

Schertz EMS

Policies and Procedures



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Introduction

Any organization must have rules, guidelines, and policies to establish the operating conditions and expectations that exist within its confines. That is the purpose of these policies and procedures

These policies and procedures are merely a guideline and are in no way expected to establish protocol and policy for every situation you will encounter. The world of EMS is constantly changing and we must constantly be ready to adapt to those changes at a moment's notice.

As a result, these policies and procedures, in conjunction with the City of Schertz Personnel Policies are written to establish expectations that all team members, from the EMT to the EMS Director to anyone that represents Schertz EMS, will be held to throughout their employment. Additionally, we have laid out an accountability system in these policies and procedures that establish clearly what you can expect when these guidelines are broken, disregarded, or ignored.

With any system of expectations and accountability it is imperative that the rules be fair and that they be consistently enforced. As a result, from the date of this document forward, anyone who does not meet these expectations can expect the consequences outlined here.

Accountability

Every time someone is given responsibilities and expectations, a well-documented accountability system is necessary to insure these expectations are consistently upheld. This accountability system, like the expectations, is not written in concrete and can and will be adapted based upon the issue, the severity of the disregarded expectation, and all of the issues surrounding each incident. None the less, our system will be progressive in nature, used to protect you, Schertz EMS, and our patients, and will be constructive in its handling and enforcement. The items included in our accountability system include:

Verbal Reprimand;
Written Reprimand;
Administrative Leave;
Probation and Performance Improvement Plan (PIP);
Demotion;
Suspension; or
Termination

These tools will be used in an effort to correct inappropriate behavior, provide discipline to those who choose not to follow these guidelines, and provide a structure that we can all co-exist in as we progress through our employment at Schertz EMS. These guidelines are just that; guidelines. They are made to adapt and evolve just as our organization evolves. We exist in a fluid environment where the only constant is change. Everything we do, everyone that is on our team, and all we encounter must be prepared to move in this fluid environment so that we can survive into the future. Because EMS Supervisors, Managers and the Director are responsible for enforcing these policies and procedures, they are held to a higher standard in that their adherence to these policies and procedures must be beyond reproach.

STAR CARE

In an effort to drive an organization built upon thoughts and not on policies, our Policies and Procedures are intentionally broad. The intent of this is to spurn you into thinking your way through situations using the STARCARE process and this document as a starting point from which to address situations as they develop and to allow you the freedom to make your own decisions knowing they will be supported if made within this framework.

SAFE:

Were my actions *safe* – for me, for my colleagues, for other professionals and for the public?

TEAM-BASED:

Were my actions taken with due regard for the opinions and feelings of my *co-workers*, including those from other agencies?

ATTENTIVE TO HUMAN NEEDS:

Did I treat my patient as a *person*? Did I keep him/her warm? Was I gentle? Did I use his/her name throughout the call? Did I tell him/her what to expect in advance? Did I treat his/her family and or relatives with similar respect?

RESPECTFUL:

Did I act toward my patient, my colleagues, my first-responders, the hospital staff and the public with the kind of *respect* that I would have wanted to receive myself?

CUSTOMER – ACCOUNTABLE:

If I were face-to-face right now with the *customers* I dealt with on this response, could I look them in the eye and say “I did my very best for you.”

APPROPRIATE:

Was my care *appropriate* – medically, professionally, legally and practically, considering the circumstances I faced?

REASONABLE:

Did my actions *make sense*? Would a reasonable colleague of my experience have acted similarly, under the same circumstances?

ETHICAL:

Were my actions *fair and honest* in every way? Are my answers to these questions?

Superior Customer Service: Everything we are, do, and strive to be at Schertz EMS relies upon us providing superior customer service to our internal and external customers Everything in these policies and procedures builds up to this ultimate achievement. Our goal is and always will be to say that “we did everything possible to care for and satisfy our customers”:

- Every time
- All the time
- No exceptions.

1.0 Attendance Policy

1.1 Attendance

Everyone will report to work on time and as scheduled. Ample time-off is provided in your benefits package. Even so, there are times when an absence cannot be planned thereby necessitating a call-out. When an absence is unavoidable due to illness or emergency, you will call the on-duty supervisor no later than one (1) hour prior to your shift. When you know you will be late for your shift, you must call the on-duty supervisor as soon as possible and relay the reason for your lateness and your expected arrival time.

1.2 Shift Change Policy

Shift change will be 10 minutes prior to the scheduled start of shift time (i.e. 0650 for 0700 shift; 1850 for 1900 shift; 0750 for 0800; 0950 for 1000, etc). Crewmembers will report for duty at their scheduled station ready to respond at this time.

All on-duty crewmembers will be out of bed at 0640 to allow the oncoming crew to change if needed. If the off-going crew needs to change clothes they may do so in the bathroom or after 0700.

1.21 Time Reporting

In order to insure you are paid correctly, it is important that payroll is accurate. To increase accuracy, the time clock will be utilized by all non-exempt EMS employees at all times. You can clock in early, but the only valid reasons for doing so are to take an early call or when you are relieving someone early. You are not allowed to begin working before your scheduled start time for any other reason unless instructed to do so by a supervisor.

When clocking out late, you must include a detailed reason. This would include run numbers of late calls or the name of the person you were holding over for.

If your time sheet needs to be edited for any reason, immediately notify the on-duty supervisor.

1.3 Late and Absences

Crewmembers must make verbal contact with the on-duty supervisor (210-619-1420) if they are going to be tardy, and give a reason for tardiness and an estimated time of arrival. If a crewmember is going to be absent due to illness or emergency, they must notify their supervisor as soon as possible, but not less than one hour prior to shift change. In the event of a call off, the crewmember up for Mandatory Overtime (MOT) will be notified as soon as possible.

Tardiness is defined as not being at your scheduled location ready to respond, unless an on-duty crew member is going from station to station. More than one (1) tardy in a one (1) month period and/or being tardy more than three (3) times in a four (4) month period is considered excessive and subject to disciplinary action.

An absence is defined as not showing up for a scheduled shift. Employees may be subject to disciplinary action for excessive absences.

1.4 Scheduling

Crew members will be moved from station to station and partner to partner. There will be times, based on seniority, where crew members will have to move shifts and/or stations to accommodate employee training. Day to day crew members may be moved to facilitate the best pairing of partners based upon seniority, credentialing and PT/FT status. Every attempt will be made to notify personnel who are moved as soon as possible via phone, email and/or text message. It is each crew member's responsibility to regularly check the schedule for changes and/or updates. This should be done at a minimum of every shift.

1.5 Mandatory Overtime

All 24 hour full-time crewmembers will be subject to mandatory overtime (MOT) as noted on the MOT calendar. Rotation will be adjusted for absences/disciplinary actions, but crewmembers must find coverage for their MOT if it falls during a shift trade. The supervisor will adjust MOT for vacation periods based upon the preferences of that shift. MOT is an effort to maintain staffing, and refusal to accept MOT will be subject to disciplinary action. For last minute call-offs, if the EMT is not available to cover, the MOT crewmember will be given the option of working the MOT shift for overtime or in exchange for another shift in the same pay week if possible (as long as the schedule allows). Supervision will continue to seek coverage for the shift until all options are exhausted. Under no circumstances will any crewmember be allowed to exceed the 48 hour consecutive maximum work limit. If a crew member trades into a situation that may cause a consecutive 72 hour work period with MOT, they may be asked to trade their MOT shift.

1.6 Trading Shifts

Trading shifts is a privilege and is completely voluntary between full-time employees. Trade time is for time only. **NO MONEYS WILL BE NEGOTIATED AT ANY TIME.** Every attempt should be made to complete a trade time within the same pay period. All trades will be completed through the approved Scheduling Program, are subject to approval by supervision, and must be submitted at least 48 hours in advance. Any abuse will result in prohibition of future trades and possible disciplinary action.

Crewmembers involved in a trade will be responsible for covering their MOT shift(s) if needed.

Crewmembers trading will be responsible for their new shifts and the new shift cannot be traded.

1.7 Part-time (PRN) Employee Scheduling

All part-time (PRN) employees will have a 24 hour period to sign up for open shifts each month. The open scheduling period will begin at 0700 on the first day of the preceding month (i.e. 0700 January 1st, employees can sign up for open shifts in February). Shifts will be assigned on or after the 2nd of each month. Shifts that are requested by more than one part-time (PRN) employee will be awarded based upon attendance to required training and meetings. Part-time (PRN) employees can also submit availability for each month. If shifts become available after part-time (PRN) shifts have been assigned, the part-time (PRN) employees who have listed availability will be contacted first to fill vacancies.

Part-time (PRN) employees will work a minimum of 24 hours a month or 72 hours in a rolling three month calendar.

Part-time (PRN) employees will be limited to a maximum of 48 hours per week.

1.8 Staff Meetings

All part-time (PRN) and full-time employees will attend the bi-monthly staff meetings.

1.9 Vacation and Sick Leave

Vacation requests must be completed through the approved Scheduling Program, are subject to approval by management, and must be submitted no less than two (2) weeks in advance and no more than six (6) months in advance. Five (5) months in advance of the requested day off, time off will be awarded based on seniority. Any time off requested less than five (5) months in advance will be awarded on a first come first serve basis.

Every effort will be made to approve requests but they are subject to denial based upon the number of other requests already granted for that day and the availability of coverage. Vacation requests made less than 2 weeks before the scheduled shift will only be approved if they can be covered without the use of Overtime. Do not hesitate to discuss time off needs with supervision and scheduling regardless of these time limits.

Vacation requests will be either 12 or 24 hours segments. Smaller segment requests will be handled on a case by case basis determined by the availability of coverage.

Absences of more than three (3) consecutive shifts with sick leave will require a doctor's note. Any absence required by a doctor must also include a release/return to duty authorization before the employee is allowed to return. Supervisors may request a doctor's note at their discretion.

Employees requesting time off without pay must make prior arrangements with scheduling and the EMS Director.

2.0 Personal Appearance and Hygiene

2.1 Personal Appearance and Hygiene

A key aspect of our job is public interaction. During that interaction we will have only one opportunity to make a good first impression. Additionally, we work in an environment where we must “live” in close quarters with our fellow employees for extended periods of time. As a result, everyone must report for work in the appropriate uniform, with proper hygiene, and in accordance with Schertz EMS grooming standards.

Personal appearance will be neat, clean, and well-groomed at all times.

All personnel will wear currently approved and issued uniforms while on duty or while representing or conducting business on behalf of Schertz EMS.

All uniforms will be kept neat, clean and in good condition.

All personnel will keep at least one clean uniform and a clean change of underclothes at their assigned station.

When the need arises to order new uniforms, a crewmember should send a request via the approved method indicating needed items, quantity, and sizes. Upon receipt of new uniforms, the supervisor may request the old uniforms be brought in before releasing the new ones.

Employees are required to turn in all uniforms/equipment issued to them on the date their employment with the City ends. Failing to return such property will result in withholding the value of the property from the employee’s final paycheck.

All personnel will be issued a City identification card. This card provides access to appropriate areas of all City property. This card must be readily available at all times. A regional identification badge will also be issued to employees, and must be worn with the identification picture and information readily visible at all times while on duty.

Uses of perfumes, colognes, or other body hygiene products are to be kept at a minimum and not be offensive or overwhelming.

If the need arises to shower while on-duty, the supervisor will be notified of a potential delayed response. Every attempt should be made to respond within normal response time parameters, but any delay should be less than five (5) minutes. In the case of crew decontamination, the unit will be placed out of service by the on-duty supervisor.

2.11 TATTOOS

Schertz EMS expects all employees to exercise appropriate judgment with regard to tattoos and appearance to be most effective in the performance of their workplace duties. The company recognizes that personal appearance is an important element of self-expression and strives not to control or dictate appropriate employee appearance, specifically with regard to tattoos worn as a matter of personal choice.

In keeping with this approach, Schertz EMS allows reasonable self-expression through personal appearance, unless:

- a) it conflicts with an employee's ability to perform his or her position effectively or with his or her specific work environment, or
- b) it is regarded as offensive or harassing toward co-workers or patrons with whom Schertz EMS conducts business and has contact with employees, or
- c) it brings discredit to the City of Schertz or Schertz EMS.

Schertz EMS permits employees to display tattoos while at work within the following guidelines:

1. Tattoos cannot be on or above the neck (including the head and face).
2. Tattoos cannot be visible on the upper chest/back.
3. Tattoos cannot extend past the wrists to include hands and fingers with the exception of one ring on each hand.
4. Tattoos cannot be visible on the legs.

Factors that management will consider to determine whether tattoos may pose a conflict with the employee's job or work environment include:

1. Productivity or performance expectations.
2. Offensiveness to co-workers, customers, vendors or others while at work based on racial, sexual, religious, ethnic, or other characteristics or attributes of a sensitive or legally protected nature.
3. Corporate or societal norms.
4. Customer complaints.

If management determines an employee's tattoo(s) may present such a conflict, the employee will be required to cover the tattoo(s). If an employee refuses to cover the tattoo, it will be considered a violation of this policy and the employee will be subject to the progressive discipline policy as listed in the City of Schertz Personnel Handbook.

2.2 Uniform Shirts

Uniform shirt will be neat, clean, and wrinkle-free at all times. When worn, the shirt will be properly tucked in, zipped and buttoned appropriately to include all buttons but the collar button. The uniform shirt will be worn at all times while providing patient care, in the public, or representing Schertz EMS in any way while on-duty.

Employees may wear either the button down or polo shirt at any time as long as both partners are wearing the same style. If partners cannot agree to the style to be worn, button downs will be worn by both crew members. Button down shirts will be worn for all known PR events, including visits to stations.

A Schertz EMS T-shirt may be worn around the station while conducting station duties—including unit checks—and in between calls unless interacting with the general public or City officials. It is recommended that each crew member wear an under shirt, but it is not a requirement as long as a professional appearance can be maintained.

The only items allowed to be worn on the uniform shirt are:

- Issued nametag, centered above the right pocket. (Mandatory on dress shirt)
- Department issued badge
- One (1) length of service pin or certification pin in the lower badge hole over the left pocket. (i.e. PHTLS pin, ACLS pin, Stork pin, etc.) (Optional and on dress shirt only)
- One (1) patriotic flag pin in the upper badge hole over the left pocket. (Optional and on dress shirt only)
- Rank insignia for administrative staff will be worn on both collar tabs, as near the end as possible while still maintaining the pin within the stitching of the tab on the dress shirt only.
- No other visible items may be worn on the uniform unless approved by the shift supervisor for special circumstances (line-of-duty death ribbon, special celebration pins, etc).

2.3 Uniform Pants

Approved and issued EMS or station pants are required at all times while on duty.

Approved shorts may be worn while on bike medic duty or when pre-approved for outdoor standby events as long as both crewmembers wear them.

The issued belt will be worn at all times.

2.4 Hats

Only approved and issued hats may be worn while on-duty.

2.5 Footwear

Shoes will be black leather shoes or boots only (closed toe with a back). No track or tennis shoes are allowed. All shoes or boots must be in good condition and be polished. Non-slip soles are recommended. If footwear has laces, they will be laced and tied at all times. If footwear has zippers, they will be zipped and closed at all times.

2.6 Issued Equipment

EMS issued extrication gear will be carried on the ambulance at all times while on duty. This gear will be worn anytime there is entrapment and/or rescue-tool extrication is being done. The issued gear consists of a coat, gloves and helmet and will be worn in its entirety while engaged in this activity. This gear should also be worn anytime its protection is warranted based upon the conditions of the activities in progress.

2.7 Hair

Long hair will be restrained and not fall into the face or extend below the bottom of the collar. Hair will be kept clean and combed at all times. Only natural colors are acceptable.

2.8 Facial Hair

All members will be clean-shaven at the start of their shift. Facial Hair will be kept neat and trimmed.

Mustaches will not extend past the corner of the mouth, and not measure longer than one half inch in length.

Mustaches with goatees are permitted as long as they are neat, clean and less than one half inch in length.

Full beards are not permitted.

Sideburns are permitted providing they do not extend past the bottom of the earlobe, and do not flare out more than 1.5 inches.

Facial hair that interferes with the fit of any respiratory PPE will not be allowed.

2.9 Jewelry

The wearing of jewelry is permissible as long as it does not interfere with your personal safety and the safety of others.

Each crewmember will have a working digital wristwatch that displays seconds or an analog wristwatch with a second hand at all times while on duty

The following pieces of jewelry are permitted:

- Wedding bands or one appropriate ring per hand
- Medical ID tags

Chains and/or necklaces will be worn so it is hidden from sight by the uniform shirt.

Any device that encircles the neck without easily releasing will not be worn while on duty.

Earrings will only consist of one stud or small loop per ear with safety release in each earlobe. Any other visible body piercing will not have any kind of jewelry in it while on duty.

2.10 Use of Tobacco Products

Tobacco products, including but not limited to cigarettes, cigars, pipes, electric or smokeless cigarettes and chewing tobacco will not be used while in uniform in public.

Consumption of tobacco products are only allowed in designated areas at each EMS station, and out of public view.

At no time will tobacco products be consumed while in the public view. This includes, but is not limited to hospital grounds, restaurants, stores and while fueling the vehicles.

Tobacco products will not be used in EMS vehicles at any time.

Tobacco products will not be visible in the uniform (i.e. cigarette packages in shirt pockets, snuff can in pants pockets).

Personnel using tobacco products are responsible for cleaning up any materials left behind when they are finished.

3.0 Vehicle Operations/Unit Response/Radio Procedures

3.1 Vehicle Operations

As public safety representatives, we will always operate our vehicles with the highest regard for safety and responsibility.

3.2 Vehicle Types

EMS Vehicles: All vehicles regardless of type.

