in patient care, such as for documenting mechanisms of injury or conditions of the environment for the receiving ER physician to evaluate. A digital or Polaroid instant camera is therefore in order. EMT's photographing/filming a scene must without exception be readily identifiable as an EMT. It is not an EMT's responsibility to keep bystanders or the press from taking pictures or recording an event.

All photography used for documentation must be handed over to ER staff; all images taken are a part of the patient or decedent record. Reproduction of documentation photography (such as by digital camera) is prohibited. Distribution or exhibition of documentation photography to persons not involved in the emergency care of a patient is prohibited.

Bystander Intervention and Medical Control in the Field

“From time to time in the prehospital care setting, a bystander physician, nurse, or Advanced EMT may be present at the scene of an emergency. In such situations, the following procedure should be followed:

1. Ask the physician for identification and thank him/her for his/her offer of assistance.
2. Inform the physician that you are an EMT functioning under direct Medical Control with an on-line Medical Control physician via two-way radio and that all treatment orders must come from that source.
3. If necessary or appropriate, contact Medical Control and ask the bystander physician to confer with him/her.

NOTE: When U. Mass. Lifeflight arrives on a scene, Medical Control will automatically be turned over to the physician on board the helicopter. This occurs when the helicopter has landed, not while the helicopter is still in the air.

4. Continue to follow the orders of Medical Control. You MAY NOT follow the directions of the on-scene physician UNLESS that physician has been given permission by Medical Control to so function. In such circumstances, the bystander physician will be asked to accompany the patient to the hospital. At all such times, document all orders given by the bystander physician. In addition, document all procedures performed by the bystander physician. The bystander physician should sign the run form after all orders and procedures have been documented.
5. If the bystander physician refuses to speak to Medical Control, the EMT should continue to provide patient care at the direction of Medical Control and according to standard protocol.
6. If the bystander physician becomes obstructive, you may ask law enforcement personnel to intervene. This is to be seen as a last resort, and must be reported to Medical Control.
7. If the scene of the emergency is a physician's office, the EMT should neither interfere with nor participate in care being provided by the physician or his/her staff prior to the transfer of care to the EMT. However, once the EMT is asked to begin care of the patient, all further care should be under the direction of Medical Control as outlined above. For the purpose of simplicity, the specific wording of this policy mentions only physician-bystanders. However, the principles described above also apply to other providers of emergency care such as advanced EMTs or nurses.” - Massachusetts Region One Statement

CISD

It shall be the responsibility of the Team Captain or senior ALS provider to ensure that as soon as possible after a taxing or emotionally trying call, a mini call-review is conducted in a non-judgmental manner to discuss the actions taken, what was learned, etc. It is during this time that personnel will have the opportunity to voice concerns about any potential need for a Critical Incident Stress Debriefing. Such debriefing is called for anytime emergency personnel have experienced a situation which causes them unusually strong emotional reactions. A CISD should ideally take place within 72 hours after the call. The Team Captain will access the CISD team at (413) 586-6065 or (413) 785-8047 beeper (24 hours a day).

Mandatory Reporting

SBVAS recognizes that EMT's are mandatory reporters who must report suspected child abuse or neglect, as well as elder abuse or neglect. The EMT must remain neutral and not make any accusations based upon suspicions. Other than reportable events, it is a violation of patient confidentiality to share patient information with anyone not directly involved in a call.

Child Abuse.

Encourage the parents to allow transport of the child to the hospital. At the hospital, report your findings and suspicions to the attending physician. If the parents will not allow transport, personnel should call the Department of Social Services at 413-499-7370 and make a verbal report. The police should also be contacted if indicated. The EMT must make a written report within twenty-four hours. This must be done whether the patient is transported or not.

Elder Abuse.

Upon suspecting an abuse situation, encourage the caretakers to allow transport to the hospital. At the hospital, report your findings and suspicions to the attending physician. If the caretaker will not allow transport, or if the patient refuses transport, personnel should call Elder Services at 1-800-544-5242 and make a verbal report. The police should also be contacted if indicated. The EMT must make a written report within twenty-four hours. This must be done whether the patient is transported or not.

Ambulance Accidents.

A copy of the accident report must be sent to OEMS within five working days. It is the responsibility of the EMT's involved in the accident to file this report. There are additional reporting requirements that the corporation imposes upon members in the Policy portion of this manual.

The "30 Minute Wait in the ER" Rule.

