

February 1, 2016

**THREE FORKS AREA AMBULANCE  
SERVICE DISTRICT**

**RECEIPT OF VOLUNTEER HANDBOOK**

I do hereby acknowledge that I have received a copy of the “Three Forks Area Ambulance Service District Volunteer Handbook”. I have read the handbook and fully understand the policies and procedures established within, and all of my questions have been answered.

I recognize the commitment it takes to be a part of this service and agree to fully comply with the requirements outlined in this handbook.

Volunteer Name: \_\_\_\_\_

Certification No: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Crew Captain/Chief: \_\_\_\_\_

Date: \_\_\_\_\_

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# **Operations Manual**

## **Introduction:**

The following operations manual was created with the intention of assisting and guiding volunteer members of the Three Forks Area Ambulance Service District in the day-to-day operations of this ambulance service. Although this manual addresses a wide variety of issues, it is impossible to address all issues that may occur. This manual is to be used as a reference. Extreme discretion must be used when situations arise that are not completely covered in this manual.

All members of this service will be issued a copy of this manual. Current members will receive a copy immediately. New members will receive a copy of this manual prior to their commencement of their service. A copy of the current Policy Manual will also be available for viewing on our website.

Revisions will be made to this manual and its contents as the need arises. Revisions will be presented to the members for discussion, and then submitted to the BOD for review and approval prior to implementation. Members will receive a copy of the revisions to be placed in their manual.

It is hoped that this manual will ease some of the gray areas that may have been present in past operations manuals. Your cooperation in exercising the guidelines established by this manual will help to ensure the people of the Three Forks area receive the best possible care we can offer.

Thank you for your service and dedication,

Stacy Bellamy  
EMS Chief

Becky Arbuckle  
EMS Chief

Gayle Ross  
Board Chair

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## **Administrative Structure:**

### **Board of Directors:**

**Board of Directors** - the Three Forks Area Ambulance Service District (TFAASD) Board of Directors (BOD) consist of persons representing the following:

- The current, active, and probationary crew members
- The City of Three Forks
- Rural Three Forks through the south Madison Valley
- Logan/Clarkston
- Willow Creek

Duties to be performed by the BOD will consist of, but are not limited to the following:

- Approve or disapprove payments of all debts incurred
- Approve or disapprove all expenditures prior to the use of funds
- Approve, Amend, Create, or Repeal all policies in operations manual.
- Review and act on any disciplinary actions taken against any member
- Review and act on any Leave of Absence requests and/or Reinstatement requests
- Act as a liaison between the Three Forks City Council, County Commissioner and the Crew members.
- Supervise over the EMS Chiefs & Captains
- Disciplinary action against any Department Officer will be at the discretion of the BOD.
- Conduct performance review for all officers on their respective annual dates.
- Perform any other duties prescribed by the Three Forks City Council and/or the County Commissioner

**Clerk** - Will perform the following duties:

- Reports directly to the BOD
- Maintain current records of all member's certification and vaccination updates
- Patient billing
- Maintain accounts payable
- Maintain TFAASD's bank account
- Perform all other duties assigned by the BOD and the Chairman

## **Medical Control:**

### **Medical Director**

- The TFAASD conducts all its medically related activities under the direct and indirect supervision of a Medical Director. Currently, the medical director for this service is the head emergency room physician from Bozeman Deaconess Hospital.
- The Medical Director is actively involved and ultimately responsible for all clinical and patient care.
- All members of the TFAASD, active and probationary, and all medically related activities performed will be considered an extension of the Medical Director's license.
- The Medical Director has the ability to extend his/her power and authority to all members of this service both direct-line and indirect-line.
- The Medical Director has the power to determine which members of this service may or may not provide care for patients in conjunction with the BOD.

**Officers:** All officers' positions will be opened for application every 4 yrs. or as the need arises.

**EMS Chiefs** - Will perform the following duties:

- Chiefs are appointed by the BOD.
- Oversee membership activities
- Answers to and is accountable to the Board of Directors
- Organize and schedule all ambulance meetings
- Oversee Department Captains
- Refer any and all personnel issues to respective member Captain
- Perform all other duties necessary as assigned by the BOD

**EMS Captains-** Will perform the following duties:

- Oversee and supervise members assigned under them
- Ensure monthly Ambulance inventories and weekly Defib checks are performed
- Oversee and handle any personnel issues that may arise
- Take a minimum of three (3) 12 hour shifts as Shift Supervisor per month
- Fill in as needed as Shift Supervisor
- Conduct written and oral performance review with each of their subordinate members annually.
- Perform all other duties necessary as assigned by the EMS Chiefs

**Training Coordinator** - Will perform the following duties:

- Coordinate and/or conduct all training
- Oversee and approve all training
- Assist the Crew Supervisors as needed
- Assist all Officers as needed
- Perform all other duties necessary and assigned by the Shift Supervisor.