EMS Units: Vehicles designated by the State of Texas as capable of transporting patients. (Ambulance and AMBUS)

Other Vehicles: All other vehicles operated by EMS personnel. (administration vehicles, gator's, etc.)

3.3 General Vehicle Operations

The ability to drive a vehicle is a requirement for all employees of Schertz EMS. It is the responsibility of the employee to ensure that they maintain their ability to legally drive motor vehicles within the State of Texas. As such, anything that could impact this (loss of insurance/license, excessive moving violations, reckless driving offenses, DUI charges, etc.) should be reported to your supervisor immediately. Employees who lose their ability to operate motor vehicles will be subject to discipline up to and including termination.

Personnel riding in any EMS vehicles will wear seatbelts at all times.

Personnel operating any EMS vehicle will make sure that all passengers are wearing their seatbelt at all times.

Personnel in the back of an EMS Unit should make every attempt to remain seated and belted 100% of the time while the vehicle is in motion. If the person needs to move about the vehicle, the driver should be notified and the person should return to a seated and belted position as soon as possible. At all times while seated, personnel will wear a seatbelt if the vehicle is in motion.

Personnel in the back of an EMS Unit will make sure that any "rider(s)" in the back of an EMS Unit is/are wearing a seatbelt at all times.

Headlights will be on at all times when EMS vehicles are in operation.

No items will be left or stored on any ambulance dashboard at any time. This includes but is not limited to laptop computers, gloves, maps, or patient care reports.

When an EMS Unit is out of the station and not attached to a Shore Line, the engine will remain running, with heating or air conditioning as appropriate to keep the patient compartment at a temperature for patient comfort as well as preserving the medications onboard the unit.

When at the station, the EMS Unit will be plugged into the Shore Line (110V and climate control)

Schertz Fire Department may drive the ambulance to the hospital if the need arises or they may be in the patient compartment, assisting with patient care. If they are driving, it will always be in the non-emergency mode.

Any time an EMS vehicle is to cross an uncontrolled railroad crossing, that unit will come to a complete stop, regardless of transport mode. The EMS vehicle is not to proceed until it is completely certain that the tracks are clear, even if this requires someone exiting the vehicle to ensure the tracks are clear.

At no time will an EMS vehicle go around or ignore activated railroad crossing signals/arms. In the event that a functioning signal is encountered without obvious rail traffic; the operator must contact dispatch to ensure the signal has been previously reported as malfunctioning. After verification through dispatch and before entering the crossing, visual and auditory clearance of the railroad tracks in both directions is required. This may include getting out of the vehicle and/or rolling down the vehicle's windows with the sirens shut off. Any moving rail traffic will necessitate the unit coming to a complete stop and waiting for the rail traffic to clear before proceeding.

Only after all of the above have been completed may a vehicle enter a crossing with activated signals.

3.4 Modes of Operation (All Vehicles)

Emergent

Personnel will activate all emergency lights and the siren when operating the EMS vehicle in emergent mode. The only exception to this will be between the hours of 2200 and 0600. The siren usage may then be restricted to controlled and uncontrolled intersections and/or when in the presence of other traffic.

When approaching a congested controlled intersection where the EMS vehicle cannot proceed through the intersection without other vehicles entering the intersection against cross traffic, the lights and sirens may be turned off. Once the congested traffic has the green signal, the EMS vehicle will resume the emergent response. (Every attempt should be made to not force traffic into an intersection while running emergent.)

At no time will the vehicle operator exceed a speed where they are incapable of maintaining control of the vehicle. This should be no more than 10-15 MPH over the posted speed limit or the speed of the flow of traffic.

At no time will the vehicle operator (while responding in the emergency mode) pass another emergency vehicle (in emergency mode) without first making radio contact.

When operating in the emergent mode, the operator will ensure the EMS vehicle always comes to a complete stop at all red lights, stop signs, or un-controlled intersections.

Active school zone

At no time will the operator exceed posted speed limits while in a school zone. All emergency warning devices will be used throughout the school zone.

School bus with lights activated

When you encounter a school bus with lights activated, all emergency warning devices will be turned off. The EMS vehicle operator will not pass the school bus until the bus lights are turned off or the driver of the bus signals it is clear to pass

Non-Emergent

Personnel will not activate any emergency lights or sirens when operating the EMS vehicle in non-emergent mode.

Personnel will obey all traffic laws when operating an EMS vehicle in the non-emergent mode.

Backing

Backing an EMS vehicle is statistically one of the most dangerous modes of operation. For this reason, when backing any EMS vehicle, the following will be required:

- At least one backer will be used whenever possible.
- The backer should position himself where the vehicle operator can see him/her in the rearview mirror, preferably on the left side of the vehicle and approximately 10 feet behind the vehicle. The driver will roll down the driver window to utilize verbal communication.
- If at any time the driver should lose sight of the backer, the vehicle will be stopped immediately until the driver regains sight of the backer.

If a non-EMS/FD personnel is functioning as a backer, he/she must be reminded to watch not only the bumper of the vehicle, but also the roofline and side of the vehicle.

If the EMS vehicle is equipped with a back-up camera, a backer must still be used.

When no one is available to act as a backer, two methods should be followed.

- The team member attending the patient should provide backing assistance from the back windows of the patient compartment. If this is not possible, before moving the vehicle, the operator will walk completely around the vehicle, identifying all hazards, (high and low) and check for clearance before the vehicle is backed.
- Whenever possible, the vehicle should be positioned for “drive-away” transport prior to the crew entering the scene and beginning patient care.

3.5 CAD Timer Policy

Once an EMS unit has been assigned a call, dispatch will start a CAD timer. If the EMS unit doesn't go en route within 90 seconds of receiving the call, the MSC will be assigned to the call. If the EMS unit doesn't go en route within 150 seconds, another EMS unit will be assigned to the call. Crews who continually respond late to calls may be subject to disciplinary action.

Once an EMS unit has gone en route to a call, dispatch will request a status report every 12 minutes. Crews need to respond to this dispatch notification with either an ETA or a confirmation that they are already on scene.

Once an EMS unit arrives on scene, they will be given a time notification every 10 minutes. There is no need to respond to this notification.

Once an EMS unit arrives at the hospital, their status will be checked every 20 minutes.

3.6 Vehicle Contacts

In the event of an EMS vehicle contact, the following procedure will be followed:

- Immediately stop the vehicle (safety permitting) and evaluate the situation regardless of response or transport mode.
- If no damage has occurred or if the damage is minor to fixed property (i.e. a gate arm, mailbox, etc.) contact the on-duty supervisor and continue the response/transport.
- If the EMS vehicle is damaged or if damage has occurred to real property (vehicle, building, etc.), immediately notify the on-duty supervisor and law enforcement for that jurisdiction.
- Notify dispatch to send another EMS Unit for that jurisdiction to either respond to the incident you were responding to, or to continue transporting your patient to the hospital.
- If people were in the vehicle that was contacted, notify dispatch to send the appropriate EMS responders to evaluate, treat, and/or transport the patients as appropriate. Additionally, all EMS personnel involved in the contact will be evaluated for injuries. First responders may be used if the patients do not require transport.
- Obtain a count of all persons involved including passengers. Obtain all contact and insurance information from EVERY person involved in the vehicle contact. Demographic information including address, phone number, plus any comments or statements made should be recorded.
- Vehicles involved in the incident will not be moved until instructed to do so by law enforcement personnel. Before any vehicles are moved, pictures should be obtained of the accident scene including pictures of the contact, vehicles involved, and of the entire scene. If the contact is minor and moving the vehicles would not create more harm or danger, the vehicles may be moved to a non-traffic area as soon as pictures are obtained. If it is not safe to obtain pictures due to the location of the accident (i.e. Interstate, Highway, etc.), pictures can be obtained after the vehicles are moved to a safe location.

AT NO TIME will any Schertz EMS personnel make any statements regarding an incident, the cause of an incident, or who may be at fault to anyone on scene except law enforcement and EMS supervisory personnel.

3.8 Unit Response Guidelines

Requests for Service:

- Personnel will respond to all requests for service in an expeditious and safe manner.
- Incident Command procedures should be followed at all times and should be in compliance with the National Incident Management System (NIMS).
- Response delays will be reported to dispatch and documented in the Patient Care Report (PCR).

Bay Doors with Auto-closure Timers

It is the responsibility of the driver to check that the bay door is in the open positions (with green signal light, if equipped) and not closing.

3.9 Out of Chute Times

Out of Chute time is defined as the amount of time between the moment a call is dispatched to the moment the truck is moving to the call. The crew has control over the response time and, as a result, should attempt to make the response time as short and safe as possible. The following times will be the goal to which we operate.

- 0630 – 2200 hrs. : < 60 seconds
- 2200 – 0630 hrs. : < 90 seconds

3.10 Emergent vs. Non-Emergent Response

Personnel will respond emergent to all requests for service, with the following exceptions:

- **Unsafe Scene:** Personnel will respond non-emergent until the responding Law Enforcement units are on scene and have determined the scene to be safe. Depending on the distance to the scene, personnel may then upgrade to emergent status.
- **On Scene Unit Requesting:** Personnel may respond non-emergent if an on scene unit (Fire Department, First Responder Organization, Law Enforcement Officer, etc.) is requesting such a response.
- **Rehab:** If an EMS Unit is dispatched for Rehab and there is no report of patients, the assigned unit will prepare rehab equipment and supplies and respond non-emergent to the scene to establish rehab. If there is a patient, the closest unit will respond emergent immediately and the next-in unit will prepare rehab and respond non-emergent.
- **Standby Events:** (SWAT, football games, PR, etc.) Personnel will respond non-emergent to these events.
- **Transfers:** All calls for transfers will be responded to in the non-emergency mode.

3.11 Staging – Unsafe Scene

Prior to Law Enforcement declaring the scene secure, EMS Units will stage at an appropriate location and notify dispatch of that location. This location should be far enough away from the scene that the EMS Unit is out of sight, out of the potential danger area, and does not interfere with arriving Law Enforcement Units. When staging at night, all vehicle lights (internal & external) should be turned off unless this would pose a safety risk to traffic. In these situations/cases the minimum amount of vehicle lighting should remain on.

3.12 On Scene Procedures

After arriving on scene, the vehicle high idle (if equipped) should be engaged and emergency light usage should be set to the minimum safe level to assist with electrical load management of the vehicle. For example, in a residential cul-de-sac, the emergency flashers may be appropriate as compared to an Interstate Highway where all emergency lights should be left on.

All patients will have an assessment, treatment, and transport offered in accordance with the Schertz EMS Standard Medical Operating Protocols.

Patients will be transported to either the closest appropriate facility or the facility of their choice in accordance with the Schertz EMS Standard Medical Operating Protocols.

Motor Vehicle Accidents:

Command shall be established by the first arriving public safety unit. Any entity may establish command, i.e. Fire, Police, or EMS. The Incident Commander will:

- Identify his/her unit designation, establish Command, and name the incident.
- Give initial report and ongoing reports as conditions change. The initial report will include:
 - Exact location of the incident.
 - Number of cars involved.
 - Lanes involved.
 - Situation found.(entrapment, fire, ext)
 - Actions taken.
 - Resources needed.
- As soon as practical establish unified command, if needed.
- Operate as the Scene Safety Officer until this assignment is delegated or no longer necessary.
- Assess the scene for safety and call additional units if required.
- In conjunction with the first on scene Police officer determine if cars can be moved out of lanes of traffic.
- Keep the number of emergency workers operating in lanes of traffic to a minimum.
- Ensure that all workers who are not involved in actual firefighting or tactical police operations are wearing safety vests.
- Coordinate with Fire to assure that the proper lane blocking is in place.
- Return traffic flow to lanes as soon as possible, and work quickly to move all operations from the roadway.

All responders will:

- Report to Incident Commander and operate within the Incident Command System.
- Wear ANSI Class II safety vests.
- Work together to assess if additional lane closures will be required while ensuring traffic flow is best directed away from emergency workers.
- Ensure during night operations, that lighting will not blind approaching motorist.
- Practice light shedding by reducing unnecessary lights when possible.
- Continually assess traffic conditions, and be vigilant in maintaining a safe environment for responders and civilians.
- Demobilize at the earliest possible opportunity in agreement with other responding agencies.

Vehicle positioning:

- Always position first-arriving apparatus to protect the scene, patients, and emergency personnel.
- When EMS unit is first on scene, it shall be positioned as a blocking vehicle, with its patient loading door angled away from the nearest lanes of moving traffic. The first arriving fire apparatus will block upstream of the EMS unit, placing it within the protected zone.
- When not providing blocking, EMS will position within the protected work zone beyond the crash vehicle, with the rear patient loading door area angled away from the nearest lanes of moving traffic.

- Incidents in the middle lane of multiple lane high speed roadways are unduly dangerous and should be remedied as soon as possible by blocking all traffic to the right or left of the accident, not allowing traffic to continue on both sides of the protected area.
- When a split scene is encountered, it must be removed as soon as possible and traffic should flow to one side only.
- Consider placing traffic cones if applicable.

3.13 Emergent vs. Non-Emergent Transport

The condition of the patient will be the only variable determining the mode of transport. Regardless of the mechanism of injury, classification of the patient by ED staff, or distance to the hospital, patient condition will dictate the mode of transportation. Transport mode to the hospital will be at the discretion of the crew.

Patients requiring emergent transport will have a protocolled paramedic crewmember attending to the patient.

3.14 Response Cancellation

Cancellation of a response will only be made in accordance with the Schertz EMS Standard Medical Operating Protocols.

In the event of a cancellation, the following must be considered and documented in the Patient Care Report:

- Who is requesting the cancellation (first responders, dispatch, alarm company, police) If the cancellation request is from a family member or bystander, document who they are, to include their name and phone number if possible. Attempt to verify if the person requesting an ambulance is the person requesting to cancel.
- What was the reason for the cancellation?
- What efforts were made to locate the patient?

And during the response be sure to:

- Verify address – confirm (with dispatch or first responders) that the cancellation request is for the address that you have been assigned to.
- If cancelled while responding, confirm cancellation by repeating the radio traffic (i.e. “Copy, Medic 1 is cancelling response to XXXXX address”)
- Notify dispatch of the cancellation and the reason.

3.15 Rehab Standby

Level 1 Rehab will occur automatically on all structure fire responses and as requested on other responses:

- The closest available EMS Unit will respond to provide medical protection for responding fire departments.
- No rehab or hydration supplies will be provided

Level 2 Rehab will occur as requested, but may be sent on “smoke showing” or similar initial size up reports:

- The closest available EMS Unit will respond to provide medical protection for responding fire departments.
- The Medical Shift Commander (MSC) will prepare hydration supplies and will respond to the scene in the non-emergency mode.
- No rehab will be provided.

Level 3 Rehab will be called for any working structure fire and as needed for extended operations at other incidents:

- The closest available EMS Unit will respond to provide medical protection for responding fire departments.
- The Medical Shift Commander (MSC) will prepare rehab equipment and supplies and will respond with the AMBUS to the scene in the non-emergency mode to establish rehab.

All medical and rehab resources will stage and wait for assignment.

If the AMBUS is out of service, the MSC will provide rehab equipment.

If a patient is identified after arriving on scene, a second EMS unit will be dispatched to handle rehab.

All personnel will position the EMS Unit in such a way that it does not obstruct apparatus arrival or departure. EMS Units will also be positioned for quick egress should it become necessary to vacate the scene or transport a patient. This may mean that the EMS Unit parks a great distance away and walks to the scene.

EMS Units providing rehab will remain on location until released by Incident Command. Personnel will not leave rehab supplies on scene with fire department personnel.

Radio traffic will be limited to allow open communication between Incident Command and fire personnel.

Rehab and ambulance response will cancel if command cancels mutual aid, unless otherwise stated.

3.16 Mutual Aid Standby

A unit requested for standby in another agency's response area will remain in the Schertz EMS response area. Exceptions will be at the discretion of the MSC. No ePCR needs to be completed for mutual aid standby if the unit did not leave our service area.

3.17 Out of Area Responses

Units responding to calls outside the Schertz EMS primary response area will respond as above. Units may cancel their response if the outside agency is on scene and does not request additional assistance or if the outside agency has a response time that is shorter than our unit and does not request additional assistance.

3.18 Mutual Aid Request

The on duty Supervisor or his/her designee will notify dispatch to send the closest appropriate mutual aid agency if all Schertz EMS units are assigned to other calls. Should a Schertz EMS unit become available during this time and is closer than the responding mutual aid agency, that unit will respond to the call and cancel the mutual aid agency. If the mutual aid unit is closer, that unit will remain on the call. If a mutual aid agency will not advise their closest unit's location, the next closest agency will be called.

Mutual Aid Agencies:

- Bulverde-Spring Branch (BSB)
- Converse FD/EMS
- New Braunfels FD/EMS
- Seguin FD/EMS
- Acadian Ambulance Service

3.19 Call Completion

Units will make every effort to return to the Schertz EMS response area as soon as possible. Re-fueling and stopping for food will only be done in our response area. (Exception – less than ¼ tank of fuel)

Units are available for calls when they are reasonably able to respond faster than a mutual aid agency.

3.20 Service Animals

The service animal should ride with the patient at all times. If a crew member says no, the animal needs to be at the ED when the patient arrives. Clear, factual, and objective criteria must be used in documenting why the animal was not allowed to ride in the ambulance as an addendum to the PCR or as an incident report immediately after the call. Only clear and compelling concerns for the patient or crew member's safety should be utilized in denying transport of any service animal.