As of December 2003, it is a reportable event in Massachusetts when EMS providers are forced to wait 30 or more minutes at a receiving facility before their patient is attended to. This should be noted in the run report and on any special form that OEMS has made available for this purpose.

Run Reports (AKA "Patient Care Reports" or "Trip Records")

Statutory Authority.

"The department [of Public Health] shall be the state lead agency for EMS in this state. The department shall have authority to [...] require the collection and maintenance of standardized patient data and information by services licensed under section 6, which services shall ensure that the responding personnel will complete a summary for each call to which they respond containing such information and on such forms as prescribed by the department..." MGL Chapter 111, Section 3(b)(15)

Contents.

All SBVAS EMT's will use the SBVAS standardized "Emergency Medical Services Trip Report," which OEMS in Boston alone has the authority to approve of. Abdullah Rehayem at OEMS has authorized the use of an individualized run report because the SBVAS design

exceeds the legal requirements of information to be recorded. In addition, SBVAS has been given the opportunity to explore and institute Electronic Run Reporting.

Delivery of Report at Hospital.

EMT's will leave a completed run report copy for each call with the hospital (or health care facility as applicable) upon completion of that call, or as soon as possible in the case of back-to-back calls if the destination hospital is Fairview. In this case, this must be accomplished by taking the hospital copy of the report to Fairview as soon as possible. Run report copies must, without exception, be left at any hospital that is out of the service zone. If this is overlooked, such copies must be mailed by postal overnight as soon as possible.

Length of time filed.

"Every ambulance service shall be responsible for the preparation and maintenance of records which are subject to and shall be available for inspection by the Department upon request. Records shall be stored in such a manner as to insure reasonable safety from water and fire damage and from unauthorized use, for a period of not less than three years." 105 CMR 170.345: Records. In January 2002, Massachusetts proposed to extend this three year filing requirement to seven years. If adopted, corporate policy will be to keep such records for seven years.

Destruction of records after retention period.

After keeping such records on file for the required time, SBVAS will destroy "ambulance service copies" of patient records and run reports by burning or shredding. Any run report required after the ambulance service copy has been destroyed, as well as any run report that is not on file, may be obtained from the receiving facility.

Refusals.

EMT's will document any refusals of treatment in a thorough manner, filling out the narrative portion of the run report with complete details surrounding the call and noting the patient's reasons for refusal. EMT's will also complete the refusal form on the reverse of the run report. EMT's are reminded that under certain circumstances, some patients are not allowed by law to refuse treatment.

Inspection by Public Health Authorities

Agents of the Department of Public Health or the Food and Drug Administration may visit and inspect the corporation's premises, records, and property. The Team Captain should ask for appropriate identification. The Team Captain will show the inspecting agents what they wish to examine, and will notify the President, or in his or her absence, the Vice President, immediately.

IV. Issues Related to Transport

Staffing

Per Massachusetts ambulance staffing requirements, the ambulance will be staffed with two EMTs during a transfer. If a patient must be transferred with an IV running or hospital staff indicates that the patient may need to be intubated en route, the ambulance will be staffed at a

minimum with one EMT-Intermediate and one EMT-Basic. If, during an emergent transfer, a patient needs care beyond the scope of practice of an EMT-Intermediate, the hospital shall supply the necessary staff to render ALS care, as applicable (i.e. sending a nurse if the physician's orders are for ACLS).

Emergent Transfer

The on-call team will take emergent transfers unless on another call. *A transfer request made in order to free up a bed at the transferring facility does not constitute an emergent transfer.* An emergent transfer is any situation(s) that warrants the transfer of a patient from one facility to another where time is the determining factor in patient mortality. In other words, if time is of the essence, it's emergent. If the hospital needs the bed but the patient is stable, this is not an emergent transfer.

On transfers to health care facilities, EMT's shall ensure that an Ambulance Necessity Form is filled out and signed. SBVAS personnel are not required to transport patients that have been discharged from the hospital to private residences; taxi vouchers are available in the ER for this. If an ambulance is not necessary for transport, SBVAS may rightfully turn down such a request.

Non-Emergent Transfer, 2002

Such transfers will be taken at the discretion of the Team Captain. SBVAS will be sensitive to the hospital's needs, but as a private corporation not affiliated with Fairview Hospital, SBVAS but shall not be forced to transfer patients in non-emergent circumstances.