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**Safety Officer** - Will perform the following duties:

- Conduct safety debriefs during run review
- Give a safety brief / lecture at each business meeting
- Report to respective Captain
- Responsible for department safety equipment and personnel safety
- Gather and correct safety violations

**Infectious Disease Control Officer** - Will perform the following duties:

- Review and update the "TFAASD In-house Blood borne Standard" and "Infectious Disease Control" policy as required within each manual
- Ensure compliance with OSHA standards
- Assist all Officers as needed
- Perform all other duties assigned by the EMS Chiefs

**Supply Officer** - Will perform the following duties:

- Reports directly to the EMS Chiefs
- Perform monthly inventory of all medical supplies in storage and in the ambulances
- Order all medical supplies as needed
- Assist all Officers as needed
- Perform all other duties assigned by the EMS Chiefs

**Maintenance Officer** - Will perform the following duties:

- Reports directly to the EMS Chiefs
- Maintain monthly vehicle maintenance records
- Schedule all mechanical service work
- Ensure ambulance is free of defects that may result in unwanted downtime
- Assist all Officers as needed
- Perform all other duties necessary as assigned by the EMS Chiefs

**Secretary** - Will perform the following duties:

- Record the minutes of all business meetings.
- Produce a report of the minutes of all business meetings and post a copy at the ambulance station.

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**Shift Supervisor-** Will perform the following duties:

- Must be qualified and current on all trainings and calls and must be approved by all captains
- At beginning of shift, ensure that rig fuel levels and cot battery levels are checked and at appropriate levels
- Shall conduct all radio traffic on their supervisory shift such as acknowledging pages, designating ambulance crew members and ensure that additional / appropriate assets are dispatched.
- Responsible for ensuring the PCR is written and turned in in a timely manner
- Responsible for notification of any maintenance and/ or supply issues that may arise
- Not be on Probation

## **Members:**

**Member - All** persons will be considered a current, active member in “good standing” of the TFAASD, if they meet the following requirements and complete the probationary requirements:

- Submit a complete and signed application for membership to be reviewed by the BOD and current active members
- A current level of training required for Basic Life Support Ground Ambulance, issued by the State of Montana.
- A current CPR card
- A current and valid Montana State Driver's license.
- Complete a probationary period (\* defined below).
- May be placed back onto Probation due to lack of call response and / disciplinary reasons

**\* Probationary period** for new members shall consist of the following:

- Six-month time frame
- Six transported runs within the six-month time frame
- Probationary status may be extended at the discretion of the service.
- Probationary period runs **must** be completed within 6 months or member may be asked to leave the service, your performance will be monitored and reviewed by your Captain
- Probationary members shall not drive the Ambulance
- A performance review will be conducted by your Captain annually.



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## **Membership Benefits:**

All members are volunteers. There are no wages earned for ambulance runs or services rendered. The following is a list of benefits granted members of the crew. Benefits are not limited to those listed, allowing for special provisions:

- Training and education allowances per review and acceptance by the BOD on an individual basis.
- Liability and malpractice insurance.
- Workman's compensation coverage.
- BOD approved expense reimbursements.
- No-charge emergency transport to each member's immediate household is on an individual per case basis.
- Two TFAA Logo T-Shirts will be purchased by TFAASD every 6 months for each member in good standing.

Active and probationary members are limited to the following benefits: liability and malpractice insurance, workman's compensation coverage, and BOD approved expense reimbursements.

Prior approval from the BOD is required before benefits will be granted. A member in "good standing" is entitled to all benefits listed above.

## **Policy #1**

### **Professionalism**

Persons working on the ambulance must be certified as an EMT-B or above unless Grand fathered in. Professional attitudes must be maintained at all times. **At no time shall any member of the crew slander or demoralize any person's character while representing this service. This includes emergency situation, standby event or at any time persons from outside this service may hear the comments.** When using the radio, all conversations shall be conducted in a professional manner and limited to essential information.

**At NO** time should co-workers argue for any reason, while tending to a patient. If a discrepancy arises, settle it quick and quietly, and in private, if possible. Do not leave your patient unattended to do so. If the problem is not resolved during the call, discuss and resolve the situation during the After-Run Review (policy no. 12). If the issue still persists, a grievance may be filed.

**At no** time are any public and / or social media postings or discussions allowed about any part of a call.

Inappropriate behavior and/or a lack of professionalism will be dealt with in a serious manner. Disciplinary actions may range from a letter of reprimand, to suspension or termination

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## **Policy #2**

### **ALCOHOL**

**Three Forks Area Ambulance will have a “Zero Tolerance” policy when dealing with alcohol and drugs. If you respond to an incident under the influence of either alcohol, prescription marijuana, controlled substances or illegal drugs, you will be sent home and dismissed from the service. It will be mandatory for members to wait 12 hours after they have used any alcohol or drug before they may respond to a call.**

## **Policy #3**

### **Dress Code**

It is desirable for all members responding or acting as a representative of the Organization to dress in a presentable manner. Clean cover-alls (jumpsuit), Three Forks Ambulance T-shirts, uniform shirt, and a clean pair of duty pants or denim full length pants are examples of presentable attire. When possible, response clothing should have insignias attached to indicate your involvement with the medical profession and the service you provide for.

You will be issued a Three Forks Area Ambulance T-shirt and Class ‘A’ Dress shirt with badge and collar devices. Duty Pants can be purchased at member’s expense.

Open-toed shoes or open heeled shoes (flip-flops, sandals, crocs, clogs, etc.) are not allowed on scene.

When attending a public function such as a multi-agency training, EMS Standby, seminars, refreshers, etc., members shall wear their TFAA t-shirt or polo as appropriate. Every effort shall be made for members to wear the same color t-shirt.

When attending an official function such as fundraising, parades, BOD meetings, City meetings, etc., members shall wear their class ‘A’ dress shirt and officers shall wear their polos or class ‘A’ dress shirt as deemed by EMS Chief.