3.21 Radio Identification

Units will be identified as follows:

- Medic – EMS Unit staffed at the MICU level (minimum of EMT and Paramedic)
- Ambulance – EMS Unit staffed below the MICU level.
- Schertz EMS Units: Medic 1, 2, 3, 4, 5, 6, etc.
- MPV 8-01
- Medics on EMS Units: Medic 1-A, 1-B; 2-A, 2-B; 3-A, 3-B; 4-A, 4-B etc.
- Schertz Supervisor Units: Medical Shift Commander (MSC)
- Schertz Administration: EMS Chief 1, Clinical 1, Ops 1, MIH 1
- Schertz EMS Stations: EMS 1, 2, 3, 4 etc.

3.22 Emergency Response

Operating the Mobile CAD computer and all radio traffic will be conducted by the front seat passenger (when available) to allow the driver to remain concentrated on operating the vehicle.

3.23 Transporting patients

Radio traffic should be kept to a minimum to avoid unnecessary distractions while operating the vehicle.

3.24 Mobile Radios

Unit mobile radios will be tuned to the Schertz EMS primary frequency and be of sufficient volume to enable proper radio traffic monitoring.

Personnel may use the scan function to monitor area agency traffic as long as it does not interfere with the daily operations of Schertz EMS.

3.25 Portable Radios

The following procedures apply to operating the portable radios:

In Station: Personnel do not have to monitor portable or base radios if Station Alerting is connected and working properly.

Out of Station: Personnel will keep a portable radio attached to their belt at all times. The radio will be tuned to the Schertz EMS primary frequency and be of sufficient volume to enable proper radio traffic monitoring.

Out of Station in Unit: Personnel will keep a portable radio attached to their belt at all times. The radio will be tuned to the Schertz EMS primary frequency. Personnel will attempt to control the radio volume to avoid feedback while transmitting over the mobile radio. When out of the unit the volume should be returned to a sufficient level to enable proper radio traffic monitoring.

Lapel Microphones: Lapel microphones will be attached to the portable radio at all times.

3.26 Emergency Tones

Personnel should use the Emergency Tone (E-tone) button in the event he/she feels threatened and needs to alert dispatch or other units of the situation. All personnel on scene will turn their radios off as to avoid alerting the actor.

3.27 Clearing E-tones

Contact dispatch to clear E-tones

3.28 Radio Procedures

Proper radio usage is integral to our daily operational success. Being overly formal can cause confusion while too little formality can both be detrimental and unprofessional.

Personnel should strive to be clear, concise and organized, for this is the most effective transmission of important information.

All radio traffic should be consistent with the National Incident Management System (NIMS)

Radio traffic should be conducted in clear, appropriate “plain English” terms with no 10-codes utilized.

The outline is as follows:

- SZFDEMS:** Dispatching of EMS and Fire calls via station alerting and unit hailing for moving them to a “talk-around” channel ONLY. No miscellaneous traffic should be conducted on this channel.
- SZ_EMS:** EMS working channel for all responses that do not require a fire response (low acuity calls, when a fire unit is NOT assigned) in Schertz. The VHF radio will be patched here so this will also be the channel for AirLife traffic and the channel where UC and Live Oak dispatches will occur (Schertz PD will then enter these dispatches into CAD, no need to monitor this channel unless you are on a call).
- SZ_EMS2:** This is our talk around traffic for miscellaneous radio traffic. Notifications from supervision, coordination radio traffic and other uses will be moved here. In addition, any logistic coordination related to fire responses (who is picking up rehab, who is going to handle rehab vs. a patient, etc.) should also be done on this channel. This channel WILL NOT be monitored by dispatch.
- SZFD_FG:** All EMS calls that require a fire response (high acuity calls, when a fire unit is assigned) and fire related calls in Schertz will be worked on this channel.
- SZWIDE 1:** MVC’s in Schertz will be worked on this channel; simultaneous accidents in Schertz will be worked on SZFD_FG.

- UC_FD: All calls dispatched by Universal City shall be worked on this channel. All working fire responses in UC shall be worked on UC_FG as assigned by the Incident Commander.
- LO_FD: All calls in Live Oak shall be worked on this channel. All working fire responses in Live Oak shall be worked on LO_FG as assigned by the Incident Commander.
- SZ_FD: Overflow radio traffic channel. If SZ_EMS and/or SZFD_FG are busy, dispatch or agency supervision can assign calls to this channel to limit radio traffic on others.
- CBFD_FG: All calls in Cibolo shall be worked on this channel.
- SL_FD: All calls in Selma shall be worked on this channel. All working fire responses in Selma shall be worked on SL_FG as assigned by the Incident Commander.
- BRACKEN: All calls in the City of Garden Ridge or Unincorporated Comal County
- GCFIRE 1: All calls in the City of Marion or Lake Dunlap

When you are responding with a fire department, the following will occur on every response:

1. As soon as you go enroute, you will come up on the corresponding channel and hail the fire department or dispatch center (i.e. Bracken FD Channel for Bracken FD or Live Oak Dispatch for Live Oak FD).
 - a. Use this format when doing this: “Bracken Fire unit responding to “{ADDRESS}, this is Schertz Medic 3 (or your unit number)” or “Live Oak Dispatch this is Schertz Medic 3, we are responding to “{ADDRESS}”.
2. If unable to contact responding fire department after hailing them twice (2X’s), then come up on the Schertz EMS Channel and ask Schertz Dispatch to confirm that they are enroute to your call.

When initiating radio traffic, the initiating unit will key up, wait approximately 1-2 seconds then call the unit they are hailing followed by their call sign. For clarity, you can insert “This Is” in between the two call signs:

“Schertz Dispatch, This Is Medic 4”.

If you are certain there will be no confusion, “This Is” can be omitted.

“Schertz Dispatch, Medic 4”

3.29 Common Radio Language

In an attempt to reduce confusion, personnel should use the following language when conveying their status to dispatch. These terms may be used solely or in conjunction with each other as it applies.

- **RESPONDING** – when a unit is departing its current location to travel towards the location of a call for service. This is typically in Emergent mode. “Schertz Dispatch, Medic 2 is RESPONDING to 1234 Main Street for Chest Pain”
- **ENROUTE** – when a unit is moving from one place to another, not in response to a call for service. This is typically in the non-emergent mode. “Schertz Dispatch, Medic 4 is ENROUTE EMS 1 for equipment restock”
- **ON SCENE** – when the unit has arrived at the location of the call for service. “Schertz Dispatch, Medic 2 is ON SCENE at 1234 Main Street”
- **STAGED** – When stopping short of an incident to await direction from Command or for scene clearance by Law Enforcement. “Schertz Dispatch, this is Medic 3, we are STAGED at the corner of Walk and Don’t Walk. Please advise when the scene is secure by PD”.
- **TRANSPORTING** – when a unit is transporting patient(s). This is followed by the number of patients being transported, the name of the location, the mode of transport, and beginning mileage. “Schertz Dispatch, Medic 2 is TRANSPORTING one patient to Northeast Baptist, non-emergency, beginning mileage 0.0.”.
- **AT DESTINATION** – when a unit has arrived at its transport destination. At this time, any known delays in turnaround times should be voiced as well. “Schertz Dispatch, Medic 4 is AT DESTINATION, ending mileage 8.4; we will be delayed for clean-up”.
- **AVAILABLE** – when a unit is once again available for calls. This may be while at the ED, returning from a hospital or leaving a scene of a patient refusal. “Schertz Dispatch, Medic 1 is AVAILABLE, no patient transport” or “Schertz Dispatch, Medic 2 is AVAILABLE at Northeast Methodist”
- **CLEAR** – when a unit is leaving a hospital but they are not close enough to the Schertz EMS jurisdiction to be available for calls. “Schertz Dispatch, Medic 3 is CLEAR University Hospital, ENROUTE to AREA”
- **DISTRICT** – The area the particular unit is assigned to. “Schertz Dispatch, Medic 4 is out of QUARTERS in DISTRICT”
- **AREA** – The Schertz EMS response jurisdiction. “Schertz Dispatch, Medic 3 is AVAILABLE, back in our AREA”
- **QUARTERS** – Station. “Schertz Dispatch, Medic 1 is in QUARTERS”

3.30 Terminology regarding Motor Vehicle Incidents

To ensure NIMS compliance, as well as to facilitate communication with other jurisdictions, the following terminology will be used:

- **Accident with No Injuries** (replaces the old "minor" accident) for those crashes where there are no reported injuries.

- **Accident with Injuries** (replaces the old "major" accident) for crashes with injuries

In addition, the following will be used for traffic incidents based upon their anticipated time frames to clear:

- **Minor Incident:** This is a traffic incident (with or without injuries) that can be cleared and the roadway back to full operation in approximately **30 minutes or LESS** (this would be the majority of the traffic accidents we respond to, minor injuries, no extrication required, no large spills to contain).
- **Intermediate Incident:** This is a traffic incident (with or without injuries) that can be cleared and the roadway back to full operation between **30 minutes and 2 hours**. (This would be a more lengthy call, perhaps extrication or significant amounts of fluids needing clean up; for example a leaking saddle tank on an 18-wheeler, etc.).
- **Major Incident:** This is a traffic incident (with or without injuries) that has an anticipated clear time of **GREATER than 2 hours**. (This would be most accidents with fatalities, large numbers of serious injured patients or large spills requiring specialized clean up).

4.0 Patient Care Reports

4.1 Quality Patient Care

Our patient care is the hallmark and calling card of Schertz EMS. Everyone will practice the utmost in professionalism and quality patient care as outlined by our Medical Protocols, professional standards, and local practices. There will be no other option regarding the care we provide to our patients. Additionally, everyone will do whatever is necessary to make sure they are adequately prepared for the task of caring for patients. This includes education, training, continuing education, and proper certifications.

4.2 Patient Care Reports

The proof that we accomplished quality patient care is by the documentation we complete at the end of every patient encounter. All forms, reports, logbooks, charts, and databases must be completely and accurately documented to the best of our ability. These items must be completed without any irregularity, fraud, or false statements. In addition to providing record of our quality patient care, this procedure also enables us to be reimbursed appropriately, thereby securing our future in this industry.

Schertz EMS patient care reports (PCR) are completed electronically. An ePCR will be completed for every response generating a run number.

A Notice of Privacy Practices (NPP) will be given to every patient that Schertz EMS serves.

The following procedures will guide laptop computer operation and completion of PCRs:

- Plug computers in whenever possible.
- Patient signature's will be obtained on all calls, whether transport or refusal. The patient signature is the standard; should the patient be unable to sign, personnel should obtain alternative signature of family or facility representative. Minors (<18y/o) require signature of adult.
- Every effort should be made to obtain face sheet from hospital.
- Complete each ePCR as soon as possible after each call.
- The following should be included with all ePCR's:
 - All non-electronic EKG strips
 - Any supplemental sheets (i.e. first responder sheet, MOTs, PCSs, etc.)
 - Hospital demographic (face) sheet.
 - Copies of patient identification and insurance cards.

The final ePCR should be reviewed by your partner prior to sending to the server.

- Send the ePCR to the server at the completion of each call or as soon as possible to provide hospitals with a copy of the report.

Workflow – PCR's returned for review or correction need to be completed daily. All comments should be professional and appropriate at all times.

MOTs (Memorandum of Transfers): the minimum care listed on the MOT will be followed for all emergency and non-emergency transfers.

4.3 HIPAA (Health Insurance Portability and Accountability Act)

The City of Schertz has designated Schertz EMS as a covered entity as defined by law. Schertz EMS is the transport provider for the Randolph Region EMS System, an Organized Health Care Arrangement (OHCA) providing EMS services throughout the Randolph AFB area. RREMS is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide patients with a notice of our legal duties and privacy practices with respect to PHI.

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work and that we ensure its security. Schertz EMS prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations. Discussions of Protected Health Information (PHI) or Electronic Protected Health Information (“e-PHI”) within the organization should be limited. Acceptable uses of PHI and e-PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

You may disclose PHI to law enforcement officers under the following circumstances:

- If you are required to by law (gun-shot wounds, animal bites, etc.)
- To locate or identify a suspect or fugitive
- Crime victims as long as the information is not intended to be used against the victim

You may provide a copy of the PCR to a law enforcement officer if the patient is under arrest. If a patient is not under arrest or does not meet any of the circumstances listed above, you cannot provide PHI to the officer.

Any disclosures of PHI or any requests for disclosures of PHI will be immediately reported to the on-duty supervisor

Any and all breaches of patient confidentiality and security policies and procedures will be reported to the Privacy Officer of Schertz EMS immediately.

All employees will be trained in the mandates and requirements of the Health Insurance Portability and Accountability Act (HIPAA). Regular re-training will be done to ensure all employees are familiar with their personal responsibilities under this and other privacy and confidentiality laws, rules and regulations. Employees will show competency through a written exam and will sign a statement, acknowledging that they understand their responsibilities and that they understand they have personal accountability and liability for violations of any privacy or confidentiality laws, rules and regulations.

Breaches of patient confidentiality or of the policies and procedures established for the security of patient information and other confidential information may result in disciplinary action up to and including suspension or termination of employment.

5.0 Safety

5.1 Be Safe

Everyone is important to the overall success of the team. As a result we all must be cognizant of our own safety as well as the safety of all of our teammates. Every step will be taken to provide you with a safe and comfortable working environment. Your responsibility is to practice good safety techniques, follow all established safety policies, and immediately report any conditions that could or actually are causing an unsafe working environment to your supervisor. We work in a dangerous environment and we must all work together in order to prevent any unnecessary hazards or injuries.

In addition to physical hazards and risks, we will also do everything possible to provide a harassment free, non-hostile working environment. Our diversity makes us stronger and as a result any actions by anyone that makes the working environment potentially hostile or harassing will be dealt with swiftly and seriously. There will be no exceptions.

Personal protective equipment appropriate for the situation must be worn at all times.

To limit unnecessary exposure, safety glasses will be worn on calls when there is a risk of eye exposure (suctioning, intubation, etc.).

Crew members are scheduled for 24 hour shifts. These shifts can cause high levels of fatigue, and crew members must be prepared for each shift before they arrive. Preparatory naps are allowed, as long as the unit is checked and entered into the approved supply program, washed/dried, and all station duties have been completed. However, crew members must not depend upon naps as their method of “catching up” on sleep or obtaining proper rest for their shift. This must be done the night before coming to shift.

No crew member will be allowed to work more than 48 hours consecutively or more than 72 hours out of 96. At the end of 48 consecutive hours, or more than 72 hours out of 96, the crew member must be off-shift for a minimum of 24 hours before returning to duty, and this off-time must be away from the station.

The use of alcohol shall be used in such a manner that the employee reports for duty with no measurable alcohol in their system.

The use of prescription medications shall be used in such a manner that the employee reports to work unimpaired. Any employee who is using prescription or over-the-counter drugs that may impair their ability to safely perform their job, or affect the safety and well-being of others, must notify a supervisor of such use and be cleared before resuming any duties on behalf of the organization.

If an employee is unable to perform their duties safely due to illness, injury, fatigue or other disability, they should notify supervision prior to reporting to duty.

Any injury or illness, no matter the nature or severity, (that occurs at work) shall be reported to a supervisor. However, care of the injured party must take priority. Therefore, notification should be made at the earliest opportunity.

Any unsafe condition should be reported to a supervisor as soon as possible.

Any damage to property should be immediately reported to the supervisor and the property owner.

Any movement of the patient will include the use of all safety belts and/or equipment as required. This includes things such as three cross straps and two over-the-shoulder straps on the stretcher, Car-seat and/or Pedi-mate.

Students may not operate or assist in operating any patient moving equipment (stretcher, scoop, backboard, stair chair, etc.) while the patient is on it.

The following immunizations are available and recommended for crewmembers by Schertz EMS: hepatitis A and B, tetanus, pneumonia and influenza. Schertz EMS will conduct regular TB screenings for all employees.

In the event of a communicable disease exposure, the crewmember will be transported to an appropriate medical facility for care and testing as required for the suspected disease. All care required will be provided by Schertz EMS.

As part of the safety net at Schertz EMS, drug and alcohol screening may be required. After any accident or incident while on duty, an employee may be required to undergo a post-accident drug screen. At a minimum, this will involve a urine drug test and breath alcohol test. If any employee does not consent they will be removed from duty by the supervisor until an appropriate course of action is determined.

After a vehicle contact, the driver will undergo a post-accident drug screen. If an employee is in the front passenger seat and was involved in the guiding or operation of the vehicle in any manner, they will undergo a drug screen as well. A crewmember providing patient care in the back of the vehicle (or an employee in the back seat of a staff vehicle) will not be subject to testing unless they were actively involved in the operation of the vehicle or were injured.

If an employee has reason to believe their drug test will return with anything but negative results, they should inform the supervisor immediately. Once the test sample has been provided, this option will no longer be available. An employee who reports a substance abuse problem to the supervisor will be offered every available means of assistance in dealing with the problem by the City of Schertz.

A supervisor with reasonable suspicion may remove an employee from duty before the results of the drug test and/or breath alcohol test are returned. The supervisor will document this incident thoroughly.

6.0 Station Duties

6.1 Station and Unit Cleanliness

As stated previously, we all must work together in close proximity and conditions. Additionally we take our “mobile offices” on the road throughout our shift and place people into them to treat and transport them. As a result we must all perform the tasks assigned daily, weekly, and monthly to promote a clean and healthy working environment. This environment is for both us as well as our patients. These guidelines have been compiled to outline the duties and responsibilities of every crew member to assure this is achieved.