In other words, if the transfer is a Code 1 call, SBVAS will always take the transfer. Transfers that are any other level of call are taken at a Team Captain's discretion. The Team Captain may contact Central Dispatch to tone out for a back-up team to take a non-emergent transfer.

Non-Emergent Transfer, 2003

Such transfers will be taken regardless of Code status. In other words, even if the transfer is a Code 3 or routine transport call, SBVAS will always take the transfer. The Team Captain may contact Central Dispatch to tone out for a back-up team while the crew is on the transfer.

Non-Emergent Transfer, December 2003

To BMC, Baystate, Sharon, CMH, AMC

To avoid leaving the Service Zone uncovered for lengthy periods of time, non-emergent transfers will be taken regardless of Code 2 or 3 status to the facilities listed below. In other words, even if the transfer is a Code 3 or routine transport call, SBVAS will always take the transfer. The Team Captain must contact Central Dispatch to tone out for a back-up team (331) as necessary while the crew is on the transfer. The Team Captain may, at his or her discretion, request that a team be put on standby. This paragraph applies only to transfers to the following hospitals:

- Berkshire Medical Center
- Baystate Medical Center
- Sharon Hospital
- Columbia Memorial Hospital

- Albany Medical Center

To Hospitals OTHER THAN BMC, Baystate, Sharon, CMH, AMC

Non-emergent transfers taken further beyond any of these facilities represents placing the communities SBVAS serves at risk by compromising a timely 911 response, even considering mutual aid plans.

Non-emergent transfers will be taken regardless of Code 2 or 3 status to any healthcare facility by a backup team, provided that the Team Captain can secure a backup team. If no team is secured, SBVAS will turn down the transport. The Team Captain must contact Central Dispatch to tone out for a back-up team (331) for a non-emergent transfer.

Transport of Deceased Persons

Although transport of a deceased person *is no longer against the law*, SBVAS will not transport a deceased person except in the following instances:

- A physician licensed in the Commonwealth of Massachusetts at the scene has determined that it is in the interest of the public health to do so.
- A police officer at the scene has determined that it is in the interest of the public health to do so.
- A senior EMT believes that it is in the interest of the public health to do so.

The EMT shall describe the reason for transport on the run report clearly stating who authorized such transport or why such transport was in the interest of the public health.

Restraint

Remember that holding a person against their will can result in charges of kidnapping, though in some instances, some persons have no legal basis to refuse transport. On the other hand, if a violent patient's tox screen later comes back as positive for PCP, there will be little question about having used restraints. Use your discretion.

“Subject to regulations and guidelines promulgated by the department, an emergency medical technician may restrain a patient who presents an immediate or serious threat of bodily harm to himself or others. Any such restraint shall be noted in the written report of said emergency medical technician.” MGL Chapter 111C, Section 18

SBVAS recognizes that it is the responsibility of the Department of Public Health to set acceptable standards for patient restraint by writing “regulations and guidelines.” These regulations and guidelines, as of January 2003, do not exist:

“I can tell you that MGL 111C, substantial amendments to which took effect last September (2000), in Section 18 states, “Subject to regulations and guidelines promulgated by the Department, an emergency medical technician may restrain a patient who presents an immediate or serious threat of bodily harm to himself or others...” While to date, the Department has developed three sets of implementation regulations, two of which have been promulgated and one of which is in process, we have not yet developed regulations or guidelines pertaining to the

restraint of patients by EMT's. We expect to take these up when we further develop regulations pertaining to medical oversight of EMS." - July 11, 2001 letter, Louise Goyette to Fred Vorck

To reiterate, the Department of Public Health has no restraint guidelines for EMS personnel. Personnel needing to restrain a patient shall use any restraints that are required to be carried on the ambulance. If the restraints were not meant to be used, OEMS points out, then they would not be required. If restraint is used, the run report must note the type and the reason for the restraint. Wherever possible, an EMT shall use the least amount of force or restraint to accomplish the goal of preventing bodily harm.

If an SBVAS EMT has a valid Section 12 in his or her possession:

It is NOT necessary for a police officer to authorize restraint or to ride along on an ambulance if a patient is being restrained. A *valid Section 12 is legal authorization.*

It is NOT necessary for an EMT to secure the permission of a doctor or to request medical control prior to restraining a patient. A *valid Section 12 is medical authorization.*

Section 12

Section 12 (psychiatric emergency) patients may be taken to Fairview if in need of immediate medical attention (a Code 1 call). Under all other circumstances, the Corporation will not transport anyone who is to be admitted to any facility under the auspices of Section 12, because the ambulance is for medical emergencies. The Police shall transport such individuals from the scene. If the Police transport such individuals to Fairview, SBVAS will transport such individuals from Fairview to another facility if called upon for a transfer.