## **Policy #4**

### **Food, Drink & Smoking**

Food and drink will be treated the same for this policy. **No food will be allowed in the ambulance during an emergency situation.** Food will be allowed in the ambulance only after the following conditions have been met:

- The patient has been transferred to the health care facility and our members are released by the facility.
- All contamination (garbage, Personal Protective Equipment, etc.) Have been removed from the ambulance.
- The ambulance has been thoroughly sanitized.
- The members have washed their hands.

Standby events will be treated individually, under the discretion of the members involved. Food will be allowed, but must be removed when our services are requested. All efforts should be made to keep food in the cab portion of the rig.

**No alcohol is allowed in the ambulance at any time!**  
**No smoking is allowed in the ambulance at any time!**

## **Policy #5**

### **Disciplinary Actions**

Violations and actions requiring discipline include, but are not limited to:

- Negligent and/or abandonment of patient care
- Breach of patient confidentiality
- Vehicle misuse
- Responding under the influence of alcohol or illegal drug
- Stealing from the organization
- Failure to follow the established Chain of Command
- Any actions deemed by the BOD to not be in the best interest of the TFAASD.

The Medical Director and BOD have joint authority on disciplinary actions. Disciplinary action may be any one or combination of the following: termination of membership with the service, suspension of duties, probationary period, and/or letter of reprimand. Before any termination can be carried out, the following events must occur:

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## **PROGRESSIVE DISCIPLINARY POLICY:**

In the case of insubordination or violation of any TFAASD policy the following disciplinary policy will be enforced:

1<sup>st</sup> Offence – Verbally spoken to by their assigned EMS Captain

2<sup>nd</sup> Offence – Written warning issued by their EMS Captain & signed by EMS Chiefs

3<sup>rd</sup> Offence – Temporary Suspension from the service, the member will meet with their EMS Captain & the Chiefs to discuss the options and advise that the issue will be submitted to the BOD and/or the Medical Director for review & final decision.

The EMS chief(s) & captain(s) will present the violation to the BOD; the BOD will meet to decide if the violation needs to be reviewed by the Medical Director or if the BOD will review the violation. The BOD or Medical Director will decide if the member will be allowed to remain with the service, be suspended or if the member will be terminated from the service.

In the case of Gross Misconduct, the tiered policy may be skipped and termination of the member will occur – this is at the discretion of the BOD and/or the Medical Director.

### Gross Misconduct

References: (Lisa McQuerrery, 2013)

#### Common Characteristics of Gross Misconduct

While there is no formal definition of what constitutes gross Misconduct in the workplace, some accepted descriptions include:

- Wanton Disregard for the safety of others
- Deliberate acts of violence or hostility
- Attempts to financially defraud a company
- Significant levels of insubordination/ and dishonesty through falsification of documents or other forms of misrepresentation
- Drinking or being drunk or under the influence of drugs while on the job or during transportation of patients

#### Behavioral Gross Misconduct

Behavioral gross misconduct in the workplace can sometimes be characterized by violations of U.S. Equal Opportunity Commission anti-discrimination laws. These include prohibitions against workplace discrimination based on age, race, gender or nationality, as well as discrimination related to religion or sexual harassment.

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### Criminal Gross Misconduct

Generally, most criminal offenses that happen in the workplace are defined as gross misconduct. This includes murder, sexual assault and embezzlement.

## **GRIEVANCE POLICY**

All grievances should follow the chain of command structure. All members should feel comfortable bring all grievances to the appropriate supervisor at all times. It is the hope that members will be able to resolve issues as they arise together, but if this is not possible; then the following procedure needs to be followed.

### Grievance Procedure

1. The member will bring his/her concern to their appointed captain – the captain will evaluate the situation and include the other captains if needed. If the member's captain is the problem, the member can go to either of the other captains with their grievance. It is the intent to have the captains' resolve as many grievances as possible.
2. If the member is not happy with the decision or action made by the captain(s) and does not feel the captain(s) are addressing the issue appropriately he/she may ask to have the chiefs review the grievance.
3. If the member is not happy with the decision or action made by the chief(s) and does not feel the chief(s) are addressing the issue appropriately he/she may ask to have the BOD review the grievance. The member and board will review the grievance and discuss the options available. The decision by the board is the final decision.

In the event any member does not feel they can approach the captains or chiefs with their grievance, the member can approach the BOD with their concern. The member will need to be prepared to present why they cannot approach any of the captains or chiefs with the issue as well as present their grievance.

Disciplinary Probation shall consist of the member being supervised with patient care in the back of the ambulance and on scene. The member will also not be allowed to drive while on probation until the member has completed and been approved by all officers on a DOT driving course. Disciplinary Probation will be 6 months in duration and you must complete 6 transports within these 6 months. Your performance and skills will be evaluated by TFAA Officers prior to being reinstated as a member in good standing.

Medical Control as well as the BOD has the right to suspend member(s) from service while the

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investigation and hearing are taking place. Suspensions and / or disciplinary actions will be determined by the severity of the violation and/or the number of violations.

Medical Control and/or the BOD may seek legal actions if the offence(s) are serious in nature and found to be illegal. Medical Control and/or the BOD have the right to impose any restrictions and/or conditions upon reinstatement of the member(s). All decisions by Medical Control and the BOD are final.