6.2 Daily Duties

The following duties apply to all EMS stations and will be accomplished **daily** before and during pass-on to the oncoming crew:

- Prior to the change of shift, the entire EMS crew area should be cleaned and straightened; all trash emptied; and all personal items put away.
- From 0650 until 0700, a Unit Acceptance Pass-On will be completed. The on-coming crew will meet the off-going crew at their assigned vehicle and quickly inspect the vehicle to assure all trash is emptied, biohazard material is properly disposed of, and note any obvious damage, oxygen and fuel levels, and any mechanical issues.
- Units should be passed-on fully fueled whenever possible, but with no less than $\frac{3}{4}$ of a tank.
- The off-going crew will correct any issues found by the on-coming crew. The on-coming crew may require the off-going crew to remedy any issues before accepting the unit. Recurring discrepancies should be reported to supervision.
- The narcotics will be inventoried and the narcotics log will be completed by at least one off-going and one on-coming crew members together and in person. Any discrepancies noted will be resolved at that time with the on-duty supervisor involved in that process. **At no time will narcotics be inventoried by a single individual.**
- Once the Unit Acceptance Pass-On has been accomplished, the off-going crew may depart. If the employee is scheduled for a 48 hour shift that requires them to move stations, they should depart as soon as possible after Pass-On, preferably before 0700.

After the unit has been accepted by the on-coming crew, the following will be accomplished:

- Each unit will be thoroughly inventoried and resupplied as necessary using the current inventory control program.
- Each unit will receive a thorough maintenance inspection including fluid levels, tire pressure, and operation of all systems (lights, air conditioning/heating, radios, etc.) to ensure the safe operation of the vehicle.
- The vehicle will be washed/dried and the inside cleaned/disinfected daily.
- Once the vehicle is fully in service, each crewmember will review all paperwork, correspondence, and emails to inform themselves of current events and administrative notes.

Once the above have been completed, and the unit is fully in service, the crew may leave the station to eat breakfast. Breakfast will not preempt any of the above daily duties.

6.3 Station Duties

Station duties are those activities that contribute to the safe and efficient operation of that EMS station. Policies, procedures or duties that are specific to a particular station will be outlined and posted at the individual stations.

There are duties that should be accomplished **daily** at each station:

- Sweep, mop, clean and dust all crew living quarters.
- Disinfect, scrub and clean all bathroom fixtures, and mop bathroom floors.
- Clean dirty equipment
- Reserve units must have maintenance checks done, be washed as needed, and pulled out and run at high idle for 15 minutes every day.
- Clean the kitchen and all appliances. All dishes will be washed, dried and put away prior to end of shift.

6.4 Dorm Room Policies

All dorm facilities are co-ed. The following procedures will be followed to ensure appropriate privacy and decorum among crew members:

- Curtains and/or doors will be provided at each bunk for privacy while changing clothes, sleeping, or studying.
- If the crew quarters are used for viewing television or taking a nap, the door/curtain will be closed.
- Hallways between bunks are considered public areas. Anytime you are in these areas you must be dressed in appropriate attire.
- Any time curtains or doors are closed on a bunk, anyone wishing to enter that area for locker access, cleaning, etc. must knock and wait an appropriate amount of time before entering.
- Whenever more than one person is in a bunk area, the curtain or door will not be closed.
- All beds will be made as early as possible during the shift. Each shift supervisor should ensure that everyone working that day has appropriate bed linens. For hygiene purposes, at no time will anyone lie on any uncovered mattress.
- No footwear will be allowed on the beds.
- Personnel must supply their own linens. Linens, blankets and pillows intended for ambulance use will not be used on crew beds.
- All items used for personal grooming and hygiene will be removed and stored in personal lockers before the completion of the shift.
- All personal items including bed linens, clothing, and grooming materials will be stored in lockers prior to leaving shift. Schertz EMS has no responsibility for any items left out after departing the shift.
- All personnel will use sex appropriate restroom facilities, if available.
- Department issued mattress covers will be present on all mattresses at all times. Notify the on-duty supervisor immediately if the mattress cover is missing or damaged.
- Mattress covers shall be washed on the first of the month (or as needed) in cold water and dried on low heat. They should never be placed in the dryer alone or else damage can occur.
- The mattresses will be rotated 180 degrees on the first of every month (not flipped).

6.5 Day Room Policies

The Day Room is a public gathering place, used by all crewmembers, students, and visitors. Our behavior and dress in this environment should be respectful of everyone who may be there. As such, the following apply to the use of public areas of the stations:

- While in any public area of any EMS station, a proper uniform will be worn.
- There will be no sleeping in the day room chairs. If a crew member finds they are drowsy, they should retire to the dorm room.
- There will be minimal eating and drinking in the day room. Any spills created will immediately be cleaned up.
- All chairs/recliners will be used in accordance with manufacturer's guidelines and will not be abused.
- The television may be on during the day but should be shut off when the last crew member leaves the area. It should also be shut off during all tours or visits by non-EMS personnel during business hours.

6.6 Kitchen and Dining Room Policies

- The kitchen and dining room are also public gathering places. They should be kept neat and clean at all times.
- All messes created will be cleaned up as soon as possible. Food and food preparation materials that are left lying in the open create a health and hygiene hazard. As such, all steps necessary will be taken to keep the kitchen and dining room area clean at all times.

6.7 Other Policies

- All visitors must depart EMS stations by 2200 hours. Exceptions to this policy may be allowed on a case-by-case basis by the on-duty supervisor.
- Students will remain until the end of their scheduled shift. When the student has completed their scheduled shift, they should be escorted out of the building, making sure all doors are secure before going to bed.
- Other than a student performing a scheduled shift, no visitors will remain at a station if the crew has departed.
- At no time should personal phone calls, whether landline or via cell phone interfere with another crewmember's ability to sleep.
- All personal vehicles must be parked in designated parking areas only.

6.8 In-District Activities

The following apply to the operation of a specific EMS unit while outside their station, but within their assigned response area:

- Crews may, at their discretion, elect to eat out of their station. Crews will not sit in the bar area of any establishment that has both dining and bar areas. If a crew wishes to eat at a restaurant, the crew should avoid doing so at peak hours, or if the establishment is overly crowded. At no time should a crew place themselves on a waiting list to be seated. If there is a wait, the crew should order their food to go, or choose another place to eat. At no time will a crew dine outside of its assigned district without prior approval of the on-duty supervisor.
- Crews may run personal errands while remaining in district. These errands should be kept to a minimum, and should not involve remaining at one place for an extended period. At no time will errands supersede operational duties.
- While running errands and eating, vehicles should always be positioned in a way that does not inconvenience the public, or impede traffic, pose a safety hazard and provides a safe and efficient means of egress should an emergency occur. This involves never parking a unit head in and never parking a unit in a handicapped space. A unit should never be parked in a fire lane unless the driver of the unit is going to remain with it. Units should be parked in parking spaces that are far enough from the store/restaurant entrances so as not to inconvenience any other customers.

7.0 Training

7.1 New Employees

Each new employee, full and part time, will undergo a credentialing process prior to being assigned primary patient care responsibilities. This process will include an overall orientation to Schertz EMS while not assigned to an on-duty EMS unit, and continued orientation while assigned to an on-duty EMS unit through the Field Training Evaluation Program (FTEP).

New full and part-time (PRN) employees will undergo general orientation to Schertz EMS including but not limited to:

- Standard Policies and Procedures
- Standard Medical Operating Protocols
- Unit, equipment, and supplies
- Safety and vehicle operations
- Other operational requirements deemed necessary

New full and part time employees will undergo a Field Training process. During the Field Training Process employees will be directly supervised by a Field Training Officer (FTO) or senior medic at all times. Employees will complete a Field Training Phase Schedule, and be evaluated on a shift-by-shift basis with a Daily Observation Report (DOR) completed based on the Schertz EMS Standard Evaluation Guidelines (SEGs). All new employees are responsible for completion and submission of all paperwork associated with the orientation and credentialing process.

New employees will be transitioned or extended through phases based on the evaluations and observations of the Field Training Officers. Bi-weekly operational evaluations of the employee in training will be completed by the Field Supervisors. During the training program, new employees are not permitted to take vacation or work overtime unless it is approved and with an FTO.

7.2 Field Training Officers are not allowed to interact socially outside of work with employees who are currently in the Field Training Evaluation Program.

7.3 EMS Recertification

Maintain Certifications: Your certification is your ticket to work for Schertz EMS. It is your ultimate responsibility to do everything necessary to maintain your certifications at all times while employed. We will attempt to do whatever we can to assist you in this, but the ultimate responsibility will always lie with you. Therefore, attendance at all on-shift training activities, mandatory training sessions, and recertification classes will be the only standard with which to be measured.

Current DSHS rules require that you recertify your state issued EMS certification card every four years. Your individual expiration date is listed on the material you received from DSHS and is also available at the DSHS Certification Registry website at <http://www.dshs.state.tx.us/emstraumasystems/default.shtm>.

State certifications are governed by DSHS Rules 157.33, 157.34 and 157.40. It is also your responsibility to be aware of the requirements of this code and how it applies to your individual situation. One caveat that bears clarification in our Policy and Procedure document is that your certification expires as of your expiration date. If this date arrives and you do not have your renewed certification, then you will not be allowed to work as a crewmember on a Schertz EMS ambulance. In an effort to assist you in maintaining your certification, Schertz EMS and its employees will follow these procedures to accomplish the timely renewal of your DSHS certification:

- The Clinical Manager will maintain the certification expiration dates of each employee. Employees should document expiration in their personal records as well. Schertz EMS offers more than enough paid training/CE opportunities for employees in a four-year period to meet DSHS requirements. The employee may at any time check their CE requirement status by contacting the Clinical Manager. Each January, the Clinical Manager will give the employee a summary sheet of completed CE training on record with Schertz Clinical Department. Any additional outside CE certificates/documentation should be given to the Clinical Manager so those hours can be recorded and added to the employee's CE record. As an employee's expiration approaches, the Clinical Manager will notify the employee of any deficiencies in CE requirements.
- After completion of the employee's required CE hours and at the 90-day mark prior to expiration of their certification, the employee will be instructed on how to recertify by the Clinical Department.
- 60 days prior to expiration, the Clinical Manager will verify that all the steps for recertification have been completed. If the employee has not completed their required processes, operations will be notified to address this with the employee. If the issue is with DSHS, Clinical Services will contact them to resolve the issues.
- Once the new certification has been received by the employee, they will immediately turn in their new renewal certificate to the Clinical Manager.
- If the expiration of certification is reached, and a renewal certificate has not been received, or the website shows the employee as non-renewed, the employee will be removed from the schedule until such time that this is corrected. Depending on the circumstances for the lapse of certification, the employee will be placed in a "No-Duty" status, or will come to work as directed by the Operations Manager to accomplish administrative duties.

7.4 Students

Students are an important group in both the perpetuation of EMS in general, and our organization in particular. As such, they should be welcomed and treated as guests in our facilities.

Students should be in the proper uniform upon arrival. Any student, who arrives out of uniform or arrives late for their assigned shift, should be asked to leave by the on-duty EMS supervisor. In all cases, if a student is asked to leave, the Clinical Manager will be notified.

Any time a student arrives; the on-duty crew will greet that student and give them a brief tour of the station, to include appropriate areas to study and where restrooms are located.

If it is the student's first time to ride with Schertz EMS at the current training level, the student should be given a copy of the Student Rider Policy Information to review.

The crew riding with the student is responsible for orienting the student to the ambulance, the roles and responsibilities of the student, and expectations of both the crew, and the student.

If the assigned ambulance is out of the station, but not on a call, the crew should be contacted and return to the station as soon as possible to meet and orient the student.

The attending crew member is responsible for assisting the student with completing call specific information on the student's paperwork. This should be done verbally, but the attending crew member may share all but page one of the PCR with the student. The student should not be allowed unsupervised access to PCRs.

Students will not perform skills that are outside their scope of practice for their training level. All skills performed will be with the supervision of the precepting crewmember.

Students are not permitted in any crew dorms.

Students will adhere to the policies of their educational institution at all times.

Upon completion of the student's scheduled time, all of the students' paperwork should be reviewed and signed by the precepting crewmember, and they should be escorted to the parking area at the assigned station by one of the crewmembers.

Schertz EMS crewmembers, acting as preceptors, will not sign any student forms unless they are complete, and apply to only the current shift.

Any problems with a student during a shift should be reported to the on-duty supervisor who will make the determination as to disposition of the issue. As guests of our organization, a student may be asked to leave if their actions become problematic. This will be documented by both crewmembers and given to the on-duty supervisor and the Clinical Manager.

8.0 Electronic Media

Purpose

To prevent distractions in the workplace and help ensure the safety and privacy of all personnel and the patients we serve.

Policy

Personal use of cell phones is only permitted during limited times when work responsibilities are not being performed.

Use of personal audio recording devices or cameras/video, whether cell phone cameras, stand-alone cameras, or cameras contained on any other such personal devices, whether digital or conventional film cameras, while on duty is highly discouraged, and strictly prohibited when performing any patient care.

Employees must promptly provide such pictures, whether digital or hard copy, to the City through the employee's supervisor. Employees may not retain a copy of such pictures without the written consent of the City Manager or the City Public Information Officer and shall under no circumstances release, distribute, show, or exhibit such pictures to any person other than the employee's supervisor without the written consent of the City Manager or the City's Public Information Officer.

Procedures

Cellular Telephone Use

Personal cellular telephones are permitted to be carried while on duty, but must be placed on silent mode and allow voice mail to answer the call. Messages may be checked on "down time" when not actively involved on a call or about to perform or in the process of performing work duties. All personal cell phones must be carried in a safe and concealed area on the person that does not interfere with the physical requirements of the job, will not fall off, or cause others to be distracted by the presence or appearance of the device.

Every effort should be taken not to disrupt others with extended personal phone calls. i.e. in common areas, sleeping areas, or in office areas.

Cell phone use must never be cause for delay in responding to a call.

With the exception of direct patient care related activities (patient report, calling medical control, etc.), personnel will not respond to (or make) a cellular telephone call, send text messages, or check electronic mail on smart phones or other such devices while on a call.

Personnel are prohibited from using cellular telephones between the dispatch of a call and the time that the call is cleared. This is to prevent any distractions while engaged in patient care. During times of heavy radio traffic and cell phone usage is necessary; communications should be with administrative staff only and handled by the passenger whenever possible.

The driver may use cell phones provided a hands free device is used. This communication should only involve voice communications and at no time while the vehicle is in gear should any data be transmitted.

Once all post-run activities at the hospital are completed and the unit is available, cellular phones may be used if necessary in an appropriate location as long as the use does not delay movement of the unit back to the assigned district.

Camera/Video Use

It is highly discouraged that any personnel use the audio or camera/video function of a personal cellular telephone or other video imaging equipment while on duty.

All on-scene photography will be for clinical and/or documentation purposes only and conducted only at the direction of Schertz EMS personnel in charge at the scene or by medical command.

Any photographs containing individually identifiable personal information are covered by HIPAA and must be protected in the same manner as patient care reports and other such documentation.

Any on-scene images and any other images taken by an employee in the course and scope of their employment are solely the property of Schertz EMS and *not* the property of the individual staff member. The individual staff member must give all pictures/videos to the on-duty supervisor and **shall not retain a copy**. This includes any image inadvertently taken with a staff member's personally owned cellular phone camera or other digital imaging device.

Social Networking Policy

Policy Intent

The intent of the policy is to regulate the creation and distribution of information concerning Schertz EMS, its employees and patients through electronic media, including, but not limited to online forums and internet blogging sites. Protecting our reputation and ensuring that an employee's communication with people outside our organization, not only reflects positively on the employee as an individual, but also on Schertz EMS are essential to this Policy.

Engagement in Social Networking

Schertz EMS recognizes that employees may engage in "social networking" while off duty. "Social networking" for purposes of this policy, includes all types of postings on the Internet, including, but not limited to, social networking sites, (such as Facebook®, MySpace® or LinkedIn®); blogs and other on-line journals and diaries; bulletin boards and chat rooms; microblogging, such as Twitter®; and the posting of video on YouTube® and similar media. Social networking also includes permitting or not removing postings by others where an employee can control the content of postings, such as on a personal profile or blog. This policy applies regardless of whether you are social networking while on or off duty.

General Social Networking Guidelines

Employees who engage in social networking should be mindful that their postings, even if done off premises and while off duty, could have an adverse effect on our legitimate business interests. For example, the information posted could include patient information, could defame Schertz EMS or create an untrue rumor about the nature of its services. In addition, some readers may view you as a spokesperson for Schertz EMS.

City of Schertz and Schertz EMS Resources and Social Networking

Do not engage in social networking using any City electronic resources.

Social Networking Conduct

Your social networking is subject to all of the policies of the City of Schertz and Schertz EMS, including "Anti- Harassment", "Standards of Conduct", "Computer, e-Mail and Internet Use", "City Provided Communications Devices", and "Confidentiality".

Posting of Photographs

Do not take or post photos of patients or their related accidents/injuries or comment about their cases. This is a clear violation of patient confidentiality.

Social Networking and Schertz EMS

If your social networking includes any information related to Schertz EMS, please make it clear to your readers that the views expressed are yours alone and that they do not reflect the views of the City of Schertz or Schertz EMS, by stating, for example, "The views expressed in this post are my own. They have not been reviewed or approved by the City of Schertz or Schertz EMS."

Agency Reputation

Do not defame or otherwise discredit our products or services, or the products or services of our vendors or competitors. Schertz EMS has spent substantial time and resources building its reputation and good will. These are valuable and important corporate assets. Before you engage in any social networking that identifies yourself as an employee of Schertz EMS, or that identifies Schertz EMS, please consider whether you are damaging our reputation. If you are uncertain, you should consult your supervisor before posting.

You are more likely to resolve complaints about work by speaking directly with your supervisor or other management-level personnel than by posting complaints on the Internet. However, if you decide to post complaints or criticism, avoid doing so in a way that is defamatory or disparaging to the City of Schertz, Schertz EMS, or any of our employees, or you may be subject to disciplinary action up to and including termination.