Transport of Children

"The parent or guardian of an injured or sick child who is to be transported to a hospital or other medical treatment facility by an ambulance shall be allowed to accompany such child upon such parent's or guardian's request, unless the emergency medical technician in charge determines that the medical situation is life threatening or that the presence of a parent or guardian would create a potential risk to such child. Such determination shall be noted in the written report of said emergency medical technician and a copy of such report shall be sent to such parent or guardian within 30 days of such determination." MGL Chapter 111C, Section 17

Whenever a child under the age of five is transported by SBVAS he or she must be secured in a car seat when available. If a car seat is not available, the child must be secured on the stretcher. Children over the age of five may be secured in either the Captain's chair or the stretcher.

Transport of Minors

"EMTs are required to treat and transport any minor who clearly has an emergency condition... Emergency is when: the injury or illness is a threat to life; the failure to treat would cause irreversible injury; or the delay in treatment would adversely endanger the life, limb, or mental well-being of the patient. As a matter of public policy, consent is implied by law in an

emergency because inaction may result in harm to the patient. Therefore, in an emergency, it is not necessary to obtain explicit consent to treat and transport, since consent is implied.”

“Determining the conditions that actually constitute an emergency in any given situation is a determination left to the EMT based on the assessment of the patient, including mechanism of injury. If there is any question whether or not an emergent condition exists, the EMT should (if possible) consult other EMTs at the scene, EMS supervisory personnel, and/or a medical control physician. EMTs must fully document all factors leading to the conclusion that the injury or illness constitutes an emergency, including the names of individuals with whom the EMT consulted.”

“Fully inform the minor of the full extent of the injury, the mechanism of injury, the potential outcomes, the need for evaluation by a physician and encourage transport... Documentation is critical at all points in this guideline. Document all decisions. Document all conversations with the minor and note all witnesses to the conversation and all consultations.”

“M.G.L. c. 112, § 12F defines individuals under 18 as emancipated minors if they are:

- (i) married, widowed or divorced;
- (ii) the parent of a child;
- (iii) a member of the armed forces;
- (iv) pregnant or believes herself to be pregnant;
- (v) living separate and apart from a parent/legal guardian and managing his or her own financial affairs; or
- (vi) under the reasonable belief that he or she is suffering from or has come into contact with a disease defined as dangerous to the public health.

If the individual is 18 or the EMT can determine that he or she is an emancipated minor, the individual can make decisions as to his or her treatment or decline treatment. Several of the emancipated minor categories will be difficult, if not impossible, to determine in the field. The EMT must clearly document in the trip record how the EMT derived the age or emancipation status of the patient.” Excerpts from August 21, 2000 OEMS Advisory

V. Communications

With Central Dispatch

An EMT on the responding team will notify Central Dispatch:

- When responding.
- When arriving on scene.
- When requiring additional assistance for lifting, extrication, etc.
- When leaving the scene.
- When arriving at the hospital.
- When back in service.

As dispatch is performed by the Great Barrington Police Department, the use of police “ten codes” is encouraged if the member knows them.

Signal 4: “At the door”

Signal 5: “In drive”

Code 2: Phone party requesting the Code 2

Code 3: Phone number is as follows (give number)

Code 4: Ambulance out of service (unable to respond)

Code 5: Ambulance in service (able to respond to a call)

Code 6: What is your location?

Code 13: Radio check

Code 14: Relieved of present duty and now available for call

Code 16: Motor Vehicle Accident/Collision (often referred to as an “MV16”)

Code 18: Send medical examiner (police will usually do this)

Code 21: Attempted suicide (always “attempted,” even when clearly successful)

Code 22: Suspected psychological disorder or behavioral problem.

Code 23: Domestic problem (spouse or child abuse).

Code 25: Originally proposed as “HIV+ patient” in 1986, this obscure Code now means “no ambulance available, initiate Mutual Aid Plan.” This would be used when 730 and 331 are both out on calls, but Central Dispatch would likely initiate a Mutual Aid Plan automatically.

Code 64: MCI (all personnel report to garage unless otherwise specified).

Code Orange: Hazmat incident

With Hospital

Medical communications will be broadcast over the Countywide EMS / Hospital frequency of 155.340 MHz (commonly referred to as “340”) or 155.385 MHz, as appropriate.