## **Policy #6**

### **Attendance**

Meetings - members are encouraged to attend meetings on a regular basis. Members must attend 75% of all regularly scheduled business and training meetings in a 6-month period. If the member cannot attend the required number of meetings and or trainings, the member must contact their respective Captain and give an explanation for the absence. Failure to do so may result in disciplinary action being taken.

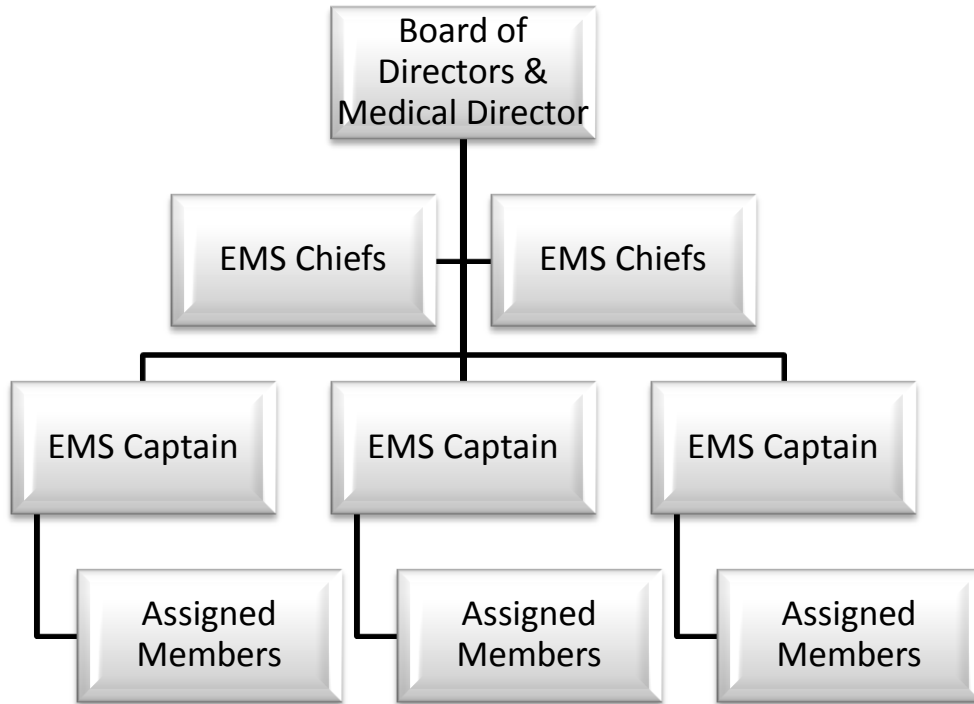
Scheduling - Members are encouraged to schedule on a monthly basis. Members must respond to at least 10% of all calls during a 6-month period to remain in "good standing." This includes any call involving patient contact. This 6-month period must also include 2 transports to a medical facility. Failure to meet these standards will result the member being placed on a disciplinary probationary status.

In the event that scheduling or response is not possible, members are encouraged to contact their respective Captain.

Leave of Absence - must be submitted for all absences greater than 3 weeks to any officer prior to taking leave. Leaves for greater than six months require a review by the BOD. Radio equipment may be asked to be returned for all leaves greater than three months. **Failure to follow Leave of Absence requirements may result in disciplinary action being taken, up to and including termination from the service.**

**Policy #7**

**Chain of Command**



TFAASD has established a working Chain of Command that has 2 EMS Chiefs and 3 Captains. Members are placed in one of three Teams under one of the 3 Captains. Any issues, scheduling concerns, etc., **SHALL be brought to the attention of your respective Captain.** Acceptable forms of communication include in person, text messaging, e-mail, or postal service. If your respective Captain is not available, contact one of the other Captains. The Captains will address and resolve the issue while keeping the EMS Chiefs and / or BOD informed. Failure to follow the Chain of Command will result in Disciplinary actions up to and including termination to be taken in accordance with Policy #5

## **Policy #8**

### **Drivers**

- **All drivers must provide a valid Montana driver's license.**
- **No one under the age of 21 may drive the ambulance.**
- **No persons having been convicted of Driving Under the Influence (DUI) may drive the ambulance.**
- **No cell phone use is permitted while driving ambulance**
- **Persons with multiple driving violations in the last three years will be investigated and their eligibility to drive determined by the BOD.**
- **Drivers must complete a four-hour training class, which includes; driving protocol, operation of the ambulance, maintenance, emergency response, and general traffic safety.**
- **Drivers must be in good physical condition to perform the duties required of them.**
- **Drivers must be certified by Training Officer and approved by all Captains and EMS Chiefs. Qualifications may be removed at any time for lack of training attendance, disciplinary reasons or dangerous / inappropriate Ambulance operations.**

Drivers of the ambulances should be active members of the organization. All attempts to acquire additional personnel when needed for driving should be made, including pages through dispatch for additional manpower. The TFAASD insurance policy requires all persons having a high potential of operating the ambulance, be listed within the policy. In certain exceptions, such as; when manpower is short, the use of external sources may be necessary and will not be considered a violation of this policy. In these situations, the use of emergency response persons must be considered. Examples of emergency response persons include firefighters, Highway Patrol officers, city marshals, and county deputies, etc.

If a situation arises where the use of one of these groups is required, documentation on the trip report must include the reasons for the exception and all attempts to acquire members.

The use of bystanders as a driver of the ambulance is not acceptable and in the event this happens, an investigation with possible reprimand will follow the incident.