Schertz EMS Logo

Do not use our logo, trademark or proprietary graphics or photographs of our premises or products without express written consent.

Monitoring

Schertz EMS will, in its discretion, review your social networking activities if it has reason to do so. Please note that this policy applies even if your social networking is anonymous or under a pseudonym. If you do engage in such social networking, you should be aware that in appropriate circumstances the City of Schertz or Schertz EMS may take steps to determine your identity.

Schertz EMS may request in its sole and absolute discretion that you temporarily confine your social networking to matters unrelated to us if we determine this is necessary or advisable to ensure compliance with privacy regulations or other laws.

Policy Noncompliance

Failure to comply with this policy may lead to disciplinary action up to and including termination and, if appropriate, the City of Schertz will pursue available legal action. Schertz EMS may also report suspected, unlawful conduct to appropriate law enforcement authorities.

The following matters will be treated as gross misconduct capable of disciplinary action:

- Revealing confidential information about Schertz EMS, its patients or employees in a personal online posting. This might include revealing information relating to our patients that is protected by HIPAA, business clients, plans, staff, or internal discussions that are protected under the Texas Open Records Act as a “closed” record. Posting any Schertz EMS photograph, digital image or video recording is strictly prohibited without the expressed written consent of City management. Consult your supervisor if you are unclear about what might be confidential.
- The use of a blog to harass, threaten, libel, slander, malign, defame, disparage, or discriminate against Schertz EMS, co-workers, management, patients, vendors or suppliers, any organizations associated with or doing business with Schertz EMS or any members of the public including Web site visitors, who post comments about blog contents.

- The use of the Schertz EMS logo or trademarks or the name, logo, or trademarks of any business partner, supplier, vendor, affiliate on any personal blogs or other online sites without prior authorization.
- Accessing or updating a personal blog from City of Schertz computers during working hours.

If someone from the public, media, or press contacts you about your online publications that relate to the City of Schertz or Schertz EMS, you should report this immediately to your supervisor.

Your use of online forums and blogging must comply with the City of Schertz policies regarding Computer Software and Hardware use, Computer Electronic Mail (E-Mail), Computer Use, and Electronic Media Policy when you are, or may be, identified as a city employee.

Policies prohibiting harassment and discrimination and Violence Prevention apply to your on-line forums and blogging.

Removal of Inappropriate Electronic Postings to Public Forums

Electronic mail sent by employees to Internet discussion groups, electronic bulletin boards, or other public forums may be reviewed and removed if determined to be inconsistent with City of Schertz or Schertz EMS business interests or existing policy. Messages in this category include: (a) political statements, (b) religious statements, (c) cursing or other foul language, and (d) statements viewed as harassing others based on race, creed, color, age, sex, physical handicap, or sexual orientation. The decision to remove electronic mail must be made by the Information Technology Director and/or the Human Resources Director. When practical and feasible, individuals responsible for the message will be informed of the decision and given the opportunity to remove the message(s) themselves.

9.0 Tactical EMS Procedures

Forward

These Policies and Procedures are designed for use by Schertz Tactical Emergency Medical Support (TEMS) Unit. These policies and procedures are to be used as guidelines to establish appropriate responses and operating procedures for the Schertz TEMS Unit.

Due to the dynamic nature of the tactical environment, there is no substitute for *good common sense and sound thought processes*. Strict adherence to the policies and procedures should not violate the use of common sense.

General Guidelines

Purpose

The primary goal of the Schertz Tactical Emergency Medical Support (TEMS) unit is to enhance scene safety. This is accomplished by having on scene medical personnel providing immediate advanced life support medical care to tactical team members, hostages, victims, bystanders and suspects.

Primary Mission

Schertz TEMS Units shall:

- Act as a patient advocate for officers who are treated by other medical providers, and establish good working relationships within the EMS system and receiving medical facilities.
- Monitor the medical effects of environmental conditions on individual and team performance; including considerations such as sleep deprivation, nutritional status, and heat or cold stress. The tactical medic will advise the Incident Commander or SWAT Team Leader of any detected problems.
- Conduct medical threat assessments to determine the potential impact of medical or health factors on a mission outcome.
- Maintain important medical history, immunization, and current health records of each SWAT member.
- Conduct in-service training of SWAT officers in buddy first aid, to include participation in “officer down” scenarios with the team.

Team Membership

The provision of the care during a tactical incident requires tactical medics to face a variety of highly complex and strenuous problems. These include the potential of having to render emergency medical care under fire, or provide for rapid extraction of casualties under hostile fire. In these cases medics have little or no control over distractions, cannot mitigate dangers, have limited personnel resources available and cannot illuminate victims. For these reasons, Schertz EMS personnel assigned to the TEMS Unit must meet the same physical requirements as the SWAT officers. Application is strictly voluntary.

Application requirements

- TDSHS Paramedic or Licensed Paramedic
- Schertz EMS Paramedic in good standing with Schertz EMS organization.
- Current PHTLS Provider, Instructor preferred
- Current TCCC Provider or Instructor.
- Current CPR and ACLS
- Teaching experience preferred
- Applicant should be a protocolled medic within the Schertz EMS Organization or within 3 months of testing for protocols
- Applicant should have the ability to successfully pass the tactical teams physical training (PT) test

Participation

Participation is key to maintaining mission readiness. All Schertz TEMS unit members must take an active role in training and operations of the SWAT team. While 100% participation is an impossible objective, every effort must be made to make team practices and SWAT operations. All TEMS unit members should attend a minimum of 75% of training sessions and 75% of call-outs in a continuous 12 month period. Training session attendance is achieved by being present for the entire training session unless prior authorization is obtained. The SWAT command element is authorized to remove that unit member from the Unit roster based upon attendance or other performance measures. Also, the standards set by the applicant requirements are to be maintained for continued participation in the Schertz TEMS unit.

Additional Duties

Each team member will be assigned an area of responsibility to ensure the smooth operation of the TEMS Tactical Medic program.

- **Lead Medic:** Liaison to the team commander. Medical liaison with other responding agencies. Identify and develop budgetary needs and requests for medical training and equipment. Identify annual training objectives and keep team medics up to date on latest tactical medical trends.

- **Medical Oversight** Duties include review of medical treatment and protocols for the TEMS unit. This will be in coordination with the Schertz EMS Clinical Manager and Medical Director.
- **Training** Duties include monitoring training attendance, objectives of each training session, and making sure all TEMS members are trained in buddy-care and self-care. This person is the Alternate Point of contact for the TEMS unit.
- **Operations** Duties include being the point of contact for the TEMS unit and is responsible for the day to day operations of the unit.
- **Logistics** Duties include quarterly inspections and maintaining inventory tracking of tactical equipment

Training Requirements

Initial Training

Training is important for a new medic assigned to the Schertz TEMS Unit. The practice of medicine in the tactical environment is different from that of an ambulance. Appropriate Tactical Training is required. The following training will be accomplished upon joining the TEMS Unit:

- Basic orientation to Tactical Medicine Theory (needs to be completed before the new medic responds on SWAT call-outs).
- NAEMT Tactical Combat Casualty Care provider course (needs to be completed before the new medic responds on SWAT call-outs).
- Pistol and Rifle familiarization and qualification (needs to be completed before the new medic responds on SWAT call-outs).
- Basic SWAT school that is approved by the Tactical Team Commander (needs to be completed within one year of being on the team).
- Tactical Medic course

Continuing Training requirements

Continued training is necessary to maintain current standards along with obtaining new practices in the Tactical Medical environment. Continued education should be in accordance with current protocols and coordinated with the Clinical Department and the Medical Director.

Operations of the TEMS Unit

Concept of Operations

Members of the Schertz TEMS Unit are to be incorporated into the Special Weapons and Tactics Team. The tactical medics of the Schertz TEMS Unit serve as the “medical officers” of the team, to include ongoing preventive health activities.

Command and Control

All Schertz TEMS Unit members will operate under the direction of the SWAT commander, or their designee, during training and tactical operations. A medical team leader and assistant team leader should be selected to coordinate the medical group, and facilitate EMS operations during SWAT incidents. While on deployment with the SWAT team, the members of the TEMS unit are under the tactical command and control of the SWAT Commander.

Medical Resource Information

The Schertz TEMS unit will maintain information on all hospitals as well as air medical assets within their response or transport area.

Weapons Handling Guidelines

Due to the unique and high-risk nature of the tactical environment, the potential exists whereby a tactical medic may be required to handle, secure, safe or clear various types of munitions and weaponry. Each TEMS unit member will be trained and tested on these procedures for each type of weapon.

This guideline is intended for the sole purposes of the tactical medic to be able to:

- **“Check, clear, and safe”** any weapon which may need to be secured prior to or during the attempt to provide pre-hospital care to suspects or incapacitated law enforcement officers
- Maintain the knowledge and the ability to handle and safely discharge a weapon for defensive postures and to provide lethal protection for the lives of himself/herself, the patient and/or incapacitated SWAT team members
- All weapons training and handling will be provided under the direct supervision and approval of the SWAT team commander or approved designees.
- At no time will a Schertz TEMS medic bring or carry any type of weapon during tactical operations.

Armed Casualty

- The SWAT operator will retain his weapon unless there are mentation changes, impending mentation changes, disorientation, impending shock, or a situation in which the operator’s mental judgment is adversely affected.
- Once the SWAT member enters the CASEVAC phase or the evacuation phase, he will be disarmed and the weapons handled according to guidelines.
- SWAT officers are responsible for search and disarming of suspects prior to medical intervention.

Response to SWAT Call outs

Response by Schertz TEMS unit will include at a minimum 1 Schertz Tactical medics, 1 ambulance and 1 support vehicle (if available). The optimal number of Schertz Tactical medics on scene is 4 and every attempt to have this level response should be made. Barricaded subjects with hostages and active shooter responses may require an emergent response. Emergent responses in personal vehicles are not allowed.

Response with no Tactical Medics on shift

- Schertz TEMS unit is alerted to call out to SWAT activation by SWAT commander or their designee
- Schertz TEMS unit advises Schertz EMS MSC of activation.
- Lead medic notifies local EMS Agency to send an ambulance and stage and provide medical coverage for SWAT team until Schertz TEMS unit arrives. At this time, the on –scene unit can be returned to service.
- Members of Schertz TEMS unit will proceed to Schertz EMS headquarters to gather necessary units and supplies for response.
- If a Schertz TEMS Member is closer to the call out location, that member will proceed to the staging area and provide POC for the SWAT commander and the Responding TEMS units.
- If there is no ambulance available for the Schertz TEMS unit to operate from the local ambulance will be requested to stage until completion of the call out.

Response with Tactical Medics currently on shift

- Schertz TEMS unit is alerted to call out to SWAT activation by SWAT commander or their designee.
- Schertz TEMS unit advises Schertz EMS MSC of activation.
- If 2 members are on shift and they are on the same unit. This unit will be dispatched to the call out
- If 2 members are on shift and they are not on the same unit the MSC will coordinate getting both team members on one unit.
- If 1 member is on shift that unit will respond with the tactical medic and field medic to the call out in the Schertz EMS jurisdiction. If the call out is outside the Schertz EMS jurisdiction, the unit will respond to station 1 for the tactical medic to prepare equipment to respond.
- If more than 2 tactical medics are on shift, the determination of which medics will be sent will be made between MSC and the TEMS leader. Only 2 tactical medics will be sent from the on-duty medics. .
- Off duty members of Schertz TEMS unit will proceed to Schertz EMS headquarters to obtain narcs, gear and deploy. If a Schertz TEMS Member is closer to call out location, that member will proceed to the staging area and provide POC for the SWAT commander and the Responding TEMS units.

EMS Stand by

- Additional EMS resources (air and ground) will be requested and/or placed on standby based upon the tactical situations, operational security and the judgment of the Senior Tactical Medic on scene.

Controlled Substances

As an MICU level care team the Schertz TEMS Unit will carry controlled substances for patient care in the Ambulance and in the tactical medic kit. These substances are controlled by federal law and active tracking and control is mandated by federal agencies. Medications carried in the tactical medical kit should be secured in a crushproof water resistance container that is sealed with a numbered seal.

- Controlled medication box will be sealed with a numbered seal to maintain contents integrity
- The seal number, date sealed, 2 medics initials along with the expiration date of the first narcotic expiring will be documented on the outside of the box and in the Tactical narcotics log that is maintained at Schertz EMS headquarters.
- The Controlled Medication Box will be stored, when not in service, in the narcotics locker at Schertz EMS headquarters.
- All tactical medics will have the narcotic expiration dates programed into their calendars. When the narcotics are set to expire in 90 days, the Lead Medic or their designee will notify the MSC and coordinate the replacement of those narcotics.
- Anytime the seal is broken, the contents must be inventoried, box resealed and documented on the outside of the box and in the Tactical Narcotics log

10.0 Student Rider Policy and Information

Welcome to Schertz EMS. We hope that your time with us will be a meaningful learning experience. Students are very helpful to us and we appreciate your assistance and hard work. If you have any questions, please do not hesitate to ask. You are encouraged to ask questions after a call is over. Be aware that some information cannot be discussed in the presence of the patient and family members.

We have the capability to accept six students per day for eight hour shifts each. Shifts will be from 0700 to 1500 and 1500 to 2300. One student can be on a shift at Schertz EMS (Medic 1), 1400 Schertz Parkway, Building #7, Schertz, TX 78154; one student can be on a shift at Universal City Fire Department (Medic 2), 2160 Universal City Boulevard, Universal City, TX 78148; and one student can be on shift at Schertz Emergency Services Station 2 (Medic 3), IH 35 North and FM 2252, Schertz, TX 78154. **Under no circumstances will more than one student ride on an ambulance at a time.**

The senior crew-member on each ambulance will act as your preceptor, and will be responsible for your performance and training. This will be the individual you will ask to sign your internship and patient contact forms.

The following policies and procedures will guide you during your ambulance rotations:

- Your coordinator will schedule your shifts. Once the shift has been scheduled, you must call your coordinator to cancel if you will be unable to work the shift. **If you “no show” and “no call”, you will not be allowed to ride at Schertz EMS again.** If you will be late for any reason, call the on-duty Schertz EMS supervisor at 210-619-1420. Do not call after 2200 or before 0600.
- You must arrive on time for your shift. We recommend that you arrive approximately 15 minutes early to allow yourself time to get oriented prior to starting work on that shift.
- You will stay with your crew at all times.
- You are not allowed in the sleeping quarters/locker area of any Schertz EMS facilities.
- You will not sleep in the day room recliners.
- You will not access or utilize any patient care records or PHI (Protected Health Information) except under the direct supervision of an on-duty crew member.
- You are expected to perform as a crew member. This includes participating and assisting in all crew member duties.
- You will not use personal cell phones, respond to text messages or emails or respond to a pager while on a call or performing other duties at the station.
- Pictures and/or video will not be taken at any time or for any reason during your clinical rotation with Schertz EMS. Violations of this will result in students immediately being sent home.

- Tobacco products, including but not limited to cigarettes, cigars, pipes, electric or smokeless cigarettes and chewing tobacco will not be used while in uniform in public.
- Consumption of tobacco products are only allowed in designated areas at each EMS station, and out of public view.
- At no time will tobacco products be consumed while in the public view. This includes, but is not limited to hospital grounds, restaurants, stores and while fueling the vehicles.
- Tobacco products will not be used in EMS vehicles at any time.
- Tobacco products will not be visible in the uniform (i.e. cigarette packages in shirt pockets, snuff can in pants pockets).
- Personnel using tobacco products are responsible for cleaning up any materials left behind when they are finished.
- The following dress code applies to all students while performing ambulance rotations. While on duty, you are a reflection of Schertz EMS, so professionalism in appearance and action is our standard:
 - Long hair will be restrained and not fall into the face or extend below the bottom of the collar. Hair will be kept clean and combed at all times.
 - Shirt will be your educational institution's uniform shirt. Your shirt must be tucked in, clean and pressed, and buttoned to the second from the top button. You must wear a t-shirt under your shirt. The t-shirt cannot have any writing that is visible through the outer shirt. At no time should under garments be visible through the uniform shirt.
 - Pants will be dark blue or black slacks or station pants. No jeans or denim pants of any type or color are allowed.
 - Belt must be plain black or basket weave leather only. No elaborate belts or buckles will be allowed.
 - Shoes will be black leather shoes or boots only. No track or tennis shoes are allowed. All shoes or boots must be in good condition and be polished. Non-slip soles are recommended.
 - Identification badge from your institution is required at all times for security purposes. It should contain your name, photograph, and EMS training level.
 - Hats of any type are not allowed at any time.
 - A watch with a second hand or a digital watch displaying seconds is required for all clinical rotations.

- The only jewelry permitted will be a wedding band, and ear rings (one stud per ear). Dangle or hoop earrings are not permitted. No other body piercings will be visible during your clinical rotations.
- No tattoos will be visible.
- Perfumes, colognes or other body hygiene products are to be kept at a minimum and not be offensive or over-whelming.
- All students will be clean-shaven at the start of their shift. Facial Hair will be kept neat and trimmed.
- Mustaches will not extend past the corner of the mouth, and not measure longer than one half inch in length.
- Goatees with mustaches are permitted as long as they are neat, clean and less than one half inch in length. Full beards are not permitted.
- Sideburns are permitted provided they do not extend past the bottom of the earlobe and do not flare out more than 1.5 inches.
- Facial hair that interferes with the fit of any respiratory PPE will not be allowed.
- A plain black or dark blue jacket, if needed.
- Body substance isolation (BSI) will be practiced without exception. Gloves will be worn anytime you are performing patient care duties, and while cleaning/decontaminating the ambulance.
- Patient care duties will be as directed by a crew member and will be within your scope of practice and training level.
- At no time will you operate or move the stretcher while a patient is secured on it. In addition, you will not lift, move or carry a patient.
- All documentation must be completed and signed by the Schertz EMS preceptor prior to the student leaving. No signatures will be given at a later date.