Patient’s names will not be said over the air. Sensitive information should be communicated over a telephone, if at all. The cellular phone will be used:

- Whenever an EMT wishes to communicate in a confidential manner (such as when an EMT feels that radio communication would violate patient confidentiality or raises other such problematic issues).
- When ambulance staff determines that their radio communications are not being received.

- When ambulance staff feel that use of a phone and not a radio is appropriate. The Fairview ER can be reached at 528-8600, extension 3100. Important emergency numbers are posted in each ambulance near the cell phones.

Medical communications should include the following data:

- Frequency being used (typically 340)
- Ambulance number
- Patient age and gender
- Chief complaint
- Trauma findings as applicable
- Level of consciousness
- Brief pertinent history, drug allergies, and medications
- History of present incident
- Treatment performed and response
- Vital signs
- Previous vital signs if significantly changed
- Number of minutes out from receiving facility

The EMT should then ask if there are further questions, and will receive a room assignment for the patient from the hospital.

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the security and privacy of health data. Each patient must be offered a copy of the SBVAS HIPAA Privacy Policy. The EMT must make a good faith effort to secure the patient’s signature attesting to the fact that the offer of the HIPAA Policy was made. If a patient is unable to sign, a relative may sign, or the EMT or hospital personnel in charge of the patient’s care may sign.

Medical Control

Signal 300: to be used when an EMT-B wishes to communicate with medical direction.

Signal 400: to be used when an EMT-I wishes to communicate with medical direction.

Signal 500: unused in Massachusetts.

Signal 600: to be used when an EMT-P wishes to communicate with medical direction.

Radios

SBVAS has radio Channel 4 (155.280 MHz) designated for private use. Members in possession of handheld radios programmed with the SBVAS private channel frequency and wishing to communicate from garage to ambulance or ambulance to ambulance are encouraged to instruct the called party to switch to the private channel before using the cell phones or having a conversation over Central.

SBVAS Motorola handheld radio frequencies:

Channel 1.....	Countywide EMS / Hospital.....	155.340 MHz
Channel 2.....	Central.....	155.775 MHz
Channel 3.....	Fire.....	154.310 MHz

Channel 4	SBVAS Private	155.280 MHz
Channel 5	Countywide EMS / Hospital	155.385 MHz
Channel 6	Fireground	154.160 MHz
Channel 7	Fireground (Sheffield ch. 4)	154.785 MHz
<i>Channels 8-14 are not assigned</i>		
Channel 15	Weather (receive only)	162.550 MHz
Channel 16	Central	155.775 MHz
Radio (Unit 15 mobile frequency)		458.175 MHz
SBVAS Transmit PL tone frequency		107.2 MHz

Facility radio dialup codes:

Fairview	3924
Berkshire Medical Center	3922
Hillcrest	3926
Berkshire C-Med	3900
Springfield C-Med	3800

Sharon Hospital has no facility dialup code. Radio them normally on 385.

Baystate should be contacted by first sending a 3800 on 340 and requesting that Springfield C-Med facilitate radio contact (“Southern Berkshire Volunteer Ambulance Squad to Springfield C-Med on 340 requesting a radio patch to Baystate Hospital, over.”)

If on a pre-arranged transfer, let the receiving hospital know by referring to the facility you left, they may have a history via phone. If this is the case, give vitals and any noteworthy changes in patient status.

Turning a radio into a pager so you can sleep without radio chatter: Turn radio to channel 16, flip top metal switch to “A,” switch radio on, briefly press lower button (this is the second black button under the green button on the side of the radio). Radio will now be tones-only (with the advantage that you can reply to Central) until it is turned off and on again.

Pagers (Minitor III)

- A..... Tone alert
- B..... Monitor AND tone alert
- C..... Vibrate
- D..... Monitor AND vibrate

Frequently Used Phone Numbers

Central	528-2240, 528-0306, 528-0308
Fairview ER extension	528-8600 ext. 3100 (also 528-0790)
2nd floor extension	528-8600 ext. 3200
CCU extension	528-8600 ext. 3215
SBVAS lounge	528-3632
SBVAS Voice mail	528-0065 (password 2363)
Unit 15	413-446-5247
Unit 16	413-446-4001