All personnel will be required to complete a driving course every 2 years. It is recommended that this course be offered every year. All personnel will be reviewed every 2 years for competency and safety driving by the Captains with recommendations / changes submitted to the EMS Chiefs. Recommendations will then be made to the Board of directors in regards to the competency and safety of the drivers.



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## **Policy #9**

### **Meetings**

All business meetings will be the first Monday of each month. To be included in these meetings are run reviews, trip report reviews, coming events, etc. Regular training meetings will be the third Monday of every month. These training meetings will be conducted in coordination with the Training Coordinator. It is possible that training meetings may have to be rescheduled for some unforeseen reason. This is acceptable. The reason for stating a given day of each month is for consistency. It will be up to the person responsible for training each month to notify the Training Coordinator if the training date is to change.

All meetings will begin at 6:30p.m unless stated otherwise.

An Alpha-Numeric page will be send prior to the meeting. The page shall include any final meeting instructions or changes.

In the event a scheduled meeting lands on a holiday, (Memorial Day, Labor Day, etc.), the meeting will be forwarded one week to the Monday following the holiday.

## **Policy #10**

### **Personnel Expense & Reimbursement**

All personal expense as the result of extraordinary circumstances will be reimbursed if each of the following conditions are met:

- A copy of the receipt is forwarded to the clerk.
- An explanation for the expense, in writing will be forwarded to the clerk with the receipt attached.
- All reimbursements will be made within 7 days of the clerk receiving the receipt & explanation of expense.
- High cost expenses should have the BOD's approval prior to being purchased.

Attempts should be made to obtain funds from the organization prior to using personnel funds for the purchase of ambulance related items.

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## Policy #11

# Training & Continuing Education

**All training will be scheduled and approved by the Training Coordinator and Captains.**

The coordinator may request members of this service to organize a training session. Members may also request to perform a training session. If a member is responsible for a training session, the following itinerary must be submitted to the Training Coordinator two weeks in advance of the scheduled training date if possible:

- The subject
- The speakers and instructors
- The date of the program
- Special items necessary for the program
- Location of the training program

The Training Coordinator will assist with the organizing of the program. The Training Coordinator will provide all documentation necessary to be signed off on the night of training, (i.e. Attendance slips, Continuing Education slips, etc.)

One make-up training will be offered per quarter on a Saturday of the Training Coordinators choosing.

Additionally, countywide training and/or mutual aid training with other medical services or fire departments may take place throughout the year. All events of this nature should be organized through the Training Coordinator.

There is no limit to the number of conferences a member may attend in one year. Paid tuition for conferences will be reviewed and approved or disapproved by the BOD. Members must be current on calls, meetings and all trainings and recommended by their respective Captain to be considered to have their off-site training approved. Prior approval must be obtained and advance notice is recommended to ensure tuition fees are paid prior to your arrival at the conference. Members on probation wishing to attend a conference **may** have one- half of their tuition paid. The TFAASD may also grant a stipend, up to one hundred dollars for living allowances to cover out-of-town costs. The stipend may vary depending on circumstances such as location, time of year, etc.

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## **Policy #12**

### **Skills Quota**

Medical Control is not currently requiring any skills exams. Three Forks Area Ambulance is requiring a skills night once a year, to prove the National Registry Skills listed in the recertification application. **This will also require proof of being able to lift and carry approximately 75 pounds.** We also offer skills training after business meetings and on site trainings to allow members to “brush up” on their skills. The skills training provided will be National Registry Skill Requirements. We will require this so that all persons will be able to do their part for our service.

## **Policy #13**

### **After-Run Reviews**

The members involved immediately following the call should review all runs. If there were any discrepancies or arguments, these issues should be resolved at this time, so the same problem does not occur on the next call. You may contact the Grievance Committee, Medical Control or your Captain if issues are still not resolved.

## **Policy #14**

### **Sanitation Duties**

After every situation where medical treatment has been provided in the ambulance, the treatment area must be sanitized thoroughly using an antibacterial disinfectant. All members involved with the treatment of a patient, at the conclusion of the treatment shall at minimum wash their hands.

For complete instructions on sanitation requirements, refer to the "Three Forks Ambulance Service In-house Blood borne Standard" guidebook.

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## **Policy #15**

### **Immunizations and Vaccinations**

The State of Montana does not require pre-hospital services to provide immunizations or vaccinations to their members. The Occupational Health and Safety Association (OSHA) does require pre-hospital services to offer all members that have a potential for coming into contact with Blood borne Pathogens (defined in the Blood borne Pathogens standard attached) the Hepatitis B vaccination series. Bozeman Deaconess Hospital requires all persons working within the hospital to have a Tuberculosis test performed yearly.

Three Forks Area Ambulance Service District will require all persons obtaining a position within this service to be offered the Hepatitis B vaccination series. Member will not be required to take this vaccination, however if the offer is declined, the person declining must complete a "Hepatitis B Declination" form. This form can be obtained from the Infectious Disease Control Officer. Persons may at any time after signing the Declination form, request to participate in the Hepatitis B series.

The Tuberculosis test will not be mandatory. However, in the event a member of this Service wishes to partake in in-hospital training, Bozeman Deaconess requires all personnel dealing with medical situations to have the TB test on a yearly basis.

At this time, there are no requirements for taking the HIV test prior to joining this service. Members may do so at their own request.

The above guidelines address the vaccination and immunization issues based on new membership only. In the event of a potential exposure, members may be required as a medical precaution, to partake in these tests.

The TFAASD will pay for all immunizations and vaccinations for new members upon their request. The Service will also update any series tests that may be required. In the event of a potential exposure, the Service will pay for all medical treatment not covered by the Service's medical insurance and deemed necessary by the receiving facility, most likely Bozeman Deaconess Hospital.

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## **Policy #16**

### **Passenger vs. Patient**

**Any person showing obvious signs of injury and is transported in the ambulance either sitting or lying will be billed for the service.**

Passengers will be entitled to ride to the hospital with a patient under certain circumstances. The passenger must ride in the cab portion of the ambulance with their seatbelt fastened. Only one passenger is allowed to transport with the patient. Passengers will not be allowed to return to Three Forks in the ambulance.

In the event an incident involves a child or an infant, the child's guardian may ride in back with the patient in a designated seat with the seatbelt in place. If the guardian is in the back with the attendants and becomes problematic, the person will be asked to move to the front seat. The nature of the child/infant's injuries will dictate where the guardian may sit. If the child's condition is life threatening, the guardian will be requested to sit in the cab portion.

The Three Forks Area Ambulance policy for the return of patients and their families to Three Forks, is that we will discourage this practice. Arrangements can be made through the hospital for the patient to be transported by ambulance for a medically necessary reason.

## **Policy #17**

### **Advanced Life Support (ALS) Intercepts**

If, during an emergency situation, it is determined that an Advanced Life Support service is needed, a request for ALS members from this service to respond should be made through dispatch. In the event no one from this service is available, a request for an ALS intercept from the Bozeman Ambulance Service (currently named AMR) should be made through dispatch.

\* Once higher trained persons from another service arrive, they are to be fully informed of the situation and patient status. Once this is done, all efforts should be made to assist the ALS caregiver.

\* A mutual agreement with the Executives of the current service, (AMR), and the officers of this service has concluded that personnel from AMR will pack their supplies into our ambulance if the request is made.

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## **Policy #18**

### **Intubation/I.V. Transports**

Under no circumstances will a patient intubated or with an IV established be transported without an EMT with the proper endorsements on board throughout transport and patient transfer to hospital ER staff.

When feasible, the highest trained person shall remain with the patient once their care has been established. Continuity of care for patient's best interests shall be maintained at all times.

## **Policy #19**

### **Refusal of Service**

The person/patient must be informed of Medical Control's desires and concerns towards care for the patient. This information must be both verbally and documented on the same trip report they sign their refusal of care to.

Prior to signing, persons should be made aware of all pertinent information available at the scene concerning their medical status. The patient's medical status should be documented.

In the event a person refuses to sign a Refusal, an informed witness signature from a law enforcement officer if available should be obtained. All pertinent information available at the scene should still be documented on the Refusal notice.

In the event a member administers treatment and the patient then refuses transport, this should be documented and the patient should sign a refusal of transport. In this incident, law enforcement should be there to witness the refusal.

If during transport, a patient refuses further treatment and wishes to leave the ambulance, it is at the digression of the attendants and their safe being as to whether the patient is allowed to depart from the ambulance or not. Be aware of the patient's mental status and health conditions prior to releasing the patient. In this situation, law enforcement must be notified and documentation is essential.

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## **Policy #20**

### **Standbys**

A sign-up sheet will be posted in the ambulance station prior to all standby events. During standbys for such events as rodeos, football games, etc., the ambulance will respond with a full crew of two or three members.

If there is a medical incident at the standby, then a page for the second ambulance and crew to the standby should be made.

In the event both ambulances are required at an incident outside the standby event prior to the standby being completed, the standby ambulance will be request the QRU from Willow Creek Fire and/or Three Forks Fire to respond to the event. Then the crew from the standby will respond to the incident as well.

**Communications in these situations between all parties is essential.**

## **Policy #21**

### **Deceased On Arrival (DOA)/Coroner Cases**

A coroner may be requested through dispatch only if the patient shows signs of obvious mortal wounds, rigor mortis, decomposition, lividity, or stillbirth of an infant that has obviously died hours prior to birth. In these cases, the only patient movement should be to determine the patient's status.

This service will only transport corpses at the request of either law enforcement or the coroner. At no times will a corpse be transported with a live patient.

## **Policy #22**

### **Trip Reports**

**All trip reports are confidential information. Reports must not be left for bystanders to read.**

At the completion of all situations involving the request for medical standby or treatment, a trip report must be filled out and properly signed. The report is a one-page document. The original is to remain in the ambulance so the clerk may obtain it. Trip reports are located in each of the ambulances. Extras are stored in the desk cabinet.

All members involved with an incident are responsible for seeing that the report is properly and accurately filled out. Reviews of all trip reports will be made and comments attached. Incomplete reports will be noted and logged by the review committee. Consistent incomplete reports may result in disciplinary actions.

It is imperative that all forms be filled out as complete and accurate as possible. TFAASD policy is to submit the forms electronically on the state HIRMS website print a copy of the report, fax a copy to the receiving medical facility. MT law requires that reports be submitted within 48 hours of the event. In the event that responders cannot complete HIRMS report, an electronic narrative portion of the report shall be delivered to the clerk or designee within 24 hours to allow time to complete online forms.