Student Rider Waiver

Riding in an Emergency vehicle is an inherently dangerous activity likely to suddenly place the rider in circumstances beyond the control of Schertz EMS. The student assumes the risks and dangers to such activity, including but not limited to: damage to personal property and/or personal injury as a result of motor vehicle accidents, damage to personal property and/or personal injury as a result of altercations/assaults or any other acts associated with daily EMS activity, or damage to personal property and/or personal injury as a result of the students own activities, errors, omissions or negligent acts. The student therefore agrees to waive and release all claims he/she may have for any physical and/or psychological injuries, including death, sustained while participating as a student with Schertz EMS.

If you have a problem while on shift that cannot be resolved by your crewmembers (or that involves your interaction with crewmembers), please contact your Course Coordinator immediately, or request your crew call the supervisor on duty.

Please acknowledge receipt and understanding of these policies below:

Date:

Student Name (printed):

EMS Program:

Signature:

11.0 Ambulance Bus Staffing Plan

Schertz EMS envisions three general missions for the ambulance bus and each of these missions will have a different staffing plan.

Public Safety Rehabilitation in our Service Area: This mission will be for fire or law enforcement incidents of extended nature. For these incidents, staffing will be three EMS personnel with at least one of those being a Paramedic. We will normally accomplish this by using the staff of one of our on-duty ambulances plus the on-duty Supervisor.

Regional Mass Casualty Incidents: This mission will be for no-notice incidents with large numbers of injured and/or ill or the potential for large numbers of injured or ill. These events will be responded to as any other 911 request for assistance. For these no-notice events, the following will apply:

- Minimum staffing will be three personnel, with a minimum of one Paramedic and one EMT-Intermediate. Maximum staffing will be six personnel.
- The AmBus will be staffed with a Crew Chief, Load Master and care providers. Personnel on the AmBus may fulfill more than one of these positions at any time.
- This will normally be accomplished by taking the staff of one of our on-duty ambulances plus the on-duty Supervisor.
- Patient to care-giver ratio will be kept at 4:1 for these events as per our AmBus Protocol. If Command of the incident has more patients than this ratio will allow, additional staff from the requesting jurisdiction or other mutual aid agencies can be placed on the bus to maintain this 4:1 ratio. Non-Schertz EMS personnel will operate under their Medical Direction and Protocols as outlined in the Schertz EMS Patient Care Protocols.

State Deployments: This mission will be in response to any large scale disaster outside of our region or mutual aid area as a piece of the Emergency Medical Task Force deployment. These will normally be multi-day deployments. For these events, the following will apply:

- Minimum staffing will be six personnel, with a minimum of two Paramedics.
- The AmBus will be staffed with a Crew Chief, a Load Master and multiple care providers. At least two personnel will be qualified as drivers.
- This will be accomplished by utilizing off-duty personnel as well as other credentialed personnel that are members of our first responder organizations.
- Patient to care-giver ratio will be kept at 4:1 for these events as per our AmBus protocol.

12.0 EMT/Paramedic Level Credentialing

In an effort to utilize our EMT/paramedics and resources efficiently, EMT's and paramedics will be classified under this credentialing model. While working on a unit together, the total "score" for the EMT's and paramedics working on that unit in the Schertz system will follow the chart listed below (e.g. for an ambulance shift, a Paramedic I can work with a Paramedic IV, but not a Paramedic III). Two Paramedic III's may work together at any time. Part-time (PRN) paramedics and EMT's will be classified as EMT II/Paramedic II, after completing the FTEP (Field Training Evaluation Process) process.

EMT I/Paramedic I:

An EMT I/Paramedic I are EMT's or paramedics who are currently in the FTEP process with Schertz EMS. EMT I/Paramedic I's will work directly under a FTO (Field Training Officer) or a Preceptor and will perform treatment under the supervision of their FTO or preceptor. These EMT's and paramedics will complete a series of tests, skills, and operational evaluations during the FTEP program culminating with a final test with the systems Medical Director.

EMT II/Paramedic II:

An EMT II/Paramedic II's are EMT's or paramedics who have cleared the FTEP program *and* have been credentialed through the systems Medical Director and clinical services. EMT II/Paramedic II's will be cleared to work with Paramedic III's or higher while working an ambulance shift. These EMT's and paramedics may operate to the level defined by the Scope of Practice section of the Schertz EMS Standard Medical Operating Protocols.

Paramedic III:

Paramedic III's are full-time paramedics who have worked as a Paramedic II for 12 consecutive months. These paramedics may operate to the level defined by the Scope of Practice section of the Schertz EMS Standard Medical Operating Protocols. Paramedic III's may work with any other paramedic that is classified as a Paramedic II or higher.

Paramedic IV:

A Paramedic IV will be defined as a paramedic at the level of Preceptor and above. These paramedics can work with any paramedic in the system and train Paramedic I's. Paramedic IV's may operate to the level defined by the Scope of Practice section of the Schertz EMS Standard Medical Operating Protocols.

Unit	Total Minimum Score	Special Requirements
Ambulance Shift	5	Must have 1 FT Paramedic
Ambulance PR/Standby Events	4	Must have 1 FT Paramedic
Gator PR/Standby Events	4	Must have 1 FT Paramedic
Gator Single Medic	3	FT Paramedic Only
Single Bike Medic/Parade Detail	2	No additional requirements

13.0 Mobile Integrated Healthcare

Forward

These policies and procedures are designed for use by Schertz EMS Mobile Integrated Healthcare Paramedics. These policies and procedures are to be used as guidelines to establish appropriate responses and operating procedures for the Schertz EMS MIH team.

Due to the dynamic nature of the Mobile Integrated Healthcare environment, there is no substitute for good common sense and sound thought processes. Strict adherence to the policies and procedures should not violate the use of common sense.

Schertz EMS MIH is an active part of the STRAC MIH Consortium and will work closely with other involved organizations to assist in the forward movement of MIH in the region. All potential projects will be taken to the STRAC MIH Consortium for review and possible involvement of other agencies.

General Guidelines

Purpose

The primary goal of Mobile Integrated Healthcare is to provide a select group of patients (which will be determined according to each specific project) the resources needed to decrease the utilization of EMS and Emergency Departments. This could include home visits and/or phone visits to educate, assess and treat patients depending on which project the patient falls within. Individual Project Prospectus' outlining the details of each project will be held thru the STRAC MIH Consortium.

Primary Mission

Schertz EMS Mobile Integrated Healthcare Paramedics shall:

- Always act as an advocate for the patient when working with other providers or resources.
- Work to establish excellent working relationships with community resources and providers in order to better serve our patients.
- Conduct medical assessments on patients as needed to determine the level of healthcare that may be necessary.
- Conduct social/home assessments to determine needed resources and/or gaps in healthcare.

13.1 MIH Work Hours

The MIH Paramedic will be scheduled for a 40 hour work week. Scheduled times will depend on the current project that is underway and will be determined by the Community Health Manager. The MIH Paramedic will be eligible for up to 4 hours of overtime per week as the need arises outside of scheduled on-call time. This overtime must be approved ahead of time by the Community Health Manager.

The MIH Paramedic shall clock in/out using the Time Clock function of EMS Manager. When completing MIH work away from the office and clocking in/out is not an option, that time must be submitted thru EMS Manager as soon as the MIH medic is able to return to the office.

13.2 MIH On-Call

The MIH Paramedic may be assigned on-call time as determined by the Community Health Manager as projects that Schertz EMS MIH is involved in deem it necessary. The on-call MIH Paramedic will be expected to respond to a patients' location within-30 minutes of receiving the request by dispatch. On-call pay will be paid out at \$15.00 per day. At the time that the on-call MIH Paramedic becomes involved with a patient while on-call, they must document the time that they spend related to that patient (from response to completed) and submit it in EMS Manager as time worked. During the time they are involved with a patient (from response to completed), they will be paid at a rate equal to the employee's straight hourly pay in addition to his or her normal hourly pay, unless the employee has already worked 40 hours during the same week in which case overtime pay rates will apply. While on-call, the MIH Paramedic will be response ready and must refrain from any alcohol consumption or the use of prescription medications that carry warnings against operating vehicles and/or heavy machinery or that may cause drowsiness. Failing to respond to a request (or failing to respond within 30 minutes) while on-call will result in loss of on-call pay and may subject the MIH Paramedic to disciplinary action up to and to include termination.

The MIH Paramedic will make every effort to respond with a Schertz EMS uniform shirt and EMS uniform pants while on the call. A Schertz EMS uniform shirt will be required; however jeans are an appropriate substitution for EMS pants while responding to a patient during on-call hours as long as they are clean, free of rips, tears and/or fraying and may not be excessively tight or revealing. Closed toe shoes are required to be worn at all times when responding to patient during on-call hours.

13.3 MIH Uniform

The MIH Paramedic will wear a separate uniform from the field crews. That uniform will consist of khaki EMS pants and a navy colored polo, along with a black belt and black boots.

All other policies listed in section 2.0 of the Schertz EMS Standard Operating Procedures will be followed while on duty as an MIH Paramedic.

13.4 MIH Vehicle

The MIH Paramedic will use a low-profile type EMS vehicle in order to visit patients at their homes. This vehicle will be minimally equipped with emergency lights that will only be used in emergency situations that the driver may come upon while on duty. While responding in any MIH capacity, the vehicle will be operated in the non-emergency mode.

The MIH Vehicle will be kept clean both inside and outside at all times. Daily maintenance checks will be performed, and the on-duty Supervisor will be immediately notified of any problems.

All equipment will be checked and restocked each morning prior to responding to any MIH visits.

All other policies listed in section 3.0 of the Schertz EMS Standard Operating Procedures will be followed while on duty as an MIH Paramedic.

13.5 MIH Patient Care Reports

At initial enrollment, the following forms must be signed/filled out by the patient:

- Patient Demographic Cover Sheet (to be typed/printed out for front of chart)
- Enrollment and Authorization for Treatment Assistance (patient signature)
- Authorization to Disclose Protected Health Information (patient signature)
- Participant Self Evaluation (to be filled out by the patient)

All home visits will be documented as a single incident in Tablet PCR. The initial home visit will be a completed Tablet PCR report to include a full set of demographics, past medical history, medications along with dosages and instructions, allergies, physical assessment and vital signs. All subsequent PCR's can have limited information under the past medical history, medications and allergies section. Any changes between visits to the "objective" section must be documented.

Any phone calls, emails or other forms of communication that occur regarding any MIH patient outside of regularly scheduled home visits must be documented in the corresponding Patient Contact Log that can be found on the Schertz EMS MIH SharePoint site.

13.6 MIH Electronic Media

MIH Paramedics are often put in unique situations where they have the ability to develop a stronger relationship with patients than the Field Paramedic. At no time shall a Schertz EMS MIH Paramedic engage with an MIH patient via social media. MIH Paramedics may provide patients with their company cell phone number and may contact and be contacted by the patient on that line via phone call or text message. All text messages with the MIH patient/patient family must be downloaded and kept as part of the patient care record. All forms of communications must be kept professional and a patient/provider boundary should be upheld.

All other policies listed in section 8.0 of the Schertz EMS Standard Operating Procedures will be followed while on duty as an MIH Paramedic.

13.7 MIH Patient/Provider Professional Boundaries

MIH Paramedics are often put in unique situations where they have the ability to develop a stronger relationship with patients than the Field Paramedic. These relationships can sometimes be mistaken for friendships. The MIH Paramedic will maintain professional boundaries with all MIH patients that they come in contact with. The MIH Paramedic will not accept personal gifts by any patients. Any donations will be immediately given to the EMS Department.

14.0 Emergency Services Accident Review Board

Purpose:

To objectively review information that is presented to the board, identify actions that need to be eliminated in order to reduce risks, identify wrongful actions by employees and give a fair recommendation of action to be taken, if any, to the Department Chief.

Objectives:

To establish if an act by an emergency service employee was avoidable or unavoidable by examining:

- Reports
- Statements
- Photographs
- Videos
- Any other information presented to the board

Selection of Board Members:

The Board will consist of at least one member (not involved in the accident) from each of the three Emergency Services (Fire, Police and EMS).

Goals:

Determine if the act was at fault or not at fault based on violations of policies, laws, or direct orders.

Findings:

The Board will submit, in writing, their findings to the Department Chief, including any discipline recommendations. The report will be signed by all members of the Board. All information regarding the accident is considered confidential and will not be discussed outside the Board. Final decisions will be made by the Department Chief. The review board will keep all information learned confidential.

Procedure

1. The Board will determine if the accident was “avoidable” or “unavoidable”:

Avoidable: An accident that could have been prevented if due precautions were followed.

Unavoidable: An accident that resulted even though all necessary precautions were taken or an accident that could not have been prevented through any act of the individual.

2. The Board will determine if the individual was “at fault” or “not at fault”:

At fault: A crash that results from the direct commission of an act or an omission of any procedure that lead to the accident.

Not at fault: A crash that results, even though all necessary precautions were taken and/or was not directly caused by the individual.

An “*At fault*” crash can only be termed *Avoidable*.

A “*Not at fault*” crash can be termed as either *Avoidable* or *Unavoidable*.

3. The Board will recommend, if necessary, any policy changes so this type of accident could be avoided in the future.
4. The Board will recommend any discipline action to be taken against the City employee (No Discipline, Verbal Warning, Written Warning, Suspension, Probation/Personal Improvement Plan (PIP) or Termination).

*****Final decisions will be made by the Department Chief*****

15.0 Quality Management / Continuous Quality Improvement Plan

Purpose

The primary purpose of this program is to establish a system that objectively, systematically and continuously monitors the quality of care provided by Schertz EMS.

Objectives

- Ensure medical crew actions are consistent with the patient needs, recognized standard of care and Schertz EMS Systems Standard Operation Medical Procedures (SMOPs).
- Assist in the identification, evaluation and resolving any specific or potential problems with patient care.
- Provide feedback to crews identifying any issues discovered in the quality improvement process, allowing for any needed changes in performance.

Procedure

A review board, consisting of Schertz EMS Field Training Officers (FTOs) and overseen by the Clinical Manager, will be responsible for design, implementation and ongoing operation of the program, as well as suggestions and modifications to the program

Initial reviews of patient care reports (PCR) will be conducted by the FTOs, to measure the efforts of the system to improve quality. Specific incident types selected for review will be dictated by the needs of the EMS system. At a minimum, the reviews shall include:

- All Alerts (Cardiac, Trauma & Stroke)
- All advanced airway placements (ETI and supraglottic)
- Cardiac interventions
 - CPR
 - Defibrillation
 - Cardioversion
- External pacing
- Termination of resuscitation Efforts (JP/ME Referrals)
- Patient refusals (transport/treatment)
- Medical Control Contact
- Medication administration (identified for review)
- QI Indicators set by the Medical Director and/or Administration Staff
- All calls for which a concern or complaint regarding patient care or treatment is received

Deviations

All deviations from accepted patient care standards and/or documentation should be noted during the PCR review process. Deviations from the standard of care will be categorized as follows:

Level 1

Deviations from the standard of care that have been identified as patient care trends that detract from the effectiveness of the EMS system.

Examples may include, but not limited to:

- a. Common patient care documentation failures (i.e. reassessment, lung sounds, justification for deviation, etc.)
- b. Failure to obtain appropriate signatures for services or crewmember signs for patient
- c. Failure to utilize pulse oximetry or ETCO₂ where appropriate (i.e. narcotic administration)
- d. Vitals signs complete (BP, HR, RR, SpO₂ and GCS)
- e. Improper documentation of interventions
- f. Failure to provide treatment / interventions as noted on the MOT during Interfacility transports.
- g. Failure to document all required elements for refusals of treatment/transports

Level 2

Deviations from the standard of care and/or Schertz System SMOPs that possibly could affect patient outcomes negatively.

Examples may include, but are not limited to;

- a. Failure to confirm tube placement with secondary device (*ETCO₂*)
- b. Incomplete treatment (ceased or withheld treatment inappropriately)
- c. Failure to contact medical control when required as indicated by protocols
- d. Failure to appropriately document controlled substances wasted
- e. Failure to appropriately identify an “alert” patient
- f. Inappropriate scene times on “alert” patients (*trauma alert 10 minutes, heart alert 20 minutes*)

Level 3:

Deviation from the standard of care and/or Schertz EMS Systems SMOPs that have a high possibility/probability of negatively effecting patient outcomes.

Examples may include, but not limited to:

- a. Improper medication administration (*wrong med., wrong dose, wrong patient, wrong route*)
- b. Inappropriate medical procedures
- c. Failure to provide required/indicated interventions
- d. Interventions performed beyond provider’s scope of practice
- e. Failure to pace or defibrillate when appropriate
- f. Inappropriate transport decisions (*i.e. destination hospital does not have appropriate resources*).

Any PCR found to have a Level 3 deviation or any PCR for which the reviewer has a concern, will be forwarded to the Clinical Manager for review by the board and the systems Medical Director for further review and recommendations for corrective measures.

If a board member identifies a concern, other than a Level 3 deviation, in a PCR and requests a board review, that member shall excuse themselves from the subsequent review. The remaining board members along with a designated person will review the PCR to give an unbiased opinion on the possible issue identified during the initial review.

Board Actions

Upon review of any PCRs that have been noted to have any of the above deviations, the board will notify the clinical manager of any recommendations actions. These actions may include, but may not be limited to, a suggested modification to protocols, special training sessions or specific disciplinary action

In all instances, the Schertz EMS Director shall be made aware of any problems involving an individual and/or the System. Any recommendations for disciplinary action shall be presented through the Clinical Manager to the EMS Director and Medical Director, and will be handled in accordance with the City of Schertz and Schertz EMS procedures and policies.