Other Ambulance Services

New Marlboro Rescue Squad (B)	413-229-8100	
North Canaan Volunteer Ambulance (I)	860-824-7219	
Lee Ambulance Service (I)	413-243-2323	
Lenox Volunteer Ambulance Squad (I)	413-637-2347	
Otis Rescue Squad (B)	413-269-4409	
Richmond Vol. Fire Dept & Amb. Svc. (B)	413-698-3366	
Sandisfield Ambulance Squad (B)	413-258-4742	
Copake Community Rescue Squad (P)	518-329-2200	155.220 MHz

Albany Med Flight	1-800-322-4354
New England Life Flight	1-800-322-4354
Life Star	1-800-437-4378

Police, non-emergency

GB Police, non-recorded	528-2240	(Chief – Bill Walsh)
GB Police, recorded	528-0306 or 528-0308	
Egremont	528-2160	(Chief – Rena Bucknell)
Sheffield	229-8522	(Chief – Jim McGarry)
Monterey	528-3211	(Chief – Gareth Bakus)
New Marlborough	229-8100	(Chief – Paul Harvey)
Alford	528-5300	(Chief – Clyde Brown)
Otis	269-4825	(Chief – Charles Harner)
Sandisfield	258-4742	(Chief – Mike Morrison)

Fire Departments, non-emergency

Gt. Barrington	528-0788
Housatonic	274-3391
Egremont	528-1625
Sheffield	229-7033
Monterey	528-1932
Otis	269-4409
Sandisfield	258-4742

Nursing Homes

Fairview Commons (formerly “Willwood”)	528-4560
Timberlyn Heights	528-2650
Great Barrington Health Care (or “GB Rehab”)	528-3320
Village at Laurel Lake	243-4747
New Boston Nursing Home	258-4731
Geer Nursing and Rehab	860-824-5137

Restaraunts

Four Brothers	528-9684
Pizza House	528-0260

Great Wall..... 528-4838
Manhattan Pizza..... 528-2550

Repairs

Steve's..... 528-9833
Pete's..... 528-0848
Radio/pagers..... 448-8214
Body work..... 528-1457
Tires..... 528-3168

Braun

Lenny Anderson office..... 518-869-1214
Lenny Anderson cell..... 518-365-5540
Factory..... 800-22-BRAUN (800-222-7286)

Building

Electrical..... 528-0010
Plumber..... 298-3249
Heat/AC..... 528-2100

VI. Infection Control

Bloodborne Pathogens

These procedures vastly simplify what SBVAS personnel can do to comply with applicable state and federal regulations in the plainest language possible. For purposes of these Infection Control procedures alone, all observers, drivers, nonmember EMT's, and nonmember EMT students riding along on a call shall be considered to be SBVAS personnel.

Body Substance Isolation (“BSI”) is a method of infection control which treats all blood and all other body fluids as if they were known to be infectious with **any** bloodborne pathogens. All personnel, whether or not rendering patient care, will implement BSI from arrival on scene to when the team has transferred care of a patient to hospital staff. Drivers should remove gloves prior to driving and reapply them as necessary. BSI will be made available to, but does not have to be worn by, relatives or those accompanying a patient in the back of the ambulance.

The primary method of taking BSI is by wearing gloves. Non-latex gloves will be available in each ambulance in various sizes. Gloves will be worn on all calls. (Because of the emergence of Methicillin Resistant Staphylococcus Aureus, gloves will be worn even during nonemergent Code 3 transport calls to nursing homes and other such long-term care facilities.)

Gloves should be changed:

- When torn.
- When obviously contaminated.
- When their ability to function as an effective barrier is compromised.
- When attending to a different patient.

Anyone rendering patient care who reasonably expects that they may be splattered with blood or other body fluids must wear gloves as well as:

- Eye protection
- Face shield

Work gloves (such as those used in extrications) should be of a type that provides body substance isolation. If they are not, gloves that provide a barrier against bloodborne pathogens must be worn underneath. Work gloves must be disinfected as needed, provided that they are not cracked or torn, in which case they should be replaced.

All personnel must wash their hands after each call. If running water is unavailable, alcohol foam may be used until water is available. All personal protective wear shall be removed immediately after the call and discarded or disinfected appropriately.

Is that a steering wheel or radio in your gloved hand(s)? Those gloves had better be a new, unused pair!