## **Policy #23**

### **Ambulance Maintenance**

- **The ambulance must be maintained in a safe working order.**
- **Gas and oil must be checked after every call.**
- **Any problems detected with the unit will be reported to the maintenance officer Immediately.**
- A certified mechanic will do routine services at intervals recommended by the manufacturer.
- All maintenance work must be documented on maintenance sheet and available at all times for state inspections.
- High cost repairs, (over \$500.00) will require approval from the BOD. The BOD may request that bids be obtained for high cost repairs.
- All repairs should be done as quickly as possible upon finding the defect.



## **Policy #24**

### **Defibrillator**

Montana State EMS requires ambulance services to maintain a service record of all maintenance and service checks performed to each defibrillator. On a monthly basis a service check must be performed and recorded. It is the responsibility of all persons on the service to be familiar with the service requirements of this machine. A list of all persons eligible for maintenance and service of this equipment will be posted at the ambulance bay. Beside each name will be a date for when that individual is responsible for servicing the equipment.

Failure to perform these checks may result in the suspension of the TFAASD's operating license. Individuals not upholding their responsibilities towards maintaining the equipment and its records may receive disciplinary actions

## **Policy #25**

### **Paging Equipment**

All members will be issued an Alpha-Numeric pager that will provide notification when the services of the TFAASD are required, unless provided by other agency. A two-way radio will be issued in conjunction with the Alpha-Numeric pager, unless equipment is provided by other agency. This will allow communication with other members of this service, other emergency services and/or the dispatch office.

All paging equipment will be assigned to members and recorded with the clerk. These devices shall at no time be in the possession of persons not affiliated with this organization. It is the member's responsibility to ensure their equipment is in good working order at all times. All paging equipment issued is the property of the TFAASD and must be marked identifying the owner. If a piece of equipment is not in working condition and requires repair, the Crew Supervisor will be notified. A replacement piece, if available may be issued while the defected equipment is being repaired.

Any misuse or mistreatment of the TFAASD paging equipment may result in the member being charged with some or all repairs, or replacement of the device, and/or other disciplinary action as deemed necessary.

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## **Policy #26**

### **Procurement / Discussion of New Equipment**

All officers **WILL** be involved in the planning and the decision process of researching and the procurement of new and replacement equipment. If a member has an idea for new equipment, it will be discussed with their respective Captain, a plan drawn up and presented to the officers. All officers will have their say in this matter **prior** to the idea being presented to the BOD. Any expenditure over \$500 shall have prior approval by the BOD.

## **Policy #27**

### **Fund Raising Ideas / Community Events**

Any idea for a fund raising event and / or a community event idea shall be presented at any business meeting. The person placed in charge of the idea / event will be responsible for all coordination and planning of that event

## **. Procedures**

### **Crew Responsibility**

It is the crew's responsibility to ensure the operation of this service is conducted in accordance to the policies established and approved by the TFAASD. It is also the crew's responsibility to know the local and state laws regarding the use of emergency vehicles and administering pre-hospital care.

### **Dispatch**

Upon receiving a page for medical services from the dispatch office, the first member to respond (initial responder) on the radio will:

- Assume Incident Supervisor of the emergency
- After initial response to the call, additional members will communicate to the
- Incident Supervisor on Fire West.

Additional responders must identify who they are and whether they are responding to the scene, or to the ambulance station. The initial responder will acknowledge to all members that they received their call and understand they are responding and to where.

At any time, the responders can require additional or repeated information from the dispatch

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office. Be aware of other agencies that may have been dispatched at the same time and their need for radio communications as well.

Speak in a slow and clear tone. Do not yell. Maintain a professional manner and restrict your conversations to necessary information only.

Willow Creek Tactical channel will be our local means of communication between ambulances when requesting further directions or assistance among the responders.

It is important for the Incident Supervisor to acknowledge the additional responders. **Equally as important is the need for all members to use the radio when responding, so all will know how many are responding.**

### **Responding**

The TFAASD will respond to various types of emergency situations. The responding members will use their best discretion to determine if mutual aid is required. Scene and crew safety should also be considered for mutual aid. Examples of mutual aid include; law enforcement, fire department, additional medical assistance. All mutual aid requests must be issued through the local dispatch office.

Countywide guidelines have been established to aid in requesting mutual aid in multiple patient situations. Remember that these are only a guidelines and professional judgment must be exercised on each situation.

### **Operating Requirements**

When responding to a call in your own vehicle, all speed and driving laws must be obeyed. The ambulance insurance policy will cover personnel vehicles while responding to either the ambulance barn, or to the scene directly, but only if driving laws are abided by.

When responding to the scene with the ambulance, discretion must be used. Under the "Code 1" status, (no lights, no sirens), all traffic and safety laws must be abided by. The same applies when transporting a patient to the hospital under Code 1 status.

Under the Code 3 status, (lights and sirens active), members will abide by the following guidelines.

- Within the city limits, the ambulance shall not exceed a safe and prudent speed.
- On Montana State Highways, where the speed limit is posted, the driver shall adhere to this law using their best judgment. At night when posted speed laws apply, the ambulance shall not exceed a safe and prudent speed. When responding on unposted roads, caution should be used taking road, weather and patient conditions into consideration.
- When passing another vehicle, the ambulance driver shall pass on the left hand side. This may not always be possible, so caution should be used at all times when passing.
- **Never** pass another emergency vehicle that is displaying a Code 3 status unless, the vehicle yields the right-of-way and signals for you to do so.

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Extreme care should be exercised when driving the ambulance. Not all drivers will yield to an emergency vehicle, or they just may not see you coming. Always be aware of your surroundings.

The above mentioned speed guidelines for a Code 3 are only a guideline. Heavy traffic, residential sections, or playgrounds are examples of places where caution may dictate the speed you travel at.

No person shall back the ambulance without the audible backing signal in operation and making sure there is a clear path behind. If possible, have a fireman, law enforcement officer or other person direct the ambulance while backing.

Ambulance drivers are not exempt from punishment for reckless driving and or endangerment of other lives. Drivers are responsible for transporting all personnel and patients to the medical facility in a quick but safe manner. Drivers are accountable for their actions. Drive with care.

In the event of an accident or incident involving the ambulance, local dispatch and the Montana Highway Patrol must be notified. If the ambulance is disabled, make arrangements to have another ambulance report to the emergency. If you have a patient(s) loaded and are involved in an accident, make arrangements to have the patient(s) transferred to another ambulance.

The driver, unless injured in the accident, must stay on scene and submit a written report of the incident to the responding law enforcement officer. The BOD must be notified of the accident as soon as feasibly possible following the incident.

### **Lights and Sirens**

The use of lights and sirens are mandatory when responding Code 3 either to a scene or to the hospital with a patient on board and public safety is a concern. The use of lights at minimum is mandatory when responding to any emergency situation. The lights are to remain on while the ambulance is on scene. The use of lights is not required when transporting a non-emergency patient. When transporting to a hospital with the siren activated, it must be turned off prior to entering the hospital grounds. Always try and inform your patient when you are going to activate the siren to avoid startling the patient. Do not compromise safety to yourself, your crew, the patient or the public in order to provide comfort for the patient.

### **Scene Response**

When the ambulance is responding to a scene, members should ride up front and the use of seatbelts is required. The driver is required to wear their seatbelt at all times when the ambulance is in motion. If a third member is present, that person should sit in the jump seat and use the seatbelt provided for that seat. The third member should prepare the back of Ambulance while responding to the scene. The member up front should assist in watching for traffic and locating the address of the scene. The ambulance should not leave the station without a minimum of 2 responders on board unless it is confirmed that you are picking someone up enroute to the call or meeting them on scene.

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## **Special Situations**

The following are some special situations where the incident type may dictate the actions taken by responding crewmembers.

DOA's: If the responding crew arrives on scene to find a DOA, the local dispatch should be notified of the findings and requested to contact the Coroner's office and the local law enforcement. This may be done over the dispatch radio or discretely using a cellular phone.

Suicides: On all calls involving suicide, law enforcement must be requested immediately. No member of this organization will attempt to interfere with a suicide attempt that would place any member in a potentially harmful situation. It is strongly urged, but not mandatory that all responding members to a suicide call wait until law enforcement has arrived and declared the scene safe. Additional agencies may be requested.

Hazardous Material Incident: Under NO circumstances will any member of this organization be allowed to enter a hazardous material accident scene until the scene has been declared safe. HazMat and the fire department representing the location of the incident should be requested immediately upon recognizing the need for hazardous material control. Our members are not trained or equipped to deal with a hazardous material situation and therefore will abide by the instructions given by the trained authorities on scene. Additional agencies may be requested.

Poisonings: Responding members must make certain that the scene is safe prior to making contact with any patients of a poison situation. Law enforcement should be requested and the hospital should be notified upon determining the nature of the call is a poison situation. If at all possible, the type of poison should be determined and this information relayed to the hospital. No risks will be taken to determine the type of poison. The Poison Control Center should be notified as soon as possible. This may be done through the hospital. When the poison cannot be identified, relay the events leading up to the incident as well as all signs and symptoms to the hospital ER staff. Additional agencies may be requested.

## **Non-Medical Reporting**

Situations may arise when on scene, where a member may be required to report a non-medical situation. Examples of such include: child abuse, elderly abuse, developmentally disabled abuse, gunshot wounds, stabbings, death of a child, animal bites, illicit drug use or EMT incompetents or unqualified practice.

If any of these situations occur and a member recognizes the problem, it is mandatory through state regulation that the incident be reported to the appropriate authorities. Failure to do so can result in a suspension of practice. It is also a felony in the state of Montana, therefore becoming a legal issue. Report all suspicious situations to the authorities. Efforts made to report these situations should be documented on the trip report.

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## **POLST**

Under Montana law, POLST gives terminally ill patients whom are not hospital inpatients an opportunity to choose the kind of treatment they desire in a medical emergency. POLST protocol is a set of standardized, statewide patient care orders to be followed by emergency medical services personnel when encountering a POLST patient. They emphasize the type of care the patient will receive. The form will tell you whether to Resuscitate or Do Not Resuscitate. In the Resuscitate portion, the patient has made detailed requests of care that can be provided to the patient.

**Please look at the POLST form and make sure that the form signed by the patient or their representative and the patient's physician.**

Your ideas and energy give life to the Three Forks Area Ambulance Service District and enable it to function at its best. The more you realize your potential, the more you and the TFAASD will benefit.

Your state of mind, attitudes, and morale affect the quality of the work you produce. Feeling good about yourself and your performance helps you to produce work of which you can be proud. You make a significant difference to our community.

We appreciate your willingness to volunteer with the TFAASD. We hope you will enjoy your experience as a volunteer. As you learn your volunteer duties, feel free to ask questions. It is your commitment and that of volunteers like you that allows the TFAASD to most effectively serve our community's needs. Thank you!