The system's Medical Director must participate in any disciplinary actions or decisions as it relates to patient care, and may suspend a provider from practicing their skills in this or any agency for which he/she is Medical Director.

Investigations and Notifications

Investigations of serious issues need to begin within twenty-four hours upon notification of the incident. Once a serious issue is identified by a Medical Shift Commander (MSC) or Field Training Officer (FTO) they will notify the Clinical Manager of the issue to begin the appropriate QA/QI investigation.

Such reportable incidents include, but are not limited to, the following:

- Failure to provide treatment in accordance treatment protocols resulting in serious injury;
- Major medical device failure, or other equipment failure or user error resulting in serious injury or delay in response or treatment.
- Respiratory or cardiac arrest possibly resulting from any medication administration, treatment, or procedure performed by system providers.
- Incorrect medication administration or use (i.e., wrong medication, excessive amount, wrong dose, route, etc.).
- Any cardiac and/or respiratory arrest or patient injury while attempting physical or chemical restraint.
- Any unusual circumstance or intervention that potentially causes or caused patient harm.
- Provider who has operated outside of his/her level of certification and/or training (i.e., non-Credentialed state certified Paramedic, who is operating at the EMT-B level, initiating an IV or performing endotracheal intubation)
- Any deviation from the SMOPS that were not authorized by online medical control
- Any other reviews in which the QA board member, MSC or Administration has concerns and wishes to send to the board for further review

Confidentiality

The QA/QI board outlined in this program is a medical peer review board. As a medical peer review board, all proceedings, reports, and records of the Board are to be kept confidential. In accordance with the law, such records are not to be disclosed, are not subject to subpoena or discovery, and cannot be introduced into evidence in any judicial or administrative proceeding.

No board member or person supplying information to the board shall disclose information concerning matters submitted to, considered by, or issuing from the Board. Unauthorized disclosure shall be grounds for disciplinary action, up to and including termination. No disclosure of any such interview materials, reports, records, statements, memoranda, proceedings, findings, or data shall be made without the authorization of the EMS Medical Director or his/her designee.

Unlike treatment situations when you normally share an entire record with other treating health care providers, a "minimum necessary" standard applies to most QI activities. This standard essentially limits the information disclosed to the minimum necessary information needed to accomplish the task.

16.0 Field EMT/Paramedic Standards

This is a non-supervisory position in the EMS department. Duties include but are not limited to: the daily inspection, maintenance and daily check of medical kits, and cleanliness of ambulance and station. Performs basic and advanced life support skills in accordance with patient treatment protocols as scheduled. They have daily contact with the public requiring the utmost tact and courtesy. They are required to make instantaneous decisions on patient care issues requiring mature judgement and knowledge. They are required to attend mandatory training both on and off duty to maintain skills and learn new information.

Expectations of the Field EMT/Paramedic

- Do the right thing
- Treat others as you want to be treated
- Do the best you can
- Work cooperatively as a team

Field EMT/Paramedic work assignments:

- Complete all daily duties to include daily station duties and any weekly/monthly duties that are needed without being told (i.e. AMBUS check, monthly expiration date checks and oxygen check at stations).
- Report any vehicle, station or computer issues promptly to the MSC.
- Be in uniform, every shift matching your partner. That includes having uniforms that are neat, clean and wrinkle-free, clean boots, nametags, STRAC badges, safety glasses, etc.
- Report to work sufficiently rested, do not schedule yourself beyond your capacity and if you notice that you or your partner appears to be too tired, report it to your supervisor immediately.
- Inventory of ambulance should be done accurately every shift and all units should be completely stocked so that they could be inspected at any time.
- A clean station and a clean ambulance should be left for the oncoming crew at the completion of every shift, trash taken out, etc.
- All patients, first responder, police officers, hospital staff, etc. that we interact with will be treated with respect.
- Clear the hospital or at least have your truck back in service and be available as soon as possible.
- Keep patient care a priority

17.0 Field Training Officer Standards

The Field Training Officer (FTO) is a multifaceted position within Schertz EMS. At times they may serve as a first line supervisor assisting the Medical Shift Commander (MSC) or the Operations Manager. The other, and primary, function of the FTO is to assist Clinical Services and the system Medical Director with educating and preparing newly hired individuals for careers with the City of Schertz. The FTO is essentially the “eyes and ears” for Clinical Services providing valuable evaluations of any person assigned to the field training program. The duties of the FTO will include, but are not limited to, teaching classes, orientation of new employees, assisting with remedial education and evaluation of all employees to assist with identifying those who may need remedial education.

Expectations of the Field Training Officer

While serving as the “eyes and ears” for Clinical Services, the FTO will evaluate employees assigned to the field training program and make recommendations for trainees to advance in the program and eventually become credentialed paramedics. Personalities are a part of everyday life, due to the differences for person to person, the FTO will be expected to have the ability to adapt and guide trainees in developing a good, professional work environment.

The FTO will be one of the first regular contacts a new employee will have on a regular basis. For this reason, the FTO will be expected to set the example of professionalism, and doing things the “Schertz EMS way”. At all times the FTO should maintain a professional, respectful demeanor and lead by example. “Leading by example” is essentially demonstrated by setting the “standard” through various actions. These actions will include, but are not limited to, the following:

1. Always remember you are an alternate supervisor and formal leader, you are being watched.
2. Support the leadership in all areas and at all times
3. Adhere to department and city policies
4. Maintain a professional appearance (clean, pressed uniform and clean shined boots)
5. Respond and perform on every call as if Schertz EMS is going to transport.
6. Always be positive about the organization and the job you do when around non-supervisory personnel.
7. Arrive for shift at the scheduled arrival time, or early.
8. Will treat all, patients, family members, citizens, and fellow employees with dignity, respect, compassion and empathy
9. Do not simply tell others what to do, explain why
10. NEVER discuss an employee’s performance with anyone else but higher ranked person.
11. When asked about an employee’s performance or actions by a supervisor, assume an investigation is in progress. Be forthright and truthful, and hold what is discussed in confidence unless told otherwise. Do not hesitate to ask the supervisor for more background information or if an investigation is on-going
12. While an employee is in the Field Training Evaluation Program or in a PIP program, an FTO will not socialize outside of work with the employee that is under review until the employee has cleared the process. This applies even if the employee is being evaluated by another FTO.

FTO work assignments:

In addition to the standard job duties for a paramedic on an in-service unit, the FTO will also be expected to complete the following items as indicated.

Complete field evaluations and orientation of new Schertz EMS employees. The FTO will complete the following tasks while assigned to train a new employee.

1. Complete DORs EVERY shift, NO exceptions
 - a. DORs will be completed, following the SEGs, before the end of the shift
 - b. New employee should be taught the SEGs
2. Report any issues or concerns noted during an assigned shift to Clinical Services as soon as possible.
3. Review the training records for a new employee during each assigned shift. Work with the new employee and review, complete or practice any outstanding items that are required for the trainee to complete during the evaluation period. It is not expected that all assigned training tasks will be completed in a single shift; the FTO should ensure the new employee is on track to complete the assigned tasks and all required forms are completed by the assigned due dates. If there are outstanding tasks that the trainee is not able to complete, notify the Clinical Manager.
4. Complete FTO work immediately during the hours of 0700 – 2100 hours, given call volume allows for completion. DO NOT put it off.
5. Communicate at a minimum of once per week with the Clinical Manager.

Workflow should be completed daily. If it is not completed two shifts in a row or if more than 50 reports remain in the FTO box at the end of your shift, contact the Clinical Manager immediately and ask for assistance where needed.

Five Area of Responsibility for the FTO

The Field Training Officer has the responsibility for assisting with training of both new and current employees. The primary areas include, but are not limited, to the following.

Orientation

The orientation process for Schertz EMS has been established to ensure new employees are trained and educated on the scope and responsibilities of the Schertz EMS system. The FTO will ensure that the new employee knows their “way” around the various locations that Schertz EMS units are located. This will include knowing where to find equipment, and a working knowledge of the Schertz EMS response area and personnel.

The FTO should be interactive in establishing good rapport with field personnel; this can be accomplished by assisting in the following areas:

1. Assist the Clinical Department with the orientation program and continuing education
2. Participating in the testing of new employees

Culture Development

It is the responsibility of the FTO to help the new employee adapt to the style, traits and customs of the Schertz EMS system.

Education

Most new employees have gaps in their formal or EMS education. It is the responsibility of the FTO to provide mentorship by identifying these gaps and helping the new employee fill them. Additionally, the FTO should have a working knowledge of the different learning styles and Adult Learner Theories.

Mentoring/Counseling

It is common for a new employee to experience fear, self-doubt, confusion, and general stress during their first few months on the job. One of the FTOs roles is to provide peer support and encouragement for new employees. The FTO should be competent in providing positive reinforcement, constructive criticism and conflict resolution.

In an effort to promote the mentorship of a new employee, they will be assigned to a FTO during the FTEP process. The assigned FTO will be available for the new employee to ask questions, look for guidance and ensure the new employee is progressing the FTEP program. While the new employee with have an “assigned” FTO, they will continue to rotate through other FTOs while in the FTEP process.

As part of this mentorship, the FTO will be expected to complete the following tasks:

1. Follow up with the new employee on a weekly basis and relay their progress, issues or concerns to Clinical services.
2. Ensure any rotations (billing, dispatch, etc.) are scheduled and completed.
3. Communicate with preceptors and/or other FTOs that are working with the new employee to ensure they are aware of any issues that need to be covered during the training process.

Evaluation

FTOs help ensure that Schertz EMS meets its obligations to our patients/customers by evaluating the skills, knowledge base, and call style of the new employees. These evaluations will be completed following the Schertz EMS Standard Evaluation Guidelines (SEGs).

18.0 Field Supervisor Standards

This is a lead position in the EMS department responsible for ensuring the day-to-day operations are completed as required. The EMS Supervisor provides leadership to field staff, assures quality care to our patients and delivers excellent communication to our customers.

Expectations of the Field Supervisor

At all times the Field Supervisor should maintain a professional, respectful demeanor. These duties involve the responsibility for providing emergency medical services and supervising subordinate employees engaged in providing emergency medical services. Other activities include but are not limited to the following:

- Support the leadership team in all areas and at all times.
- If disagreement, work relentlessly to resolve the disagreement if possible.
- If disagreement cannot be resolved, support it as if it was your own.
- Always remember you are a supervisor, you are being watched and what you do is acceptable for all other employees to do.
- Strive to always follow all rules, SOP's and Protocols. When a violation is recognized, correct it.
- Always be positive about the organization and the job you do when around non-supervisory personnel.
- Treat our patients and their friends and families with the utmost respect and concern.
- Respond and perform on every call in and around our jurisdiction as if Schertz EMS is going to transport the patient.
- Never use the term "they want" or "because 'insert name here' (Jason, Toni, Mike) says we have to".
- Don't just tell others what to do, but explain the why in protocols, procedures, etc
- If you do not know the why or the answer, pursue the answer and give feedback to the employee as soon as possible.
- Never discuss an employee's performance with anyone else but a fellow Supervisor or higher ranked person. If the performance relates to a Supervisor, only discuss that with the appropriate manager.
- When employees talk negatively about another employee or supervisor, defend the person if appropriate and/or possible but do not, for any reason, participate in this conversation or give the appearance of agreement through words or body language.
- When asked about an employee's performance or actions by another supervisor or manager, assume an investigation is in progress. Be forthright and truthful, and hold what is discussed in confidence unless told otherwise. Do not hesitate to ask for more background information or if an investigation is on-going.

Field Supervisor work assignments:

- Complete MSC Daily Report and all associated paperwork (Heart Alert Reporting Form, Completing Customer Service Survey Cards, and Incident Reports, etc.) EVERY shift, no exceptions, assuring accuracy.
- Call Routing should be completed. Relief supervisor will be notified of any outstanding calls
- All stations should be visited every shift.
- When visiting stations and interacting with crews, every interaction should be measured. Do not lose the opportunity to provide or discuss operational issues and share information.
- Assure that the schedule is full for future days (look 3-4 weeks forward) and make appropriate phone calls to see that the schedule gets filled and complete the call log.
- Assure that all EMS equipment and supplies are stocked to adequate levels.
- Make all appropriate admin notifications as soon as possible, even during the event if possible.
- Remember your role is to provide oversight and supervision of the EMS crews. This rarely involves getting involved in patient care, but can be a critical role in complex patient care situations for the issues not involving direct patient care (family, friends, bystanders, 1st responders, etc).
- Strive to have ambulances in service and limit ambulance out of service time.
- Complete unit checks and daily duties as soon as possible.
- Communicate with your crews, providing feedback and asking for feedback on your performance.
- Be proactive and interject in issues before they become problems. Examples include calling crews that have been enroute or at the hospital for longer than necessary.
- Responding emergency should be the exception and not the rule. When the closest unit or responding to a system critical response, emergency traffic is warranted.
- Read past MSC Daily Reports to insure consistent communication.
- Respond to emails every shift as appropriate.

Business Office - Attendance Policy

Attendance

Everyone will report to work on time and as scheduled. Ample time-off is provided in your benefits package. Even so, there are times when an absence cannot be planned thereby necessitating a call-out. When an absence is unavoidable due to illness or emergency, you will call office manager no later than one (1) hour prior to your shift. When you know you will be late for your shift, you must call office manager as soon as possible and relay the reason for your lateness and your expected arrival time.

Shift Policy

Shift will be 5 minutes prior to the scheduled start of shift time (i.e. 0655 for 0700 shift; 0755 for 0800 shift; etc). Staff will report for duty at their desk ready to work at this time.

Late and Absences

Business Office staff must make verbal contact with the Office Manager (210-667-0630) if they are going to be tardy, and give a reason for tardiness and an estimated time of arrival. If staff is going to be absent due to illness or emergency, they must notify their manager as soon as possible, but not less than one hour prior to shift.

Tardiness is defined as not being at your scheduled location ready to work. More than two (2) times tardy in a one (1) month period and/or being tardy more than five (5) times in a four (4) month period is considered excessive and subject to disciplinary action.

An absence is defined as not showing up for a scheduled shift. Employees may be subject to disciplinary action for excessive absences.

Overtime

All overtime must be approved prior to being worked.

Staff Meetings

All full-time employees will attend the monthly staff meetings.

Part-time (PRN) employees must attend at least 50% of the staff meetings on a rolling twelve month calendar.

Vacation and Sick Leave

Vacation requests must be completed through the approved Scheduling Program, are subject to approval by management, and must be submitted no less than one (1) week in advance and no more than six (6) months in advance. Five (5) months in advance of the requested day off, time off will be awarded based on seniority. Any time off requested less than five (5) months in advance will be awarded on a first come first serve basis.

Every effort will be made to approve requests but they are subject to denial based upon the number of other requests already granted for that day and the availability of coverage. Vacation requests made less than 1 week before the scheduled shift will only be approved if office can be open for business with adequate coverage. Do not hesitate to discuss time off needs with supervision and scheduling regardless of these time limits. Once time has been approved, please put on outlook calendar of everyone in Business Office.

Absences of more than three (3) consecutive shifts with sick leave will require a doctor's note. Any absence required by a doctor must also include a release/return to duty authorization before the employee is allowed to return. Manager may request a doctor's note at their discretion.

Employees requesting time off without pay must make prior arrangements with scheduling and the EMS Director.

Business Office - Personal Appearance and Hygiene

Personal Appearance and Hygiene

A key aspect of our job is public interaction. During that interaction we will have only one opportunity to make a good first impression. Additionally, we work in an environment where we must work in close quarters with our fellow employees for extended periods of time. As a result, everyone must report for work in casual business attire, with proper hygiene, and in accordance with Schertz EMS grooming standards.

Personal appearance will be neat, clean, and well-groomed at all times.

All attire will be kept neat, clean and in good condition.

No shorts or jogging/sweat/exercise pants allowed. Tank tops/spaghetti strap tops are allowed with sweater or jacket covering upper/under arms.

No visible tattoos will be allowed while interacting with the general public or City officials

All personnel will be issued a City identification card. This card provides access to appropriate areas of all City property. This card must be readily available at all times. A regional identification badge will also be issued to employees, and must be worn with the identification picture and information readily visible at all times while on duty.

Uses of perfumes, colognes, or other body hygiene products are to be kept at a minimum and not be offensive or overwhelming.

Hats

No hats are allowed.

Footwear

No flip flops are allowed. Sandals must have a back. No high heels over 2”.

Hair

Hair will be kept clean and combed at all times. Only natural colors are acceptable.

Facial Hair

All employees will be clean-shaven at the start of their shift. Facial Hair will be kept neat and trimmed.

Mustaches will not extend past the corner of the mouth, and not measure longer than one half inch in length.

Mustaches with goatees are permitted as long as they are neat, clean and less than one half inch in length.

Full beards are not permitted.

Sideburns are permitted providing they do not extend past the bottom of the earlobe, and do not flare out more than 1.5 inches.

Jewelry

The wearing of jewelry is permissible as long as it does not interfere with your personal safety and the safety of others.

Any other visible body piercing will not have any kind of jewelry in it while on duty.

Use of Tobacco Products

Tobacco products, including but not limited to cigarettes, cigars, pipes, electric or smokeless cigarettes and chewing tobacco will not be used while in the business office, bathroom or breakroom.

Consumption of tobacco products are only allowed in designated areas.

Personnel using tobacco products are responsible for cleaning up any materials left behind when they are finished.