Airborne-Transmissible Infection

Each squad member must wear a HEPA mask:

- When dealing with a patient confirmed as having, or suspected of having, an airborne-transmissible infection. The patient should be encouraged to wear a mask also. During transport, the ambulance's vents will be utilized. Patients who are coughing frequently, have a productive cough, or have a history of pulmonary infection should be suspected of having a communicable pulmonary disease such as Tuberculosis.
- When the member reasonably expects that they may be exposed to spray, droplets, or aerosols of blood or body fluids. (The member may also wear a gown or plastic apron at their discretion.) During transport, the ambulance's vents will be utilized.

The masks or filters will be changed when they become wet or compromised in any way that makes them an ineffective barrier.

Anyone performing an intubation must consider wearing a HEPA mask and a face shield. (This is at the discretion of the party performing the intubation.) If worn, such mask must fit securely over the mouth and nose. During transport, the ambulance's vents will be utilized.

Anyone performing a gastric intubation must wear a HEPA mask and a face shield. Such mask must fit securely over the mouth and nose. During transport, the ambulance's vents will be utilized.

The receiving ED must be notified of the confirmed or suspected presence of an airborne-transmissible disease during the radio report or by phone.

Unprotected Exposure

Simply stated, "Unprotected Exposure" is exposure or contact of the mouth, nose, eyes, or skin with blood or body fluids. Needle sticks are also included. An Unprotected Exposure is an emergent situation.

Following exposure, the exposed personnel should do the following as soon as possible:

- Remove all contaminated clothing
- Thoroughly wash the contaminated area with soap and water
- Alcohol foam kept in the ambulance should be used until soap and water become available
- Complete the Unprotected Exposure Form

This form will be turned into the receiving facility's Emergency Department, in an envelope, addressed to "Infection Control." The ED charge nurse shall be advised that the form has been completed. The Infection Control Department will follow up on the exposure. They will contact the squad member as needed. Any follow-up care or counseling will be handled through Infection Control.

A copy of the exposure form shall be left with the squad President. This is to document that the form was completed, and to assist in a Workman's Compensation claim if necessary. The

circumstances of the unprotected exposure may be discussed, at the member's discretion, with the Infection Control Coordinator ("Designated Infection Control Officer.")

In the event of an unprotected exposure, especially a needlestick, the squad member has the option of being evaluated in the Emergency Department. Prompt testing is encouraged. This visit shall be paid for by the corporation. The squad member involved shall contact the squad President to facilitate any Workman's Compensation claims. Members have the option of taking certain prophylactic medications, paid for by the corporation, under a physician's specific recommendation and guidance.

In the event of an unprotected exposure, everyone on that call has a right to know what communicable diseases the patient has been tested for and the results of those tests, with the exception of HIV due to the Ryan White Act. In the case of HIV testing or test results, the results will only be disclosed to EMS workers when the patient consents to that disclosure.

Sharps

Sharps will be separated from all other waste and disposed of in an approved sharps container. There shall be the mandatory state minimum number of sharps containers in each ambulance at all times. A sharp is defined as any material which may cut or puncture the skin. Autoinjectors should be considered sharps for disposal purposes.

Anyone rendering patient care who makes use of a needle must dispose of the needle in a designated sharps container immediately after use of the needle. Under no circumstances should a sharp ever be recapped or otherwise manipulated; this is when most needlesticks happen. Sharps are never to be stuck into a surface, left on the floor, or put aside unsheathed even momentarily for the sake of convenience.

Sharps containers are never to be disposed of in regular trash containers. Sharps containers must be brought to Fairview for proper disposal when they are two-thirds (2/3rds) full. The container's opening shall be covered and the container left in Fairview ED's Dirty Utility Room for disposal by Housekeeping. New sharps containers are stored in the First Aid cabinet.

Cleaning of Equipment

All equipment stored in the ambulance must be free from blood or other body fluids. Personnel must use body substance isolation when cleaning equipment to protect themselves from contamination. All reusable equipment that is either contaminated or potentially contaminated by blood or body fluids shall be cleaned using a 1:10 mixture (ten percent) of bleach and water.

Ambulance cot frames as well as cot mattresses and buckles will be kept clean and free from contaminants on a per-call basis. If contamination occurs, disinfection must take place immediately after the call or as soon as possible in the case of back-to-back calls.

Laryngoscope blade (or other reusable airway device) disinfection must take place immediately after the call or as soon as possible in the case of back-to-back calls.

Soap and water should be used initially to remove large amounts of contaminant, followed by the use of a 1:10 bleach and water cleaning solution. Bleach shall be stored in the ambulance garage for cleaning and disinfection. It is the responsibility of the Maintenance Coordinator to assure that there is an adequate amount of bleach and other cleaning supplies.

Whenever waste is disposed of through the septic system, care must be used to avoid splattering. If a sink is used, it should be flushed with cold running water for at least ten seconds to clear the trap.

Cleaning of Disposable Equipment

All disposable equipment, such as airway devices, c-spine collars, patient clothing, etc. that is grossly contaminated (beyond slight surface contact--this refers to saturation by blood or other body fluids) must be placed in a red plastic bag and tied securely. These items then must be disposed of either at the corporation's premises in the red-top biohazard trash cans or in the appropriate biohazardous container at a receiving facility.

An oxygen mask or cannula and it's tubing must be disposed of after a patient is through using it (unless such equipment has been transferred to the receiving hospital).

Cleaning of an Ambulance

If the inside of an ambulance is grossly contaminated (very visibly splattered with blood or other body fluids), the Team Captain or senior EMT will need to determine if a cleaning can be accomplished quickly. If the ambulance cannot be cleaned in a short amount of time, it should be taken out of service.

The Team Captain or senior EMT will notify immediately Central Dispatch that the ambulance is out of service for decontamination. When cleaning of the ambulance is finished, the Team Captain or senior EMT will notify Central Dispatch that the ambulance is back in service and ready for duty.

Each ambulance will be taken out of service and be cleaned thoroughly once per year. The Maintenance Coordinator shall arrange for this to occur and will draw on any members that he or she wishes to assist to accomplish the cleaning as quickly as possible.

Linen

Soiled but non-contaminated linen should be placed in the "Soiled" bag in the ER. Contaminated linen that is clearly ruined should not be placed in a red bag, but in the "Rejected" bag in the ER. Exchange of linen should be on a one-to-one basis with any receiving facility.

Soiled but non-contaminated SBVAS linen that is not exchanged with a hospital, such as wool blankets, shall be double bagged (using RED bags) and brought to the dry cleaner within twenty-four hours. This bag should be marked as contaminated for the benefit of the dry cleaner.

Vaccinations and Testing

The corporation, through a designated contact person (the Infection Control Coordinator or “Designated Infection Control Officer”) will provide guidance in the administration of the Hepatitis B and the Tetanus/Diphtheria vaccines to all squad members and will provide the vaccines and their administration at no cost to squad members.

All squad members will be offered the opportunity to receive a Hepatitis B vaccine series or a Tetanus/Diphtheria vaccination. The Infection Control Coordinator will meet with the new member to discuss the risks versus benefits and administration process. This may be discussed during the initial interview with the membership committee.

The squad is not obligated to complete any vaccination series if the member is rejected for corporate membership or leaves the squad prior to completing the series. The squad may continue to offer the vaccine, but at the individual’s expense.

Members do have the right to refuse the vaccine. A record of the refusal will be kept in the certification/personnel records. This refusal will include: name of member, date of refusal, reason for refusal (at member’s option), statement that risks vs. benefits have been explained to the member’s satisfaction, and member’s signature. This should be witnessed by whomever has discussed the vaccine program with the member. A member who has refused the vaccine is free to request it at any time. The squad will continue to provide the vaccine at no charge.

All active squad members will be tested for tuberculosis yearly. The corporation will provide for such testing at no cost to squad members.

VII. Miscellaneous

Generator Operation

1. Turn on the gas. This plumbing type of valve is located on the left side of the generator.
2. Engage the starter switch (right upper side of engine) under the hood. Hold the switch on until the engine starts. (Note that the generator switch is located on the wall next to the main electrical panel).
3. Let the engine run for approximately 30 seconds.
4. Turn the generator electrical switch to “generator run.”

To shut down, reverse this process. Then hold down the “engine off” button until the engine shuts down. Make sure that the generator switch is back to normal and the gas line is shut off.

Popular Misconceptions

- “Dispatch location” is the physical location of the person performing dispatch services. This is FALSE. It’s where the **ambulance** was when 730 was dispatched.

- Victims of traumatic [cardiac] arrest are not defibrillated. This is FALSE.

- EMT-Basics cannot handle ALS equipment. This is FALSE. The EMT-Basic must be ready to assist with such equipment where the ALS provider directs such EMT to assist.

- “EMT’s do not diagnose.” This is a LAME EXCUSE for not doing an assessment. EMT’s perform an assessment and then verbalize a *differential* diagnosis.