Business Office - HIPAA

HIPAA (Health Insurance Portability and Accountability Act)

The City of Schertz has designated Schertz EMS as a covered entity as defined by law. Schertz EMS is the transport provider for the Randolph Region EMS System, an Organized Health Care Arrangement (OHCA) providing EMS services throughout the Randolph AFB area. RREMS is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide patients with a notice of our legal duties and privacy practices with respect to PHI.

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work and that we ensure its security. Schertz EMS prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations. Discussions of Protected Health Information (PHI) or Electronic Protected Health Information (“e-PHI”) within the organization should be limited. Acceptable uses of PHI and e-PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

You may disclose PHI to law enforcement officers under the following circumstances:

- If you are required to by law (gun-shot wounds, animal bites, etc.)
- To locate or identify a suspect or fugitive
- Crime victims as long as the information is not intended to be used against the victim

You may provide a copy of the PCR to a law enforcement officer if a patient is under arrest. If a patient is not under arrest or does not meet any of the circumstances listed above, you cannot provide PHI to the officer.

Any disclosures of PHI or any requests for disclosures of PHI will be immediately reported to manager.

Any and all breaches of patient confidentiality and security policies and procedures will be reported to the Privacy Officer of Schertz EMS immediately.

All employees will be trained in the mandates and requirements of the Health Insurance Portability and Accountability Act (HIPAA). Regular re-training will be done to ensure all employees are familiar with their personal responsibilities under this and other privacy and confidentiality laws, rules and regulations. Employees will show competency through a written exam and will sign a statement, acknowledging that they understand their responsibilities and that they understand they have personal accountability and liability for violations of any privacy or confidentiality laws, rules and regulations.

Breaches of patient confidentiality or of the policies and procedures established for the security of patient information and other confidential information may result in disciplinary action up to and including suspension or termination of employment.

Business Office - Safety

Be Safe

Everyone is important to the overall success of the team. As a result we all must be cognizant of our own safety as well as the safety of all of our teammates. Every step will be taken to provide you with a safe and comfortable working environment. Your responsibility is to practice good safety techniques, follow all established safety policies, and immediately report any conditions that could or actually are causing an unsafe working environment to your manager. We must all work together in order to prevent any unnecessary hazards or injuries.

In addition to physical hazards and risks, we will also do everything possible to provide a harassment free, non-hostile working environment. Our diversity makes us stronger and as a result any actions by anyone that makes the working environment potentially hostile or harassing will be dealt with swiftly and seriously. There will be no exceptions.

Do not open back door without looking thru window to verify identity of person knocking. We need to encourage all visitors to use front door for our safety.

All money should be locked in safe at the end of business each day. Money should not be left on desk unattended.

The use of alcohol shall be used in such a manner that the employee reports for duty with no measurable alcohol in their system.

The use of prescription medications shall be used in such a manner that the employee reports to work unimpaired. Any employee who is using prescription or over-the-counter drugs that may impair their ability to safely perform their job, or affect the safety and well-being of others, must notify a supervisor of such use and be cleared before resuming any duties on behalf of the organization.

If an employee is unable to perform their duties safely due to illness, injury, fatigue or other disability, they should notify manager prior to reporting to duty.

Any injury or illness, no matter the nature or severity, (that occurs at work) shall be reported to manager. However, care of the injured party must take priority. Therefore, notification should be made at the earliest opportunity.

Any unsafe condition should be reported to manager as soon as possible. Any damage to property should be immediately reported to the manager.

As part of the safety net at Schertz EMS, drug and alcohol screening may be required. After any accident or incident while on duty, the employee may be required to undergo a post-accident drug screen. At a minimum, this will involve a urine drug test and breath alcohol test. If any employee does not consent they will be removed from duty by manager until an appropriate course of action is determined.

If the employee has reason to believe their drug test will return with anything but negative results, they should inform manager immediately. Once the test sample has been provided, this option will no longer be available. An employee who reports a substance abuse problem to manager will be offered every available means of assistance in dealing with the problem by the City of Schertz.

Manager with reasonable suspicion may remove an employee from duty before the results of the drug test and/or breath alcohol test are returned. The manager will document this incident thoroughly.

Business Office - Duties

Office Area, Kitchen Area, Restroom Cleanliness

As stated previously, we all must work together in close proximity and conditions. As a result we must all perform the tasks assigned daily or weekly to promote a clean and healthy working environment. This environment is for both us as well as our customers. These guidelines have been compiled to outline the duties and responsibilities of every employee to assure this is achieved.

Daily Duties

The following duties apply to all office area and will be accomplished **daily/weekly**:

- Office front door will be open at 0800 and locked at 1700.
- Computers will be logged off at the end of day. Computers will be shut down over the weekend. Computers will be locked when employee goes to lunch.
- All hourly employees are required to clock in/clock out to report hours worked and leave taken accurately in EMS Manager. Each employee shall be responsible for the accuracy of his/her own time sheet.

Kitchen and Dining Room Duties

Kitchen and dining room duties are those activities that contribute to the safe and efficient operation of that Business Office breakroom.

There are duties that should be accomplished **as needed**:

- The kitchen and dining room are public gathering places. They should be kept neat and clean at all times.
- All messes created will be cleaned up as soon as possible. Food and food preparation materials that are left lying in the open create a health and hygiene hazard. As such, all steps necessary will be taken to keep the kitchen and dining room area clean at all times.
- Wipe counter or table after use.
- All your dishes will be washed, dried and put away.
- Any spills created will immediately be cleaned up.
- Please remove lunch meals on Thursday/Friday depending on what shift you are.

Restroom

- All items used for personal grooming and hygiene will be stored in personal bins in the restroom.
- All personal items including grooming materials will be stored in personal bins prior to leaving shift. Schertz EMS has no responsibility for any items left out after departing the shift.

Business Office - Other Policies

Lunch Hour Policy

- Lunch time is one hour.
- We are assigned lunch time to provide adequate coverage to Business Office.
- We will close office for lunch celebrations, meetings, etc with manager's approval. An email will be sent to EMS Director notifying him of closure.

Rest periods

- Morning Break and afternoon break (rest period of 15 minutes or less) are considered time worked.

Visitor Policy

- No visitors will remain at the office if staff has departed.
- All staff will be notified if visitor is in office working area.

Parking policy

- All personal vehicles must be parked in designated parking areas only.

Computer use

- Computer use is for work. In the event, you use computer for personal use and cause computer to need the attention of our IT department, you may be subject to discipline.

Business Office - Training

New Employees

Each new employee, full and part time, will undergo training prior to being assigned daily responsibilities. This process will include an overall orientation to Schertz EMS.

New full and part-time (PRN) employees will undergo general orientation to Schertz EMS including but not limited to:

- Standard Policies and Procedures
- Standard Billing Operating Protocols
- HIPAA video training and testing
- Equipment and supplies
- Other operational requirements deemed necessary

New full and part time employees will undergo a training process. During the training process employees will be directly supervised by a full time employee at all times. Employees will complete a training phase schedule, and be evaluated prior to new employee being allowed to complete daily responsibilities solo. All new employees are responsible for completion and submission of all paperwork associated with the training process.

During the training process, new employees are not permitted to take vacation or work overtime unless it is approved and with manager.

NAAC Certification

Maintain Certifications: NAAC Certification is your ticket to work for Schertz EMS. It is your ultimate responsibility to do everything necessary to maintain your certifications at all times while employed. We will attempt to do whatever we can to assist you in this, but the ultimate responsibility will always lie with you. Therefore, attendance at all on-shift training activities, mandatory training sessions, and recertification classes will be the only standard with which to be measured.

- 60 days prior to expiration, employee will notify manager that steps for recertification need to be completed.
- Once the new certification has been received by the employee, they will immediately turn in their new renewal certificate to the Manager.
- If the expiration of certification is reached, and a renewal certificate has not been received, or the website shows the employee as non-renewed, the employee will notify the Manager. Depending on the circumstances for the lapse of certification, the employee may not be approved for further education costs.

20.0 SCHERTZ EMS APPROVED ABBREVIATION LIST

ABBREVIATION	DEFINITION
[A a]	
AAA	abdominal aortic aneurysm
ABD	abdomen
ABC	airway, breathing, circulation
AC	antecubital
ACLS	advanced cardiac life support
A&D	admission and discharge
AED	automatic external defibrillator
A-fib	atrial fibrillation
AIDS	acquired immune deficiency syndrome
ALS	advanced life support
AKA	also known as/above the knee amputation
A.M.A., AMA	against medical advice
AMI	acute myocardial infarction
A&O	alert and oriented
AOS	arrived on scene
APAP	acetaminophen
APGAR	infant assessment scale
APPROX	approximately
ASA	aspirin
ASHD	arteriosclerotic heart disease
[B b]	
BBB	bundle branch block
BBS	bilateral breath sounds
bilat	bilateral
BGL	Blood glucose level
BKA	below knee amputation
BLS	basic life support
BM	bowel movement
BP	blood pressure
BVM	bag valve mask
[C c]	
CABG	coronary artery bypass graft
CAD	coronary artery disease
CAOx4	conscious, alert, oriented to person place and time
CA	cancer
Cath	catheterization
CC	chief complaint
CHF	congestive heart failure
CNS	Central nervous system
C/O	complains of
CO2	carbon dioxide

20.0 SCHERTZ EMS APPROVED ABBREVIATION LIST

COPD	chronic obstructive pulmonary disease
CP	chest pain
CPR	cardiopulmonary resuscitation
CT scan	computerized axial tomography
CVA	cerebral vascular accident
[D e]	
D/C	discontinue or discharge
DCAP-BTLS	deformities, contusions, punctures & penetrations, burns, tenderness, lacerations
DM	diabetes mellitus
DNR	do not resuscitate
DOA	dead on arrival
DVT	deep vein thrombosis
D10W	dextrose 10% in water
DX	diagnosis
[E e]	
ECG	electrocardiogram
EEG	electroencephalogram
EENT	eyes, ears, nose throat
EPI	epinephrine
ESRD	End-Stage Renal Disease
ETA	estimated time of arrival
ETOH	ethyl alcohol
ET	endotracheal tube
[F e]	
F	female
FB	foreign body
FLEX	flexion
FROM	full range of motion
FX	fracture
[G g]	
g	gram(s)
GCS	Glasgow Coma Scale
GI	gastrointestinal
GSW	gunshot wound
[H h]	
H/A	headache
HEENT	head, ears, eyes, nose, throat
HIV	human immune deficiency virus
H&P	history & physical

20.0 SCHERTZ EMS APPROVED ABBREVIATION LIST

HPI	history of present illness
HR	heart rate
HTN	hypertension
Hx	history
[I i]	
IM	intramuscular
IO	intraosseous
IV	intravenous
IVP	intravenous push
IVPB	intravenous piggy back
IV SL	Intravenous saline lock
[J j]	
J	joules
[K k]	
Kg	kilogram
[L l]	
L&D	labor and delivery
LAT	lateral
LBBB	left bundle branch block
lb	pound
LLQ	left lower quadrant
LMP	last menstrual period
LOC	loss of consciousness
LR	lactated ringers
L-Spine	lumber spine
LUQ	left upper quadrant
LVH	left ventricular hypertrophy
[M m]	
mcg	microgram
ME	medical examiner
mEq	millequivalent
MED	medication/medium
Mg	magnesium
mg	milligram
MICU	medial intensive care unit
MI	myocardial infarction
ML	milliliter
MOI	mechanism of injury
MRI	magnetic resonance imaging
MS	morphine sulfate/ multiple sclerosis

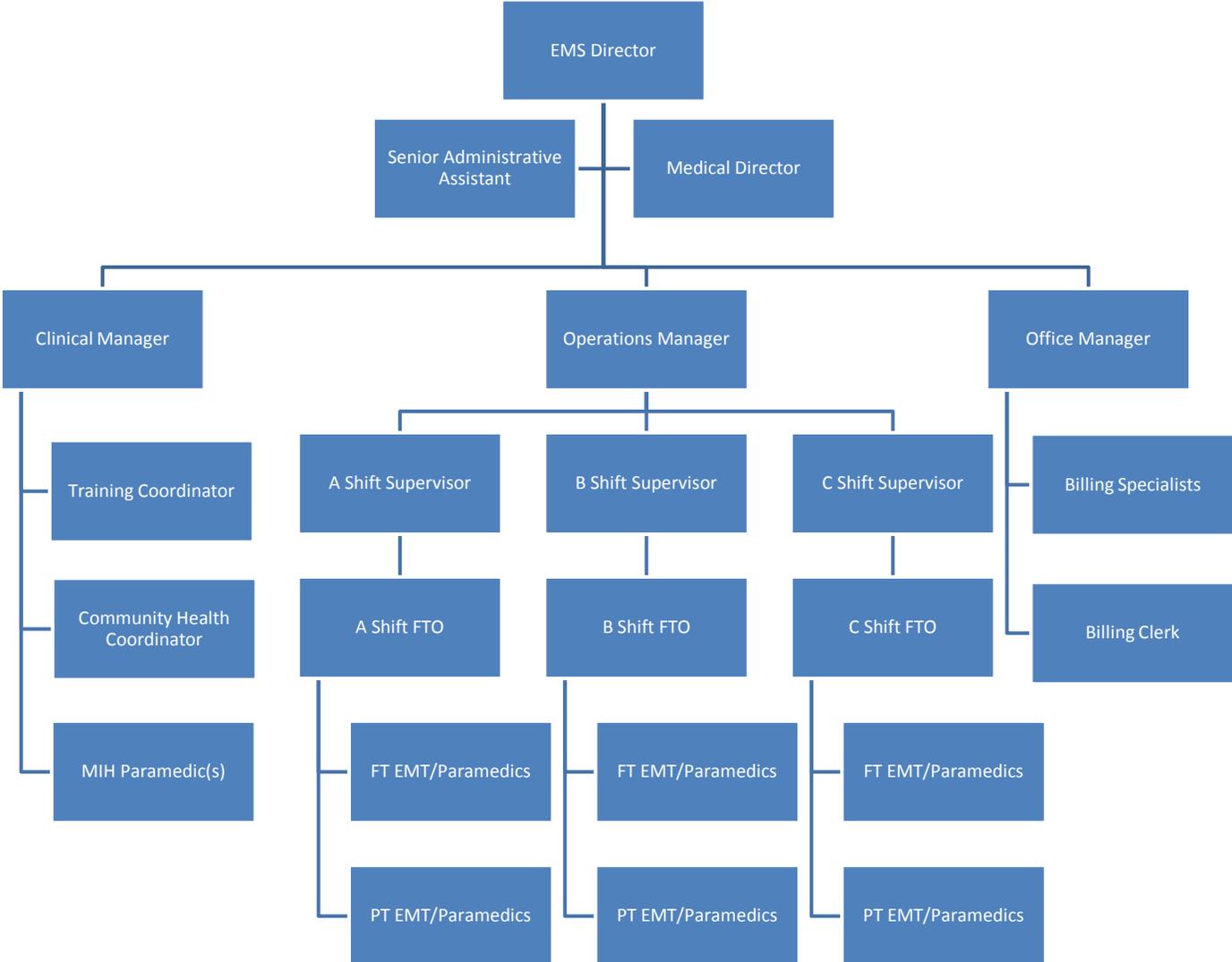
20.0 SCHERTZ EMS APPROVED ABBREVIATION LIST

MVA	motor vehicle accident
[N n]	
NaCl	sodium chloride
NAD	no acute distress
NC	nasal cannula
NEB	nebulizer
NKA, NKDA	no known allergies, no known drug allergies
NRM, NRB	non-rebreather mask
NS	normal saline
NSR	normal sinus rhythm
NTI	nasotracheal intubation
N/V	nausea/vomiting
N/V/D	nausea/vomiting/diarrhea
[O o]	
O ₂	oxygen
O ₂ Sat	oxygen saturation by pulse oximeter
OB	obstetrics
OD	overdose
OTC	over the counter
[P p]	
PAC	premature atrial contraction
PALP	palpation
PCN	penicillin
PE	physical exam/ pulmonary embolism/ pulmonary edema
PEA	pulseless electrical activity
PEEP	positive end expiratory pressure
PEARL	pupils equal and reactive to light
PJC	premature junctional contractions
PMHX	past medical history
PMS	pulse motor sensation
PO	orally
POV	privately owned vehicle
PSVT	paroxysmal supraventricular tachycardia
PT	patient
PTA	prior to arrival
PVC	premature ventricular contraction
[Q q]	
q	every
[R r]	
R/O	rule out

20.0 SCHERTZ EMS APPROVED ABBREVIATION LIST

ROM	range of motion/movement
(R)	right
RLQ	right lower quadrant
RUQ	right upper quadrant
Rx	prescription therapy
[S s]	
SAO2	systemic arterial oxygen saturation %
SIDS	sudden infant death syndrome
SL	sublingual
SMR	spinal motion restriction
SOB	shortness of breath
SpO2	oxygen saturation by pulse oximeter
ST	Sinus tachycardia
STAT	at once
STD	sexually transmitted disease
SQ	subcutaneous
SR	sinus rhythm
SVT	supraventricular tachycardia
SZ	seizure
SX	symptom
[T t]	
TIA	transient ischemic attack
TKO	to keep open
[U u]	
URI	upper respiration infection
UTI	urinary tract infection
[V v]	
V-fib	ventricular fibrillation
VS	vital signs
VT	ventricular tachycardia
[W w]	
WNL	within normal limits
[X x]	
None	
[Y y]	
y/o	years old

Schertz EMS Organization Chart



Acknowledgement

By signing this page, I acknowledge that I have received and will follow the guidelines set forth in this version of the Schertz EMS Policies and Procedures. This February 2019 version is now in effect and supersedes any other previous versions in guiding the daily operations of this organization.

Date:

Name (printed):

Signature:
