



Monterey County Operations

# Standard Operating Procedures Manual

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## Monterey County Operations Manual

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**POLICY:** COMPANY RULES

**DATE:** January 3, 2011

**POLICY #:** 100

**PURPOSE:** Due to the nature of the services it provides, American Medical Response must, without qualification, have the right to establish, delete, and modify policies and practices, particularly including but not limited to those relating to safety, security, corrective action and control.

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**POLICY:**

1. Company rules and regulations shall be made available to each employee for his/her benefit and understanding.
  - A. A copy of the Standard Operating Procedures is available at the Main Operations Center and at all Stations.
  - B. A copy of the Standard Operating Procedures is provided to each employee at the start of employment. It is the employee's responsibility to maintain an updated Standard Operating Procedures manual.
  - C. It is the responsibility of each employee to familiarize themselves with the American Medical Response Standard Operating Procedures and any other Company Rules and Regulations.
  - D. Employees are expected to contact the local management team for clarification to any questions regarding policy.
2. Any modification of these rules and regulations by the Company shall be provided to employees and the Union before they are enforced.
  - A. Employees will be considered to have received documented addendum to these rules, new rules, regulations or procedures, or any memorandum, notice or disciplinary notice issued by the Company when any two of the following has occurred:
    - I. Posted on the Administrative Bulletin board at Operations and in each Station. Such documentation will remain posted for at least 30 calendar days.
    - II. Added to designated SOP binders posted in all stations and operations center.
    - III. Posted on Ninth Brain or employee accessible on-line service such as Schedule Force.
  - B. It is the responsibility of each employee to check bulletin boards, mailboxes, etc. for any documented addendum to these rules, new rules, regulations or procedures, or any memorandum, notice or disciplinary notice issued by the Company.
  - C. A two-ring binder bulletin board is provided at each station where documented addendum to these rules, new rules, regulations or procedures, or any memorandum or notices from the previous 30 days will be available for review. Earlier documents are archived at the Main Operations Center.

- I. It is the responsibility of each employee to periodically review previous documented addendum to these rules, new rules, regulations or procedures, or any memorandum or notices.
- II. Unauthorized removal or defacing of documents placed on the Administrative Board will be grounds for corrective action.



## Monterey County Operations Manual

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**POLICY:** ACCESS TO PERSONNEL FILES

**DATE:** January 3, 2011

**POLICY #:** 101

**PURPOSE:** To set up a procedure for employees to periodically view and update their Personnel File.

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**Procedure:**

1. Complete a Request To Review Employee File form, available from the Operations Assistant or the Supervisor of Support Services.
2. Fax the completed form to Human Resources.
3. A management representative will be present while you are viewing your file.



# Monterey County Operations Manual

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**POLICY:** PROFESSIONAL CORE VALUES

**DATE:** January 3, 2011

**POLICY #:** 102

**PURPOSE:** To identify actions and attitudes that portrays a professional image of all American Medical Response personnel.

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## **Philosophy:**

1. By virtue of accepting employment as a prehospital care provider, the professional practitioner assumes the responsibility to:
  - A. Provide high quality patient care in a courteous manner to every patient without regard to socioeconomic status, personality traits, disability, appearance, sexual preference, national origin, age, race, religious belief or gender.
  - B. Maintain and sustain vehicles, patient care supplies and equipment in response-ready, clean and good working order at all times.
  - C. Communicate and perform in a manner that enhances the good reputation of American Medical Response. Maintain proper uniform appearance and demonstrate a positive demeanor at all times.
  - D. Safely and efficiently operate Company vehicles and equipment at all times while conforming to all safety rules, codes and regulations. Ensure comfortable and smooth patient transport.
  - E. Cooperate fully and courteously with other employees, supervisors, health care, public safety and government personnel in the exercise of their duties.
  - F. Conform to all governmental laws, regulations, codes, ordinances, policies, procedures and protocols governing EMS personnel, including all state, local and Company continuing education and in-service requirements.
  - G. Adhere to the provisions of the Company's manuals, operations bulletins or procedures and other work rules or directions adopted by management.
  - H. Respond to all assigned calls and post assignments; regardless of priority, scale or significance, quickly and in a safe and efficient manner in keeping with prescribed criteria.
  - I. Accurately and legibly complete all paperwork required by the Company and other agencies pertaining to job performance, patient care, patient billing and medical response in keeping with prescribed time requirements.



# Monterey County Operations Manual

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**POLICY:** EMPLOYEE CONDUCT

**DATE:** January 3, 2011

**POLICY #:** 103

**PURPOSE:** To set standards for acceptable, professional behavior for AMR employees.

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**POLICY:**

1. American Medical Response believes employees are directly responsible for their own professional conduct and behavior when in the employ of AMERICAN MEDICAL RESPONSE. AMERICAN MEDICAL RESPONSE further believes that each employee is a representative of the entire AMERICAN MEDICAL RESPONSE organization and therefore has an obligation to adhere to the guidelines and rules presented in this policy.
2. General rules are required to guide interpersonal relations and conduct. In order to achieve the best interests of AMERICAN MEDICAL RESPONSE and each individual employee, Examples of Prohibited Conduct are presented. It is understood that it is impossible to provide an exhaustive list of all types and kinds of impermissible conduct. The list below is merely intended to provide some illustrative examples, and Management reserves the right to issue corrective action and discharge employees when, at its sole discretion, it is deemed appropriate. AMERICAN MEDICAL RESPONSE reserves the right to amend, modify or deviate from any and all of these rules at its discretion.
3. Additionally, AMERICAN MEDICAL RESPONSE and each employee must comply with such rules and regulations as may be required by Federal, State or Local authorities.
4. Employees are expected at all times to conduct themselves in a positive, professional manner so as to promote the best interest of AMERICAN MEDICAL RESPONSE.

**Procedure:**

1. Examples of Prohibited Conduct will subject the individual to corrective action, the following list, while not exhaustive, spells out several Examples of Prohibited Conduct:
  - A. Reporting to work under the apparent influence of, or testing positive for, controlled substances or alcoholic beverages.
  - B. The use, sale, dispensing or possession of alcoholic beverages and/or controlled substances on Company premises or while engaged in Company business.
  - C. The possession of firearms or other weapons on Company property or while engaged in company business.
  - D. The refusal by an employee to follow reasonable supervisory instructions concerning a job-related matter.
  - E. Refusal to perform assigned duties during a work shift.
  - F. Fighting, assaulting or discourteous treatment of fellow employees, customers or patients.
  - G. Theft, destruction defacement, misuse or abuse of Company property, personal or public property or another employee's property.
  - H. Falsifying or altering any Company records or reports, such as an application for employment, patient record, time-keeping record, and expense account or absentee report.



- I. Threatening or intimidating employees, supervisors, management, customers, general public or patients.
- J. Failure to operate Company vehicles in a safe manner and as required by law.
- K. Sleeping at post (except at your assigned 24-hour station) or during any assigned standby event.
- L. Engaging in any form of racial or sexual harassment or otherwise violating the Company's policies prohibiting harassment or discrimination.
- M. Unauthorized disclosure or use of confidential information.
- N. Unsatisfactory performance of duties.
- O. Initiating unauthorized or illegal medical procedures or failure to abide by the direction of medical directors or their designees.
- P. Engaging in an unlawful strike or work slowdown, or sabotaging the Company's or other's property.
- Q. Conviction of a crime that impacts the individual's ability to perform the duties and responsibilities of the job.
- R. Failure to maintain and provide to the employer appropriate certifications, licenses and accreditations required for the job.
- S. Failure to maintain an acceptable driving record as dictated by the Collective Bargaining Agreement.
- T. Refusal to answer a call or transport a patient when requested by the Company or customer.
- U. Use of abusive or disrespectful language while engaged in Company business.
- V. Failure to wear or use safety devices or failure to abide by safety rules and policies that jeopardizes the safety of the employee or others or results in damage or destruction of Company property.
- W. Unauthorized possession or use of property belonging to the Company, employees, patients or the public.
- X. Improper attire or inappropriate personal appearance or failure to maintain a professional appearance.
- Y. Violation of Company policies on solicitation or distribution of literature.
- Z. Repeated tardiness or absenteeism, or abuse of time or privileges.
- AA. Failure to report for duty as scheduled or failure to notify a supervisor of inability to work as scheduled or unauthorized absence from work assignment.
- BB. Failure to obtain and submit accurate, completed Patient Care Reports and billing information.
- CC. Personal visits from friends, family members or significant others for lengthy periods of time, if not authorized on Company premises.



## Monterey County Operations Manual

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**POLICY:** PROHIBITION OF HARASSMENT

**DATE:** January 3, 2011

**POLICY #:** 104

**PURPOSE:** The purpose of this policy is to provide guidance for all AMR employees in the Company's Policy on harassment recognition, reporting, and prevention.

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### **POLICY:**

At AMR, all employees will be trained at appropriate intervals in harassment recognition, reporting, and prevention.

### **RESPONSIBILITY**

It is the responsibility of management and supervision to ensure that all employees are aware of the Company's Policy on harassment.

### **PROHIBITION OF HARASSMENT STATEMENT**

#### **Prohibition of Harassment – Internal Complaint Procedure**

As an adjunct to American Medical Response's Policy on Equal Employment Opportunity and Policy on Sexual Harassment, it is our stated goal that the work place shall be free of harassment of any type. Harassment, whether based on race, religion, ethnicity, national origin, citizenship, marital status, gender, age, sexual orientation, veteran status, or qualified disability, is a form of discrimination, it is unlawful, and it will not be tolerated by the company.

All employees shall respect the right of their fellow employees to work in an environment free from harassment. Managers and supervisors have the responsibility for ensuring a harassment free workplace is provided to all employees.

### **Harassment:**

The following definitions and examples are provided to assist in understanding the issue of harassment in the workplace.

Harassment is the conduct relating to an individual's race, religion, ethnicity, national origin, citizenship, marital status, gender, age, sexual orientation, veteran status, or qualified disability that has the purpose or effect of:

- Creating an intimidating, hostile, or offensive work environment;
- Unreasonably interfering with an individual's work performance;
- Adversely affecting an individual's employment.

In addition to the above, sexual harassment has been further defined as unwelcome sexual advances, requests for sexual favors, and conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual.

Improper conduct/harassment may occur in three types of medium. They are:

- Verbal – such as epithets, derogatory comments, demeaning jokes, slurs, etc.
- Physical – such as assault, unnecessary touching, impeding or blocking movement, physical interference with normal work or movement, etc.
- Visual – such as derogatory or demeaning posters, cards, cartoons, graffiti, drawings, gestures, etc.

An employee who has a question or concern regarding any type of discrimination or harassment is encouraged to bring it to the attention of his/her immediate supervisor. Those not wishing to report an incident to his/her immediate supervisor should contact the General Manager or the Director of Human Resources. All concerns will be promptly reviewed and investigated. If an investigation reveals the concern has merit, a prompt and just resolution of the matter will be affected. Employees found to have committed an act of harassment will be subject to corrective disciplinary action up to and including termination.



## Monterey County Operations Manual

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**POLICY:** CONFIDENTIAL INFORMATION

**DATE:** January 3, 2011

**POLICY #:** 105

**PURPOSE:** To establish standards regarding how confidential information will be used, disclosed and stored. It is the intent of AMR to follow all laws and regulations regarding confidential information whether in the written, oral or electronic format. Confidentiality must be maintained for patient information as well as employee and company information.

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**POLICY:**

1. Definitions:

A. Protected Information:

- I. Any medical information pertaining to physical condition, mental condition, health history, diagnosis or treatment, drug and alcohol use, and treatment for the use or abuse of alcohol and drugs. Also includes health plan information and eligibility, as well as Personal Information such as name, address, phone number or social security number. May include any other individual information reasonably viewed by the public as personal and in need of protecting.

B. Individually Identifiable Information:

- I. Information that identifies, or can reasonably be used to identify an individual, such as name, social security, address, etc.

2. Responsibility:

- A. It is the responsibility of all AMERICAN MEDICAL RESPONSE employees, as well as non employees who come in to contact with Protected Information, to use and to only disclose that information when appropriate and authorized, following all laws, regulations and AMR policy.

3. Patient Information:

- A. Protected Information must be kept confidential and only released on a need to know basis.
- B. Protected Information may be released to another medical care provider for the purpose of diagnoses or continued treatment. This must be limited to those individuals necessary to provide needed care.
- C. Protected Information may not be disclosed to any individual not involved in the call.
- D. Protected Information may be released to family members as long as the patient has an opportunity to object and does not, and the information is intended to aid in providing care to the patient. In the case of an out of hospital death, information may be released if it is intended to assist in the grief process. In all cases where Protected Information is released to family it must be restricted to the minimum necessary.
- E. Medical Information may be transmitted over the radio but must exclude any individually identifiable information.

- F. Medical Information may be discussed with other medical associates, but must exclude any individually identifiable information.
  - G. In the event of a patient that is a minor, Protected Information may be disclosed to the parent or guardian for the purpose of medical decisions.
4. Patient Records:
- A. Written reports with Protected Information must be limited to those individuals with legitimate needs and for the purpose of continued patient care, billing or required record storage.
  - B. Copies of patient records are prohibited except in the following circumstances:
    - I. To replace missing permanent records
    - II. Approved QI function
    - III. Other situations may be approved by AMR management
    - IV. If copies are made, Individually Identifiable Information must be blacked out or removed.
5. Employee Information:
- A. Protected Information must be kept secure and confidential.
  - B. Protected Information may only be released when directed by other laws/regulations or with authorization of the employee.
6. Requests for Patient Documents:
- A. Protected Information can be released only under the following circumstances:
    - I. Subpoena or court order
    - II. Written Authorization from Patient
    - III. Written request from an official investigating agency, with investigational authority, for an ongoing investigation
    - IV. Internal Process (QI, Investigation, Billing, Collections, Record Storage, Research, Etc):
      - a. Protected Information can be used for internal process as long as the following conditions are met:
        - i. When feasible, Individually Identifiable Information must be removed or blacked out.
        - ii. Access to Protected Information must be limited to those that have a legitimate need.
        - iii. Protected Information must be kept secure and not visible to others not involved in those functions.
        - iv. The use of Protected Information must be kept to the minimum necessary for that process/function.
  - B. Protected Information must be stored in a safe and confidential location. Access must be restricted to those with a legitimate need.
  - C. At times, AMERICAN MEDICAL RESPONSE has a need to keep all information confidential relating to a particular work event. When directed by a member of management to keep all details of an event confidential, employees are obligated to follow that direction. This includes items that may be deemed Attorney Client Privilege.



## Monterey County Operations Manual

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**POLICY:** CONFLICT OF INTEREST

**DATE:** January 3, 2011

**POLICY #:** 106

**PURPOSE:** To establish and define a standard policy on potential conflict of interest situations and the utilization of proprietary AMERICAN MEDICAL RESPONSE information.

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**POLICY:**

1. AMERICAN MEDICAL RESPONSE respects the rights of employees to engage in activities outside of their employment which are of a private nature, such as social, community, political, religious or business activities so long as such activities do not interfere with an employee's job duties and responsibilities. This policy is not intended to otherwise adversely affect employees' lawful conduct occurring during working hours away from AMERICAN MEDICAL RESPONSE's premises.
2. AMERICAN MEDICAL RESPONSE expects as a condition of employment, that all employees will protect AMERICAN MEDICAL RESPONSE information and avoid undue outside influence upon their decisions or actions in the performance of their work.
3. Conflict of Interest
  - A. Definition
    - I. An activity contrary to, or potentially contrary to, the legitimate best interest of AMERICAN MEDICAL RESPONSE or its subsidiaries or affiliates.
  - B. The following are examples of prohibited conflicts of interest (not all inclusive)
    - I. An outside interest which materially impacts an employee's time or attention to Company affairs, or which prevents devotion to performance of job duties.
    - II. An interest in or relationship with an outside supplier, agent, customer or competitor, which is inherently perceived as unethical or reasonably unethical.
    - III. Possible personal or family gain due to the employee's power to influence dealings between the Company and a third party.
    - IV. Publicly placing oneself in an embarrassing or ethically questionable position that reflects negatively on the integrity of the employee or Company.
    - V. Receives anything of value (cash, materials or other benefits) as an employee or consultant from a supplier, agent, consultant, client or competitor of the Company.

**Procedure:**

1. All requests for review of individual situations should be forwarded to the attention of Human Resources for further processing. Where an infraction is determined, and if no dereliction of responsibility or undue influence has as yet occurred, the employee will be given reasonable time to correct the conflict.



## Monterey County Operations Manual

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**POLICY:** MEDIA / PUBLIC RELATIONS

**DATE:** January 3, 2011

**POLICY #:** 107

**PURPOSE:** To establish clear standards for communicating with the media and the public.

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**POLICY:**

1. Field personnel, by their profession, competence, demeanor and courtesy are the personnel most directly responsible of maintaining American Medical Response good public image. By virtue of your high visibility and frequent presence at newsworthy events, the patient's family, friends, neighbors and the news media frequently asks field personnel for information. While remembering that the news media personnel have a job to do and have a right to be present at the scene, all personnel must be careful to avoid violating the patient's right to privacy while responding to the requests of others. The patient's right to privacy is of paramount importance.

**Procedure:**

1. Field personnel are to treat news media personnel and the general public with respect at all times.
2. Should a crew feel that either the news media and/or bystanders are prohibiting them from providing proper medical care to a patient, they are to respectfully request that the individual back up to provide the necessary patient care area. If the individual refuses your request, utilize the services of the on-scene law enforcement agency. If law enforcement is not on scene, immediately contact Communications and request law enforcement to respond for scene management. Patient care should always take precedent over disputes on scene.
3. AMR employees are not permitted to contact news media representatives while on duty without the permission of the General Manager. Remember, there are no "off-the-record" statements when communicating with the media.
4. Do not release the patient's name under any circumstances (except to properly identified public safety or hospital personnel).
5. Under no circumstances will any field personnel advise the news media or general public that you are dealing with a patient with a contagious or infectious disease.
6. Give no information, no matter how pertinent, which might tend to embarrass, defame or incriminate the patient to any other person or any other agency except law enforcement personnel. Do not comment about the use, presence, or smell of alcohol or illegal substances, unless providing a report to a police agency official or hospital personnel.
7. Make no statement that might tend to reflect negatively upon AMR or any other agency or persons involved in the incident.

8. In all incidents involving possible liability to AMR or its personnel, (accidents, accusations of poor patient care, response times, etc.) refer all questions to the Field supervisor.
9. In all incidents involving a possible crime, answer no questions and refer them to the on-duty Field Supervisor and the law enforcement agency on scene. Law enforcement agencies may wish to withhold information for investigation purposes.
10. Answer only questions directly pertinent to the incident. Do not speculate or provide answers to any hypothetical situational questioning.
11. If contacted at home by a news media representative, private investigator, attorney or general public regarding a response you had knowledge of while at work, you are to refer them to the Field Supervisor or Operations Manager.





## Monterey County Operations Manual

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**POLICY:** RECORDING HOURS WORKED

**DATE:** January 3, 2011

**POLICY #:** 108

**PURPOSE:** State and Federal laws require an accurate recording of the hours an employee has worked. The Kronos Time Keeping System is the source of information for payroll purposes and must be completed accurately.

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**POLICY:**

1. It is each employee's responsibility to accurately record their hours worked. Field personnel hours are calculated with the Kronos Electronic Entry System.
2. Your in-punch and out-punch should reflect your scheduled shift. You must complete a Kronos Correction Form to explain the early or late punches in order to be paid for the time outside your schedule. Include a run number(s) if appropriate.
3. If you fail to clock in or out of the Kronos system, corrective action may occur. These records are mandatory legal documents.
4. If you fail to clock-in on the Kronos system at the beginning of your shift, you may be considered "tardy" for the purposes of attendance tracking. Exceptions will be considered with reasonable evidence provided: immediate calls/posting, system down, etc.



## Monterey County Operations Manual

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**POLICY:** PERSONAL RECORD MAINTENANCE

**DATE:** January 3, 2011

**POLICY #:** 109

**PURPOSE:** To ensure that all personnel meet applicable State and Local certification, accreditation, license and required documents and records for their job classification.

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**POLICY:**

1. All EMTs, Paramedics and Dispatchers must maintain current records as required within the employee's job classification and/or as defined in local EMS policy.
2. Failure to maintain current certification/license at the level required within the employee's job classification shall be grounds for corrective action or termination.
3. At the beginning of each month the Company will do an audit of certifications expiring within the next sixty days. As a courtesy, employees on that list may be contacted via an automated e-mail system, in person or via phone, regarding expiring certifications. This is a courtesy and in no way relieves the employee of the responsibility to maintain his or her certifications. It will remain the employees' responsibility to ensure that their on-file e-mail address is up-to-date.
4. Paramedics and EMTs are required to submit proof of these credentials upon hire, and on an ongoing basis prior to their expiration throughout their employment to assure that AMR has current verification of all required credentials. All credentials must be presented to the company by providing the original certificate or license in person, fax copies, copies or emailed copies will not be accepted.
5. Corrective action may occur if records are not current and on-file at the Operations Center.
6. Receipts for received records will be provided by management to employees upon request.
7. It is the employee's responsibility to insure that copies of required documentation are received in a timely manner, and to verify that those records were received in the Operations Center.
8. Required documents must be submitted and on-file a minimum of 72-hours prior to expiration. If an employee fails to provide the required documentation within this expiration window, the employer will reserve the right to fill any scheduled shift(s) 72 hours in-advance of the date of expiration. If the required documentation is received less than 72-hours in advance of expiration, and the employer has not filled the scheduled shift, the employee will be permitted to work. However, once the shift has been assigned to another employee, the employer will not cancel the assigned employee from the awarded shift. The affected employee may use available PTO to offset any loss in wages.
9. It will remain the responsibility of each employee to maintain the minimum standard of qualifications.
10. No employee will be assigned to work any shifts if certifications, accreditations, licenses and/or required documents are not valid and currently on file.
11. Requirements: (\* = required to have in possession while on duty)
  - A. Paramedic Requirements:
    - I. \* CPR Level "C" certification
    - II. \* Medical Examiner's Card
    - III. \* Ambulance Driver's License
    - IV. \* California Driver's License
    - V. \* California Paramedic License

- VI. ACLS certification
  - VII. ITLS or PHTLS certification
  - VIII. PALS or PEPP certification
  - IX. Any additional training or certifications that may be required by the Company or State or Local EMS agency
- B. EMT Requirements:
- I. \* CPR Level "C" certification
  - II. \* Medical Examiner's Card
  - III. \* Ambulance Driver's License
  - IV. \* California Driver's License
  - V. California EMT Certification
  - VI. Any additional training or certifications that may be required by the Company or State or Local EMS agency
- C. Dispatcher Requirements:
- I. \* CPR Level "C" certification
  - II. National Academy of Emergency Dispatch
- D. All EMTs and Paramedics:
- I. TB test annually from the date the last test was read. The test must be read within 48-72 hours of administration. Those employees who have converted MUST complete the health questionnaire annually, have a baseline chest x-ray and medical exam on initial conversion with a doctor's medical clearance to return to work, and have a chest x-ray if symptoms appear.
  - II. Employees must receive three Hepatitis immunizations or have a declination on file.
  - III. Current Employee Profile on file with correct physical address as well as mailing address and telephone number where he/she can be reached.



## Monterey County Operations Manual

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**POLICY:** COMPANY TELEPHONES AND MACHINES

**DATE:** January 3, 2011

**POLICY #:** 110

**PURPOSE:** To establish standards and expectations relating to the use of company telephones and machines.

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**POLICY:**

1. Station phones are provided for employees to use for personal business when not working on company business as assigned by their supervisor. Any long distance or toll call must be charged to a personal residence number or calling card. If this is not possible, the call should be placed from a public pay phone or personal cell phone.
2. Station fax machines are provided for dissemination of information between AMERICAN MEDICAL RESPONSE and employees at the stations. They are not intended for personal use.
3. Phone lines are not intended for personal computer use, therefore they are not to be disconnected from company phones or fax machines.
4. All copiers, postage meters, computer terminals and other office machines are to be used exclusively for AMERICAN MEDICAL RESPONSE business. At no time will these machines be used for personal business or be removed from the premises without specific written permission from the General Manager, or his/her designee.



## Monterey County Operations Manual

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**POLICY:** LETTERHEAD AND FORMS

**DATE:** January 3, 2011

**POLICY #:** 111

**PURPOSE:** To establish standards and expectations relating to the use of company logos, letterhead and forms.

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**POLICY:**

1. The use of AMR logos, letterhead or other company forms for personal business or the endorsement or recommendation of any item or service is prohibited, since such use may be construed to mean that the subject covered is endorsed or approved by the company.



## Monterey County Operations Manual

**POLICY:** RIDE-ALONG / OBSERVER / GUEST

**DATE:** January 3, 2011

**POLICY #:** 111

**PURPOSE:** To ensure Monterey County is compliant with the AMERICAN MEDICAL RESPONSE Corporate Ride-Along Observer Policy.

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### **POLICY:**

The following are excerpts from the AMERICAN MEDICAL RESPONSE Corporate Ride-Along Observer Policy. For more information regarding the complete Corporate policy, contact the On-duty Supervisor.

1. Ride-Along Observer Eligibility Criteria:

A. The following individuals are not covered by the provisions of this policy:

- I. Those who are involved with providing care to a specific patient or assisting AMERICAN MEDICAL RESPONSE with a call in progress, such as allied agency personnel, hospital staff, patient family members, legal guardians, or interpreters.
- II. Paramedic interns and EMT students who are participating in their clinical experience with an AMERICAN MEDICAL RESPONSE-authorized preceptor or field crew.
- III. On-duty AMERICAN MEDICAL RESPONSE employees who are carrying out their official job responsibilities.

B. Subject to stringent approval and documentation requirements, individuals who meet one of the following conditions are “eligible” to complete a ride-along with an AMERICAN MEDICAL RESPONSE supervisor or field crew:

- I. Officials who are formally representing a regulating office / agency that has jurisdiction over AMERICAN MEDICAL RESPONSE’s operations, provided such officials intend to utilize the ride-along to carry out their formal oversight responsibilities or better understand AMERICAN MEDICAL RESPONSE’s operational practices.
- II. Hospital-based clinical staff or administrators, with which AMERICAN MEDICAL RESPONSE does business, provided such individuals intend to utilize the ride-along experience to improve the healthcare operations between their facility and AMERICAN MEDICAL RESPONSE.
- III. Allied agency personnel (i.e. police, fire departments, etc.), provided such personnel utilize the ride-along experience as a way to preserve or improve the working relationship and degree of coordination between AMERICAN MEDICAL RESPONSE and their respective agency.
- IV. Others, with sound business justification, that are deemed eligible by the AMERICAN MEDICAL RESPONSE’s General Manager or his/her designee in advance.

- C. Given the specifications of Sections A and B above, all other individuals are prohibited from participating in ride-alongs, including general citizens, off-duty [or restricted-duty] AMERICAN MEDICAL RESPONSE employees, and AMERICAN MEDICAL RESPONSE employee family members, friends, or acquaintances.
2. With the exception of those individuals specified in Section 1A (I-III) of this policy, Observers are not approved to participate in a ride-along unless they approved in advance by AMR management. In no circumstance will employees be permitted to allow ride-alongs without explicit advance approval by a member of AMR management.
3. Ride-Along Dress Code:
- A. Blue or black pants (no jeans allowed)
  - B. Black shoes
  - C. White or blue collared shirt (no patches)
  - D. Black or blue jacket (no patches)
  - E. Black belt
4. Crews Responsibility:
- A. Ensure that individuals who are covered by this policy that wish to ride with them during any portion of their shift are in physical possession of a valid Ride-Along Pass (i.e. SRM-issued, with appropriate dates and signatures). If in doubt, contact your supervisor.
  - B. Actively assist each approved Observer to comply with the following safety rules:
    - I. Observers shall follow the instructions of the hosting field crew, unless such instruction contradicts any element of the mandatory safety rules in this section.
    - II. Observers shall not participate in the delivery of medical care to any patient at any time, regardless of current or past certifications/licenses or skills to do so.
    - III. Observers shall not assist in the raising, lowering, loading, unloading, positioning, or adjusting the gurney at any time. Similarly, Observers may not participate in the lifting, movement, or repositioning of any patient.
    - IV. Whenever the AMERICAN MEDICAL RESPONSE vehicle is in operation, Observers shall wear a properly adjusted seatbelt at all times.
    - V. Given the risk of infectious exposure, Observers are strongly encouraged to seek the advice and services of their private physician prior to participating in a ride-along experience. In doing so, Observers can make an informed decision about obtaining appropriate vaccinations and receive other key information regarding how to reduce their risk of infectious exposure.
    - VI. If a patient has been identified as a potential carrier of an airborne or droplet pathogen (e.g. tuberculosis, meningitis, etc.), the Observer shall limit his / her exposure on scene and shall ride in the front passenger seat of the ambulance during transport. Be advised that early identification of such patients, prior to significant exposure, is not always possible.
    - VII. Observers shall not store, transport or consume any food or liquid in the patient compartment of the ambulance. Similarly, Observers may not apply lip-balm, make up, contact lenses or other items while in the patient compartment.
    - VIII. All patient effects, environmental surfaces in the back of the ambulance, the gurney and medical equipment should be considered infectious. Therefore, observers should cover areas of chapped, abraded or lacerated skin and wash their hands whenever an opportunity to do so is available (waterless hand cleaners are available in the field setting).
    - IX. While on-scene or otherwise within a 5-foot radius of any patient, the Observer shall continuously wear AMERICAN MEDICAL RESPONSE-issued eye protection regardless of the nature of the call, the hosting crew's failure to do so, or the Observer's individual perception of the relative risk of eye injury or infectious exposure.

- X. During potentially hazardous scenes or patient extrications, Observers must remain at a safe distance even if they are unable to observe the extrication and/or treatment take place. Similarly, Observers must seek a safe vantage point at scenes that present a moving vehicle hazard (i.e. busy streets, highways, freeways, etc.).
- XI. For their own safety or due to operational circumstances, Observers must understand they might be dropped off by the AMERICAN MEDICAL RESPONSE crew (in a safe location) or left at a scene at any time during a ride-along. Similarly, Observers may be required to remain with the AMERICAN MEDICAL RESPONSE crew until the completion of a long transport or the end of the scheduled shift.
- XII. Observers are required to report any injury, illness, or exposure they perceive may have occurred during the ride-along experience to the hosting crew and the on-duty field supervisor. This notification must be made immediately or as soon as possible thereafter.





# Monterey County Operations Manual

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**POLICY:** DOCUMENTATION REQUIREMENTS

**DATE:** July 1, 2014

**POLICY #:** 112.1

**PURPOSE:** To meet the requirements of Title 22 and Monterey County EMSA, and to ensure that adequate patient billing information is obtained.

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## **Purpose**

The purpose of this guideline is to establish standards related to the operations of the Electronic Patient Care Report System, and to assure the accurate and timely submission of the PCR's per company and governmental regulations to receiving hospitals when notified that there is a system issue or the system is down.

## **Policy**

It is the policy of American Medical Response (AMR) that all electronic documentation requirements be followed per this guideline.

A patient care record or report must be completed for all calls. The primary system for patient documentation is the Multi-EMS Data System (MEDS).

MEDS is an Electronic Pre-Hospital care data collection system that integrates sending Computer Aided Dispatch (CAD) information to the field and receives patient data back from the field to generate patient billing information, and reports for the EMS Agency, provider CQI coordinators, hospitals, and other approved entities. Selected users of the MEDS system are authorized to create/view sensitive patient information in this environment.

## **Procedure**

- A. A PCR will be generated for all calls and Stand by Event the crews are dispatched to and for each patient contact.
  - I. Stand by Event Sheet are to be completed to include:
    - In Place Time
    - Crew Member #1 and Crew Members #2 Full Names
    - Run Number
    - Time Arrived at Event
    - Time Departed Event
    - Tablet/Computer number
    - Unit # assigned by dispatch
    - # Patients transported, either by standby unit or requested system unit. If no patients transports put a zero.

- B. For every patient that is transported to a hospital, a PCR must be transmitted and/or left at the facility.
- I. This is to be done within 60 minutes of arrival at hospital, however if unable to do so due to low status, the PCR must be delivered or transmitted to the facility within 12 hours or prior to the end of your shift, whichever should come first.
- When ePCRs are transmitted they are automatically sent to the receiving hospital. In order for this to occur, a receiving facility must be checked in the MEDS program.
  - If unable to complete and transmit ePCR within 60 minutes requirement of County EMS a Late Response Report must be completed and sent to County EMS prior to end of shift.
- II. If leaving the hospital prior to printing the final PCR a "Hospital PCR" will be printed and the following information must be included prior to printing:
- Name (if unknown only use John Doe or Jane Doe), Date of Birth, Chief Complaint, Vital Signs, Treatment rendered, Short Narrative, make sure all times are correct.
- III. Patients being transported to landing zone or via air ambulance/helicopter document location not destination hospital, such as airport or street address.
- IV. When transporting a patient out of county, all hospitals should be listed in MEDS have an associated transmit destination/fax number. If inputting a hospital not found on the list, advise the receiving RN to contact operations for a copy of the PCR.

If there is a problem with the tablet, immediately contact the Duty Supervisor for assistance.

**There must be authorization from a Supervisor, IT, or CES prior to parking a PCR.**

Each tablet is assigned to a crew; tablets are not to be changed without supervisor approval.

Before going off duty, all PCRs must be complete and have been transmitted to the Modesto server (signified by green highlight). If unable to transmit a PCR, a Supervisor must be contact prior to going off duty.

A trip reconciliation/End of Shift Report will be printed at the end of shift. It will reflect all calls transmitted for the shift. If an incident is missing the crew will make note on the report reflecting information regarding the incident. Both crew members must sign the report.

All stations will complete an End of Shift Report. The End of Shift Report, Cover Sheets and trailing documents will be placed in an envelope and sent to operations.

The provided End of Shift Report will reflect the following information:

- Unit number
- Shift date with start and end times
- Case Number
- Date time of call
- Incident Address
- Number of Patients
- Status of ePCR transmitted or parked.
- Disposition
  - Transported
  - Transferred to another unit and which unit, helicopter or AMR unit number
  - Cancelled en route

Cancelled on scene  
AMA

Once a PCR has been transmitted or final print has been performed, the PCR cannot be altered.

However, if changes are needed, create an addendum that will be attached to the original PCR. This includes scanning of trailing documents.

All required fields must be completed before transmitting, to include all needed information within each menu:

All AMR care givers must be documented in ePCR and both care givers must sign the ePCR before transmission. Employees must use signature and not initials when signing the ePCR.  
Patient name and Date of Birth  
Treatment and response: Capnography, Monitor strips (to be downloaded and scanned if unable),  
Venus Access (to include failed attempts as separate items in treatment and response)  
Short narrative  
Protocol used  
HPI  
MOI  
Signature of patient (if unable to obtain must note reason why with all appropriate signatures)  
Verification requirements per Company and County will be documented within the ePCR system, to include but not limited to: Advanced Airway Verification, Capnography, Trauma Triage, disposition, to include all information that applies to current incident.

- C. In many cases, data fields are limited to drop down menus and other format controls to standardize data. It is required to utilize the drop down list and use the narrative to support the information provided in the drop down list. Where the MEDS system allows for user input with a menu, providers are to utilize either plain text language or accepted abbreviations and symbols.
- When entering a procedure performed by someone other than AMR employees enter the following information in the following format:  
Last name only in lower case lettering  
For all Paramedics list certification number preceded by lower case "p"  
For EMTs list EMT in lower case behind name
- D. All documents will be scanned into the ePCR before transmission of ePCR or end of shift, this will include the following, but not limited to:
- I. Patient Insurance cards to include Medicare/Medicaid cards
  - II. Patient Driver License or Identification Card
  - III. Face sheets
  - IV. Data Events Sheets for Standby Special Events
  - V. Medication List if documented in ePCR to "see attached Med List"
  - VI. First responders sheets
  - VII. EKG strips will be downloaded from the LP15 whenever possible, if unable to download you must advise on duty supervisor or IT, then a printed strip/s will be scanned into the PCR and the original left at the hospital.
- E. If for any reason, the tablet is unable to operate or becomes damaged, the on duty Supervisor must be notified immediately. If necessary the Supervisor will issue a replacement tablet.



## Monterey County Operations Manual

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**POLICY:** PARAMEDIC / PATIENT TERMINATION

**DATE:** January 3, 2011

**POLICY #:** 112.2

**PURPOSE:** Given the potential for poor patient outcome and litigation in the termination of the paramedic/patient relationship it is necessary to establish and follow a standardized approach in these cases. The establishment of this procedure will allow paramedics to follow a checklist in each and every case that the paramedic/patient relationship is terminated.

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**POLICY:**

**This policy establishes that a patient is identified as any person having a current history of any of the following:**

1. A physical chief complaint.
2. Summoned for an ambulance.
3. Altered level of consciousness.
4. Alcohol or drug usage.
5. Medical history that has a potential to worsen or complicate present condition.
6. A history of event which had the potential for physical injury.

**PROCEDURE**

**Prior to the termination of the paramedic/patient relationship the paramedic shall:**

1. Perform a physical assessment to include a complete set of vital signs.
2. Obtain a history of the event and prior medical history including medications.
3. Determine that the patient is an adult who can legally refuse medical care (if patient is a minor or incompetent adult, assure that the legal guardian is refusing treatment prior to allowing the refusal).
4. Explain the risks of refusal of medical care and transportation.
5. Explain the benefits of medical treatment and transportation.
6. Determine that the patient has a meaningful understanding of the risks and benefits of treatment and transport.
7. Clearly offer treatment and transportation to the hospital.
8. Prepare and explain the release of liability refusal of care form.
9. Have patient sign the release of liability refusal of care form (the signature should be witnessed if possible). A signature from the witness should be obtained as well if possible.
10. If the patient has an ALS chief complaint or suspected medical illness base contact must be made for consultation.
11. Advise the patient to seek medical attention for complaint.
12. Advise patient to call 911 if condition continues or worsens.

Any unusual termination of the patient/paramedic relationship will result in notification to the on-duty supervisor. Supervisors should be summoned to the scene in cases where patients are refusing treatment and others are requesting transport.

Each aspect described above will be documented on the electronic pre-hospital care report (ePCR). The Termination of Patient/Paramedic Relationship Checklist will be used in all cases.



## Monterey County Operations Manual

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**POLICY:** CARE AND HANDLING OF PATIENTS

**DATE:** January 3, 2011

**POLICY #:** 112.3

**PURPOSE:** To provide rapid and reliable ambulance service for patients and health care customers. To assist dispatch in maintaining a reliable level of units available to respond on all calls that come into dispatch and to decrease out of service time following an out of town transfer.

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**POLICY:**

1. When an AMR unit is requested from either the 911 system or privately, it is the expectation of the public that they will receive excellent customer service that includes minimal effort on their part in getting to the gurney.
2. In the interest of professionalism and high quality patient care, it is the responsibility of all employees in all job classifications to ensure that this policy is facilitated and enforced.
3. Every employee who provides care has a separate affirmative ethical and legal duty to prevent harm to all patients being served by AMR. While employees are in no way expected to put themselves in jeopardy, they must do whatever possible to anticipate any need for special equipment, lift assistance or other resources necessary to safely move the patient.

**Procedure:**

1. The employee who is charged with attending to a patient during a particular transport is required to coordinate the movement and loading of the patient. Unless unsafe or absolutely impractical (e.g. Multi-casualty incident, unsecured scene, etc.) every effort will be made to carry the patient to the gurney.
2. Call early for lift assist.
3. Notify the Field Supervisor if special equipment is needed.
4. Every effort must be made to respect and preserve the dignity and modesty of the patient by using sheets and blankets in an appropriate manner.
5. No patient or occupied gurney will be left unattended.



## Monterey County Operations Manual

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**POLICY:** CHILD / ELDER ABUSE

**DATE:** January 3, 2011

**POLICY #:** 112.4

**PURPOSE:** To ensure that all personnel meet applicable State and Local reporting requirements for suspected domestic violence, sexual assault, child and elder abuse.

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**POLICY:**

1. Ambulance personnel are to make reasonable efforts to transport victims of suspected domestic violence, sexual assault, child and elder abuse to the hospital, and must give a verbal report of their suspicions to the receiving physician or nurse. Hospital personnel may then have reporting responsibilities; however, ambulance personnel are not relieved of their own obligations to report.
2. Consider contacting the Field Supervisor for guidance.
3. Elder Abuse:
  - A. Alleged Abuse Occurring in a Long-term Facility
    - I. The report must be made immediately, or as soon as possible, by telephone to either the Ombudsman for Long Term Care, or the local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility. The telephone call must be followed by a written report.
    - II.
  - B. Alleged Abuse Occurring Elsewhere
    - I. The report must be made immediately, or as soon as possible, by telephone to either the Elder Abuse and Neglect Reporting Hotline or the local law enforcement agency when the abuse is alleged to have occurred anywhere except a long-term care facility. The telephone call must be followed by a written report.
    - II.
  - C. The State of California Department of Social Service Form SOC341 must be completed.
4. Child Abuse:
  - A. According to Section 11166 of the California Penal Code, a Health Care Professional who has knowledge of, or observes, in his or her professional capacity or within the scope of his or her employment, a child who he or she knows or reasonably suspects has been the victim of child abuse, is required to report the known or suspected instance of child abuse to the local Law Enforcement Agency or the County Welfare Department immediately, or as soon as practically possible, by telephone and to prepare and send a written report, form SS 8572, within 36 hours of receiving the information concerning the incident.

5. Domestic Violence: Reporting responsibilities are fulfilled by notifying the local law enforcement agency, and by reporting suspicions and patient findings to receiving hospital staff (if transported).
6. Sexual Assault:
  - A. Sexual assault shall be reported as above in situations involving elder, dependent adult, child or domestic violence.
  - B. If their overall medical condition permits, it is recommended to transport patients who have been sexually assaulted to Natividad Medical Center for evaluation and evidentiary exam; however, the patient may be transported to the receiving hospital of choice.
  - C. Discourage any activity that would compromise evidence collection prior to transport such as bathing, brushing teeth, brushing hair, urinating, defecating, or changing clothes.
7. Summary:
  - A. It is the employee's responsibility to complete the verbal and written report within the required time frames. Reporting this type of suspected violence is mandatory. Failure to report is a misdemeanor. Any Health Professional who knowingly fails to report child or elder abuse is guilty of a criminal offense.





# Monterey County Operations Manual

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**POLICY:** ePCR System Failure

**DATE:** October 13, 2013

**POLICY #:** 112.5

**PURPOSE:** To provide for the proper documentation of patient care during a system failure that meets the requirements of Title 22, and Monterey County EMSA.

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## Purpose

This policy establishes standards related to the operations of the Electronic Patient Care Report System should the system fail to operate properly, and to assure the accurate and timely submission of the PCR's per company and governmental regulations to receiving hospitals when notified that there is a system failure.

## Policy

It is the policy of American Medical Response (AMR) that all electronic documentation requirements are followed during a system failure.

A patient care record or report must be completed for all responses/patients. The primary system for patient documentation is the Multi-EMS Data System (MEDS).

## Procedure

During a system failure:

- A. Once a system failure has been identified, AMR will notify all on duty personnel and receiving facilities of the failure.
- B. A PCR will be generated for all calls and Stand by Events the crews respond to and for each patient contact.
- C. For every patient that is transported to a hospital, a PCR must be printed and left at the facility.
  - I. This is to be done at the conclusion of the call or within 60 minutes of arrival at hospital, however if unable to do so, the PCR must be delivered or faxed to the facility within 12 hours or prior to the end of your shift, which ever should come first.
    - When ePCRs are transmitted they are automatically faxed to the receiving hospital. In order for this to occur, a receiving facility must be checked in the MEDS program.
  - II. If leaving the hospital prior to printing the final PCR a "Hospital PCR" will be printed and the following information must be included prior to printing:
    - Name, Date of Birth, Chief Complaint, Vital Signs, Treatment rendered, Short Narrative, make sure all times are correct





## Monterey County Operations Manual

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**POLICY:** FIELD EMPLOYEE JOB DESCRIPTION

**DATE:** January 3, 2011

**POLICY #:** 113

**PURPOSE:** The purpose of this policy is to clearly set forth the responsibilities of every AMR employee.

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**POLICY:**

The employee, by virtue of accepting employment, assumes the responsibility to:

1. Provide high quality service in a courteous manner to every patient without regard for socioeconomic status, personality traits, disability, appearance, sexual preference, national origin, age, race, religion, or sex.
2. Maintain vehicles, patient care supplies, communications equipment and equipment response ready, clean and in good working order at all times.
3. Conscientiously and with goodwill, speak and act in a manner that enhances the good reputation of American Medical Response.
4. Maintain proper uniform appearance and demeanor at all times.
5. Employees are expected to report to work in full uniform and be ready for assignment at their scheduled start time.
6. Safely and efficiently operate company vehicles and equipment at all times, while ensuring a comfortable patient transport and conforming to all applicable safety rules and regulations.
7. Cooperate fully and courteously with other employees, supervisors, health care, public safety and government personnel in the exercise of their duties.
8. Conform to all applicable governmental laws, regulations, ordinances, policies, procedures and protocols governing Dispatchers, EMT's and Paramedics, including all state, local and Company continuing education, mandatory and in-service training requirements.
9. Promote teamwork which enhances good inter-agency relations.
10. Communicate and respond to all calls and move-ups quickly and in a safe and efficient manner in keeping with criteria set out in this manual.
11. Accurately and legibly complete all paperwork (including electronic forms) required by the Company and other agencies pertaining to job performance, patient care, patient billing and ambulance response.
12. Professionally establish a positive rapport with each patient throughout the process of an encounter or response.



## Monterey County Operations Manual

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**POLICY:** JOINT RESPONSIBILITY

**DATE:** January 3, 2011

**POLICY #:** 114

**PURPOSE:** To set the expectation that crewmembers are jointly responsible for the events of the shift.

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**POLICY:**

1. Field employees are jointly responsible for almost all aspects of each response as well as all other activities of the unit and/or station the employee is assigned to.
2. Teamwork and joint accountability is critical in the emergency medical response profession. Actions or failure to act appropriately as employees of American Medical Response Ambulance and as EMS professionals bears team accountability and responsibility.
3. Specific examples of joint responsibility include but are not limited to:
  - A. Immediate reporting on any malfunction of a vehicle and/or equipment to the Field Supervisor
  - B. Station duties
  - C. Response time requirements
  - D. Reporting any strange or unusual occurrence in the performance of a call:
    - I. Verbally as soon as possible and without hesitation to the Field Supervisor
    - II. In written detail as soon as possible and without hesitation, as required by the Field Supervisor
    - III. If required by policy, to County EMS, in writing within 24 hours
    - IV. The vast majority of all policies and procedures are the joint responsibility of the paramedic/EMT team



## Monterey County Operations Manual

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**POLICY:** UNIFORMS AND APPEARANCE

**DATE:** February 15, 2011

**POLICY #:** 115

**PURPOSE:** To present a professional image in accordance with AMR business standards.

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**POLICY:**

1. Uniform Dress Code:

- A. Uniforms are designed to provide safety and easy identification of American Medical Response Ambulance employees while on duty. No employee will be permitted to add, delete, or wear any other style of uniform, emblem, or pin in lieu of this uniform policy without specific authorization from the Field Supervisor.
- B. Wearing uniforms while not on duty or while performing non-company related business is prohibited.
- C. Employees are responsible to wear and maintain his/her uniform in a clean, orderly fashion at all times and in accordance with this policy. The Company reserves the right to designate all types, styles and colors of uniforms issued to each employee.
- D. Employee uniforms are not considered personal safety equipment. As such, employees are required to utilize the appropriate safety equipment provided in every ambulance.
- E. Worn or damaged uniforms must be replaced.
- F. Employees must have easy access to an extra uniform in case of damage or soiling of the uniform they are wearing.
- G. All Full and Part-time field employees will only wear the uniform supplied by the Company.
- H. All uniforms for field employees will be issued from the authorized vendor through the Company as specified in the Collective Bargaining Agreement.
  - I. Jump suits may only be worn only between 22:00 hours and 06:00 hours.
- J. Polo Shirts that are purchased through the company store (navy blue style) may be worn at standby events under the condition that both employees are wearing the same attire. The default uniform in the event that one or both employees are unable to meet this standard will be the two-piece uniform described under Section K. Under no condition will tee shirts be permitted to replace this standard.
- K. Two piece uniforms
  - I. Must be navy in color
  - II. Long or short sleeve shirt with sleeves rolled down at all times and buttons secured above breast pockets
  - III. Company patch with appropriate rank on left sleeve 1 inch below shoulder seam
  - IV. County Patch on right sleeve 1 inch below shoulder seam
  - V. Rank rocker below County patch.
  - VI. Black belt must be worn at all times. Belt accessories must be black and uniform in appearance.
  - VII. Pant legs will not be bloused at any time

- L. Rain Gear
    - I. Shall be yellow in color and Company approved
  - M. Jackets
    - I. Only the Company issued jacket will be worn.
  - N. Footwear (Employee purchase)
    - I. Safety boots (i.e. Redwing, Rockies, and Danners) that are black in color and of a polishable material must be worn while on duty. (Including uniformed employees on special assignments) Safety toes are recommended. Boots must be purchased by the employee and reimbursement will be made per the Collective Bargaining Agreement. Boots are to be kept shined and in good repair.
  - O. Identification Badges
    - I. Must be worn at all times while in uniform
    - II. Must be worn on or over the right uniform pocket.
    - III. Must be worn forward and not defaced in any way (pins, tape, decals, etc.)
  - P. Safety Glasses
    - I. Must be worn on all patient contacts per the Code of Safe Practice.
    - II. Must be worn while cleaning biohazard waste or using disinfectants or other chemicals per the Code of Safe Practice.
  - Q. Hats (Optional-employee purchase)
    - I. AMERICAN MEDICAL RESPONSE logo, baseball style hats from the Company approved vendor may be worn while in uniform.
      - a. The hat will be worn forward and down in the traditional manner.
    - II. Company approved stocking caps may be worn in cold weather.
    - III. No other hats will be allowed.
  - R. Undershirts/Over shirts (Employee purchase)
    - I. T-shirts with crew neck collars must be worn under jumpsuits and two piece uniforms. T-shirts will be white or navy blue in color, and in a state of good repair free of fading color or fraying material. Printed material on undershirts shall not show through the uniform. T-shirts alone shall not be worn in place of the uniform at any time.
    - II. Navy blue turtleneck or navy blue long-sleeved T-shirt may be worn under the uniform in cold weather. Only an AMERICAN MEDICAL RESPONSE logo on the undershirt collar may be visible. The uniform must cover all other logos and printed material.
    - III. The navy blue Military Style Sweater with the AMERICAN MEDICAL RESPONSE logo from the Company approved vendor may be worn while in uniform, over the collared uniform shirt, in cold weather. No other shirts or logos will be allowed to be worn over the uniform.
    - IV. The wearing of another agency's insignia on any part of the uniform or visible under or over the uniform is prohibited.
  - S. Body Armor (Optional-employee purchase)
    - I. Body armor may be worn while in uniform.
    - II. The body armor must be worn under the uniform.
  - T. Safety Vests
    - I. It is the employees' responsibility to maintain an atmosphere of safety, and to report in proper uniform with appropriate safety related individual equipment. Employees will wear Reflective Safety Vests if engaged in any highway related response or MCI, at the direction of the Incident Commander, Public Safety Officer, Field Supervisor, Law Enforcement, Fire Officer, or any assignment where higher visibility will foster a safer work environment for personnel.
2. Appearance:
- A. Since the nature of our business will bring us into close physical contact with many persons and in varied situations, the obvious need for good personal appearance and hygiene becomes apparent.
  - B. Hair

- I. Hair must be kept clean and well groomed so as to avoid any potential interference with patient care, vision or work performance.
  - II. Longer hair on female employees that extends beyond on the bottom of the collar must be tied back or up for safety reasons.
  - III. Male employees will not be permitted to maintain hair styles where the length extends beyond the bottom of the uniform collar.
  - IV. Hairstyle should reflect the professional image that we are attempting to project to our patients and colleagues. Extreme hairstyles will not be permitted.
- C. Facial hair
- I. Sideburns are to be carefully trimmed and must not extend below the ear lobes.
  - II. Mustaches are to be clean and carefully trimmed. Mustaches must not extend below the lower lip and extend more than 3/4 inches from the corner of the mouth. Extreme styles will not be permitted.
  - III. No beards of any kind shall be worn.
- D. Hygiene
- I. All personnel shall bathe regularly. Body odor is not always apparent to the person having it so in order to avoid embarrassment good bathing habits are essential.
  - II. Deodorants are suggested. Perfumes or colognes should be use sparingly.
  - III. Underwear and socks shall not be visible from outside the uniform.
  - IV. Due to close contact with the people we work with, Halitosis can be offensive to others and must be attended to.
  - V. Fingernails must be trimmed and clean.
- E. Jewelry
- I. One and only one AMERICAN MEDICAL RESPONSE insignia or certification or union pin may be worn on the uniform unless authorized by Operations. The pin must only be over the left breast pocket 1/4 inch above the upper seam and centered. Additional professional industry pins may only be worn at management discretion.
  - II. In addition, those employees functioning as Field Training Officers and Acting Supervisors must wear their insignia while acting in those positions. The FTO insignia will centered over the right breast pocket 1/4 inch above the upper seam. The Acting Supervisor's insignia will be worn on each collar in the traditional manner.
  - III. Earrings may be worn in each ear and must be of the post type and the earring shall not hang below the earlobe for safety reasons.
  - IV. Necklaces must always be underneath the uniform and shall never be visible.
  - V. Wristwatches and Medic Alert bracelets may be worn if the items are not subject to snagging due to being loose on the wrist.
  - VI. One ring set may be worn on one finger of each hand if the rings are not subject to snagging of anything or subject to tearing of exam gloves.
  - VII. Nose rings, lip rings or any visible piercings must be removed or of a clear style stud (non-color; see through / clear material).
  - VIII. Body art / tattoos will not be visible or reasonably covered if they extend beyond the standard uniform sleeves and collar area.
  - IX. No non-safety (i.e., tennis shoes, flip flops, sandals, etc...) foot wear of any kind will not be permitted at any time.
  - X. No tee shirts shall be permitted as uniform wear.



## Monterey County Operations Manual

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**POLICY:** ATTENDANCE AND TARDINESS

**DATE:** February 1, 2011

**POLICY #:** 116.1

**PURPOSE:** To establish a company standard for attendance and to prevent high rates of absenteeism and excessive and/or single day pattern PTO use. American Medical Response relies upon prompt and dependable attendance of scheduled personnel to meet the needs of the public we serve. It is a professional obligation of each employee to maintain a good record of attendance. The following attendance policy reflects this expectation and provides specific criteria to determine the employee's ability to meet this critical requirement.

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### Policy:

1. General:

- A. Field employees shall be on the premises, in accordance with the uniform policy, clean-shaven, and otherwise ready to work at the time their shift begins.
- B. An employee unable to work their shift due to illness or other valid reason shall contact the On-Duty Field Supervisor as early as possible but no later than three (3) hours prior to each shift the employee is expected to miss.
- C. Under no circumstances will any employee have another employee work for part of or all of a shift without Operations approval.

2. Categories or Attendance Deviations:

A. Tardy

- I. Defined as being more than five (5) minutes late for the start of a shift or leaving early without prior approval.
- II. If the employee experiences a situation that will result in the employee arriving late for the scheduled shift, the employee must contact the Field Supervisor PRIOR to the beginning of the shift and advise of the situation.
- III. The tardy portion of this policy will be enforced regardless of whether the Field Supervisor is notified of the impending tardy.
- IV. Employees who fail to clock into the Kronos system must fill out a Kronos correction form. Employees who fail to clock-in, must have a supervisor signature on the Kronos correction form to validate their work hours. The employee will immediately fax the completed form to the supervisor or leave the form in the supervisor's in-box. Failure to clock into the Kronos system at the beginning of the shift will be considered a "tardy", unless excused by management (immediate call/move-up, system down, etc.).

B. Absence

- I. Excessive personal emergency and /or sick calls for any scheduled shift(s) (including those acquired via shift trades, give-aways, etc..) in close succession or a regular pattern are grounds for corrective action in the event such absences are not explained to the satisfaction of the Employer. The attendance standard is defined below.
- II. AMERICAN MEDICAL RESPONSE work requirements, including overtime, scheduled and/or non-scheduled, will have precedence over any outside



employment. Employees who are unable to maintain a high standard of work performance or are unable to report to duty as required by AMERICAN MEDICAL RESPONSE as a result of outside employment will be subject to appropriate corrective action up to and including termination.

- III. Failure to arrive at Company-sponsored classes scheduled for the employee, such as local education, FTO time, five call evaluations, teaching assignments, etc. shall count as an absence for the purposes of this policy.
- IV. Employees are expected to attend all mandatory events which require their physical presence such as training sessions or mask fit testing (for example). Failure to attend any mandated training module requirement within the specified published time frame may prohibit an employee from working until such required testing/training is completed to the company's satisfaction, and may be subject to accelerated corrective action.
  - a. AMR will attempt to make the following accommodations for mandatory requirements:
    - i. When possible, AMR will provide 30 days advance notice of the upcoming requirement. This notice may include automated notifications via Telestaff.
    - ii. AMR will attempt to ensure that at least two dates to fulfill the requirement are available to each 24 hour shift (A, B, C based on the non-modified Kelly schedule) and to each 12 hour unit (minimum of six session dates).
    - iii. AMR may utilize various methods to notify the employees of the upcoming requirement which may include, postings at the stations, faxes to the stations, Telestaff, paging/text system or other electronic methods.
  - b. Extenuating circumstances such as illness, pre-approved vacation requests and unforeseen circumstances may be taken into account when determining if corrective action or loss in pay will result due to an employee not attending a mandatory event.

#### **Procedure:**

##### **1. Notifying the Field Supervisor:**

- A. The employee will notify the Field Supervisor by the following procedure:
  - I. Employee will contact the on-duty Field Supervisor using the supervisors published mobile telephone number.
  - II. At no time will tardy/absence information be left on the Field Supervisor's office or cell phone voicemail, and text messages will not be appropriate for notification.
  - III. At no time will the Scheduler be given tardy/absence information in lieu of the Field Supervisor.
  - IV. If the employee is unable to contact the supervisor, then the employee will call the dispatch center and notify the dispatch center of any tardy/absence and provide the employee's contact information. The dispatcher will contact the supervisor or other member of management and provide this information.

#### **Attendance Standard:**

The standard for attendance will be based on a cumulative point system. Any tardy or sick call as defined in Section 2 will receive one (1) point for each event with the exception of failing to log into Kronos. An employee that fails to log into Kronos will receive one half (1/2) point for this occurrence. Employees will be allowed to carry up to four (4) total points without being subject to any corrective action. Points will automatically "fall-off" or follow a reversal point system at the rate of one (1) every two months. The single point removal will occur on the first of the month and follow

a fixed and consecutive schedule of January 1<sup>st</sup>, March 1<sup>st</sup>, May 1<sup>st</sup>, July 1<sup>st</sup>, September 1<sup>st</sup>, and November 1<sup>st</sup>. Points accrued within 14-days of the next removal window will remain until the following window period.

Upon exceeding the maximum allowable points, the employee will enter the corrective action process. Any employee with active discipline for attendance will accrue double points (X2) for any attendance event as defined in Section 2. The point reversal system, however, will remain at the standard single point.

Upon expiration of the correction as defined by the CBA, the point accrual will resume to the standard accrual and reversal rates.

Consecutive dates of absence will count as one occurrence for the purpose of accruing points.

The company will notify the employee (or post this information on Telestaff) within 3 days of an occurrence for which points are accrued.



## Monterey County Operations Manual

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**POLICY:** PTO USAGE – SICK CALLS

**DATE:** February 15, 2011

**POLICY #:** 116.2

**PURPOSE:** The purpose of this policy is to provide the best and most efficient service to our customers while maintaining the highest levels of productivity within the organization. This can only be achieved when employees report for work as scheduled, unless incapacitated by a bona fide medical reason.

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### Policy:

1. Contact with the supervisor must be made when calling off due to illness or injury. The employee will notify the Field Supervisor by the following procedure:
  - A. The employee will notify the Field Supervisor by the following procedure:
    - I. Employee will contact the on-duty Field Supervisor via Dispatch
    - II. Dispatch will contact the Field Supervisor with the information.
    - III. At no time will tardy/absence information be left on the Field Supervisor's office or cell phone voicemail.
    - IV. At no time will the Scheduler be given tardy/absence information in lieu of the Field Supervisor.
2. Except in extreme cases, sick calls made for employees by spouse or friends will not be accepted.
3. Contact with the supervisor must occur at least three (3) hours prior to the scheduled shift start time in order to be eligible for PTO. Early contact is appreciated to allow management time to cover the open shift.
4. Management has the right to require a note from a physician prior to allowing an employee to return to work.



## Monterey County Operations Manual

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**POLICY:** PTO USAGE - VACATION

**DATE:** February 15, 2011

**POLICY #:** 116.3

**PURPOSE:** To clearly define how requests for Paid Time Off (PTO) are evaluate, granted and scheduled.

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### **POLICY:**

#### Annual PTO Requests:

Vacation dates may be reserved for the following calendar year (January 1 through December 31) on a seniority basis by submitting a written request to Scheduling before November 30<sup>th</sup> of each year. On December 1<sup>st</sup>, copies of the submitted vacation requests will be provided to the union for their records. If such requests are approved, they will be considered tentative approvals. The final approval or disapproval of vacation requests will be communicated to the employee no later than (60) calendar days prior to the requested vacation dates. It is the employee's responsibility to ensure that he/she has enough accrued and used PTO available at the time of their vacation. Employees that do not have a sufficient amount of hours to cover the requested vacation dates/hours are subject to cancelation of any previously approved vacation.

#### Daily PTO Requests:

- PTO must be taken in 12 or 24 hours increments.
- Daily PTO requests must be received at least 3 hours in advance, except in cases of bona-fide emergencies.
- Multiple requests received on the same date for the same date, will be approved in seniority order.
- PTO requests of in excess of one day must be submitted at least 72 hours in advance, except in cases of bona-fide emergencies.
- PTO requests that are partial shifts (12 of a 24 hour shift) will not cause AMR to incur any additional overtime costs. The employee covering the shift will be compensated within the same classification (i.e., employees working a half shift of a trade, the employees will be compensated at the 24-hour rate).
- PTO requests will be approved based on existing staffing needs but will not be unreasonably denied.
- It is the employee's responsibility to confirm that their PTO was approved.
- Management may adjust the daily PTO CAP during staffing shortages, major standby events or system status needs. In the event of a closed CAP for a given date or period, PTO may be granted, provided that the employee finds their own coverage for the shift.

#### Excessive PTO usage:

- Excessive single day PTO usage in close succession and/or a regular pattern of single day PTO usage, not approved by management, may be grounds for corrective action.



## Monterey County Operations Manual

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**POLICY:** SCHEDULING AND FILLING OPEN SHIFTS

**DATE:** January 3, 2011

**POLICY #:** 116.4

**PURPOSE:** To clearly define how field employees are scheduled, including the scheduling of part-time employees, assignment of extra duty shifts, and filling post schedule openings.

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### **POLICY:**

#### Pre-Scheduling Shifts

- Full-time employees will be assigned to the Shift Assignment to which they bid.
- The scheduler will identify all unfilled shifts, special events, stand-bys, and days requested for PTO as "Open Shifts".
- Open Shifts will be posted on Schedule Force by the 5<sup>th</sup> day of the preceding month. In other words, on September 5<sup>th</sup>, the open shifts for October will be posted on Schedule Force.
- An all-page will be sent out when the schedule is available on Schedule Force.
  - Availability must be posted on Schedule Force by the 10<sup>th</sup> day of the preceding month.
  - Part-time employees are required to post availability for a minimum of ten (10) shifts, and may schedule up to forty (40) hours in a week.
  - Full-time employees shall post availability on Schedule Force to indicate overtime shifts they would voluntarily like to work.

Open Shifts will be assigned in the following order:

- Part time employees, providing the shift will not result in any overtime.
- Full time employees

#### Filling Post-Schedule Openings:

When a shift is identified as available after the schedule has been released, the following shall apply:

- Shifts will be paged out to Part-time and Full-time employees as a single page.
- All employees have 30 minutes to respond to the page. This includes both full time and part time employees.
- Employees must speak clearly when leaving a message for requested shifts. You will not be contacted if you are not understandable.
- Shift requests must be specific. If multiple shifts are paged for the same date, state the shifts you are available for in order of preference (if you have a preference). If you are not specific, the shift will not be awarded to you. If you do not state an order of preference, then the scheduler may utilize you in any of the shifts you stated you were available for.

#### Awarding of Shifts:

- After 30 minutes, shifts will be awarded in the following order; Part time employees, providing the shift will not result in any overtime and then full time employees.
- As soon as possible, a page will be sent out notifying the workforce of who was awarded the shift.
- If an employee does not receive a page, it is the employee's responsibility to check if they were awarded the shift by one of the following methods (in order of preference): Check Schedule Force; call the scheduling department; call the on duty supervisor.
- Once the shift is awarded, the employee cannot revoke their decision to work the awarded shift.
- In the event that the shift remains open, it will be page out again and awarded to the first caller, part time or full time regardless of hours worked.
- Shifts disputed by either the affected employee or a recognized union steward or executive board member shall be resolved prior to the award of the shift when a delay will not impact the staffing of a unit.
- If the scheduler receives a complaint it will be forwarded immediately to a management representative for resolution.
- The management staff upon receipt of a dispute from an employee or scheduler will advise the employee to contact a union representative to assist with the resolution. If a union representative is making contact, the management staff will work directly with them.
- The parties will review the staffing need (date, time, shift location, etc.) the procedure used to fill the shift and the results of the process.
- After the review, if the union feels the shift was awarded incorrectly the administrative staff will (in collaboration with the union) award the shift to the agreed upon employee. If the union and the employer are in disagreement with who should be awarded the shift, the employer will determine which employee will be awarded the shift.

#### Shift Awarding Scheduling Matrix:

1. Highest seniority PT employee, providing the shift will not result in any overtime for the employee.
2. Highest seniority FT employee regardless of hours worked.
3. Highest seniority PT employee regardless of hours worked.
4. Highest seniority FT EMT /PT Medic interested in Medic opening.

#### Shift Bidding:

Shift Bids, will be held when determined necessary, or in accordance with the parameters of an active CBA. Shift bid schedules are based on the framework of the Company's daily demand for services. Shift bids will be based on the shifts, dates, and times, as determined by the Employer.

#### Dual Paramedic Assignments:

The employer at its sole discretion may reserve the right to designate paramedic units with regularly scheduled dual paramedic assignments. In these cases, one position may be reserved for paramedic employees with no greater than combined total of one year experience as an EMT / Paramedic. If all paramedics exceed one year of experience, or paramedics with less than one year of experience bid into a dual assignment, the position will revert open and available to bid by any paramedic.

Employees who bid into this assignment may (at the employers' discretion) be temporarily assigned to alternate units once the company is unable to fill a shift opening. Unless otherwise advised, the least senior employee to accept a phone call up to 24-

hours prior (of their normally scheduled shift) to receive an alternate assignment. In such cases, the employee may be required to report for duty at the time of the start of the newly assigned shift. Employees who are unable to consistently meet or refuse being temporarily reassigned, may be permanently removed from this assignment as deemed appropriate by management.



## Monterey County Operations Manual

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**POLICY:**        **MINIMUM SHIFT REQUIREMENTS**

**DATE:**         August 1, 2013

**POLICY #:**     **116.5**

**PURPOSE:**    To ensure that all personnel maintain job required skills. To ensure that part time personnel are available to fulfill company-scheduling requirements.

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**POLICY:**

It shall be the policy that all part time personnel work a minimum of 8 shifts per quarter (provided shifts are available), with a minimum of at least two (2) per month.

**PROCEDURE:**

- Part-time personnel are required to log into Schedule Force and post their availability for the coming month by the 10<sup>th</sup> of the preceding month.
- Part time personnel must provide ten (10) days of availability on Schedule Force.
- Management will fill shifts in accordance with the Collective Bargaining Agreement.
- Employees are responsible to check Schedule Force for assigned shifts.
- Part time personnel failing to report to an assigned shift will be considered an unexcused absence.
- For consideration for an excused hardship or to withdraw from an assigned shift, part time personnel unable to report to shifts as assigned must submit in writing not more than three (3) days after the pager notification that shifts have been assigned.
- Employee Assignments shall be available, via Schedule Force, at least fourteen (14) calendar days in advance.
- Part time Paramedic personnel must maintain paramedic accreditation in Monterey County.
- Part time EMT personnel must maintain EMT accreditation in Monterey County.





## Monterey County Operations Manual

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**POLICY:**        **AMBULANCE STATUS AND READINESS**

**DATE:**           February 1, 2016

**POLICY #:**       **117.2**

**PURPOSE:**      The following procedures have been designed to facilitate the most expeditious and concise method for the successful readiness and movement of field units.

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**POLICY:**

1.   Units Coming into Service:

- A. All 24-hour units are considered “in-service” at all times unless specifically declared “out-of-service” by the Field Supervisor.
- B. All Flex units will log on via radio with Dispatch within and no later than, fifteen (15) minutes after their scheduled on-duty time with the following information: Medic unit, crew names, employee numbers, physical unit number, and KW#. All Flex units are considered to be in service and available for calls and posting assignments at the fifteen minute (15) mark. Crews may request additional time from Dispatch and/or the on-duty supervisor.
- C. If there is a change (employee, physical unit, etc.) on the unit anytime during the shift, it is the crew’s responsibility to immediately notify the Dispatch of the change.
- D. At the start of shift, both crew members are to be in uniform. Make contact with the on duty supervisor to obtain your locker combination. Crews will be required to perform a supply and equipment check to verify the unit meets the minimum stock levels per the Monterey County Minimum Stock Levels for ALS Units policy (see policy for list).

2.   Units Going Off-Duty:

- A. Dispatch will make every effort to clear 24-hour units for quarters to facilitate the morning crew change.
- B. System Status dependent, Flex units will be released to the deployment location thirty minutes prior to their scheduled off-duty time, 45 minute for outlying post locations, or during heavy traffic times.
- C. The released unit will remain in-service and available for calls until their scheduled off duty time.
- D. The unit shall be cleaned, fueled and stocked prior to logging off. All garbage bins will be emptied and the unit left prepared for deployment.

3.   Reporting Status Change:

Any time a unit moves from an operations center, quarters, hospital, post, scene etc. the crew will notify Dispatch of their status (and location if necessary) via radio.

4.   Dispatch of Assignment (Time Dispatched to En Route):

- A. Upon identifying the most appropriate unit to respond, Dispatch will provide the ambulance crew with the information to initiate a response. Radio, pager or telephone can be used to provide this information.

I. Response Performance:

a. When advised of an assignment regardless of response code the crew shall proceed immediately to their unit and advise they are responding.

b. Flex units will go en route to all calls and post assignments within 45 seconds at all times.

c. 24 hour units will go en route to all calls and post assignments within 45 seconds from the beginning of shift (BOS), until 22:00 hours. From 22:00 hours to end of shift (EOS), 24 hour units available from Quarters will go en route to calls and post assignments within 2 minutes. If after 2200 hours and the unit is not in Quarters, the standard will be 45 seconds.

d. All Delayed Chute Times and Late Calls will require a Delay Notification form be filled out by both crew members. This form will be provided to the crews by the On Duty Supervisor. Crews will complete the form and return it to the On Duty Supervisor.

e. Employees are not to call dispatch and question call assignments. In the event a crew feels that there is a closer unit to the call, they may advise Dispatch only after initiating their response. Dispatch will have final authority whether to reassign the call to a different unit. Under no circumstance will this constitute any delay in the response.

f. After you have completed the assigned call you may request to speak to the Operations Supervisor, or you can document any incident or concern on an Incident Report and submit the report to Operations to resolve the conflict.

1. Arrival on Scene:

A. The responding unit will declare themselves "On Scene" via radio with an acknowledgment from dispatch:

I. On arrival at the REPORTED street address of the incident.

II. On arrival at the MAIN ENTRANCE of the following types of locations:

a. Golf Courses

b. Parks

c. Apartment Complexes (considered on-scene when in-front of the building address)

d. Other multi-unit complexes

e. Shopping Centers

f. High Rise Structures

g. Industrial Facilities

III. Upon leaving the public right-of-way onto a private or dirt road.

IV. Upon staging for an un-secure scene.

V. Upon arrival at scene the crew will immediately notify the dispatcher of their arrival, if this communication is not acknowledged then the crew will make a second attempt to report their arrival. Arrival at scene will also be communicated to the appropriate fire dispatch.

VI. Crews will advise the appropriate fire dispatch centers as per local guidelines.

B. All units responding to a non-emergency transfer will arrive at least fifteen (15) minutes prior to the scheduled pick-up time unless otherwise authorized by the Communications Center.

- C. If EMS Dispatch or Firecomm asks for an ETA to the scene of a call, the crew will respond with the estimated time in minutes, and the current location of the unit described by the nearest major landmark.
- D. Scene Safety
  - I. It is the Company's goal to ensure field personnel safety. Assaults, shootings and other violent nature type calls are considered unsecured until notified by the appropriate agency. It is the responsibility of the Communication Center and the field unit to communicate with each other to determine scene status.

## 2. Hospital Drop Times

- A- "Definition" The hospital drop time is defined as the total time from when the unit advises dispatch that they are at the ED to the time the unit is available for calls and/or clear the hospital.
- B- For Code 2/non-emergent transports units will have a 30 minute drop time. Dispatch will automatically put the unit in service at the 30 minute mark.
- C- For code 3 transports, units have 40 minute drop time. Dispatch will automatically put the unit in service at the 40 minute mark.
- D- If more time is required, crews will contact Dispatch to request an extension. Extensions may be granted due to calls involving: STEMI, CVA, Trauma activation, other complex PCR's, or extended clean-up./Decon. Any extension beyond 1 hour will require Supervisor approval.

## 3. Oxygen levels

- A. Rural (Big Sur and King City) units shall change their "M" tank when the level reaches 750 lbs.
- B. Urban and Flex units shall change their "M" tank when the level reaches 500 lbs.
- C. Whenever possible, all system units will carry 2 full reserve "D" tanks in addition to the active portable.

## 4. Non-Dispatched Activities

- A. Ambulances must physically be able to respond to all assignments at all times. All Shopping malls / centers (i.e., Edgewater Shopping Center, Del Monte Center, etc.) are off limits. Crews should avoid drive through restaurants or other establishments/areas that do not allow rapid egress are prohibited unless cleared in advance by dispatch or the on-duty supervisor.
- B. When assigned to a post, crews shall remain within a quarter mile radius of the post location, unless cleared by Dispatch or the On-Duty Supervisor. 24-hour units are permitted to roam up to ½ mile from their assigned station location to which they are assigned, and will not be permitted to venture roam farther unless specifically approved by the On Duty Supervisor.
- C. When sent to a post, crews shall immediately proceed to that location by the most direct route, unless cleared by dispatch or the on-duty supervisor.



# Monterey County Operations Manual

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**POLICY:** CCT TRANSPORT REQUESTS

**DATE:** January 3, 2011

**POLICY #:** 117.2

**PURPOSE:** The following procedures have been designed to facilitate the most expeditious and concise method for handling Critical Care Calls.

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**POLICY:**

The purpose of this policy is to establish a clear and consistent method of deploying CCT transport resources to facilities within Monterey County. This Operational Guideline details the approved procedure to follow on all CCT transport requests received in the Monterey Communications Center.

**Procedure**

- The dispatcher will input/process (in the CAD) all pertinent call information on receipt of the first originating call request from facility or other dispatch center. If the CCT crew (both system unit and CCT nurse) is immediately available to respond and/or meet requested pick-up time, either notify the reporting party that AMR will arrive as requested, or if the request is an ASAP, provide the RP with our ETA.
- The dispatcher will first assign, the closest and most appropriate system unit to the call. The unit assigned will be the primary unit identifier for the remainder of the call detail.
- The dispatcher will then assign the CCT Nurse via the standard dispatch method. The nurse will provide the dispatcher with their responding from location as well as their ETA.
- The on-scene time will be recorded when both resources have arrived on-scene at the hospital.
- In cases where the dispatchers determine that a rendezvous point will be best meet the response time criteria, The Nob Hill parking lot located at South Main and Blanco in Salinas has been established a central meeting point. The units will notify dispatch of their arrival at the rendezvous location and when they are en route (as a full CCT crew) to their dispatched location. Upon completing of the call assignment, the crew will be responsible for returning the nurse to their vehicle, unless otherwise approved by the field supervisor.

**Out of County Transfer Requests**

CCT requests that originate in Monterey County will always take precedent over external (out-of-county) requests. Any CCT request that originates outside of Monterey County and is not covered under the EMS Contract (i.e., Watsonville Hospital, Dominican, Hazel Hawkins, etc...) will not be assigned unless under direct approval by a field supervisor. Out of county transfers will be considered and approved based solely on system need. The Monterey County Field Supervisor has the final say on the utilization of the CCT unit to be committed on transfers that originate out of Monterey County. If the supervisor is unavailable, the request will be denied and transferred to the appropriate dispatch center.



## Monterey County Operations Manual

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**POLICY:** FATIGUE ON DUTY

**DATE:** January 3, 2011

**POLICY #:** 118

**PURPOSE:** To provide a procedure for the employee to notify the Field Supervisor when they are too fatigued to safely do their job. To enable operations to track the occurrence of fatigue in order to modify the work assignments or system status to reduce such occurrences.

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**POLICY:**

1. It is the responsibility of the employee to arrive at work well rested, properly dressed and ready to work the assigned shift.
2. A field employee who feels that he/she is no longer able to perform the basic job responsibilities due to fatigue must immediately notify their co-worker(s) and the Communications Center. The unit shall be immediately placed out of service and the on-duty Field Supervisor shall be notified. The Field Supervisor or designee will promptly begin the process of finding replacement staff in an effort to return the unit to service.
3. Notification of fatigue must be made prior to receipt of a call. It is not appropriate for the fatigued employee to wait and receive another call assignment and then advise that he/she is unable to respond due to fatigue.
4. In order to ensure that the fatigued employee(s) have had the opportunity to obtain sufficient rest prior to leaving their workstation for the day, or returning to service, employee(s) invoking this policy will continue on the Company's payroll and remain in their assigned station for four (4) hours before being returned to service, or for three (3) hours after going out of service before going home, whichever is appropriate. At the completion of this time, the employee shall contact the on-duty Field Supervisor and advise him/her that the employee is rested. The employee may not leave the station until the Field Supervisor has cleared the employee, even if it is past the employee's off-duty time. This procedure has been established to ensure the employee's safety and will be adhered to without exception.
5. Prior to leaving the station, the employee will complete an Incident Report regarding the occurrence of fatigue, forward via fax or e-mail to the on-duty Field Supervisor. This report shall contain the following information:
  - A. The time the employee reported for duty.
  - B. The time the unit was placed out of service.
  - C. The number of calls completed during the shift.
  - D. The estimated number of hours spent in the ambulance during the shift.
  - E. The estimated number of hours of sleep obtained during the shift.
  - F. Identification of factors contributing to the employee's fatigue including outside employment.

6. A review shall occur for all incidents of fatigue. If an employee's claim of fatigue is determined to be reasonable, no further action will take place other than monitoring and tracking. If it is determined that the employee's claim of fatigue was not reasonable, measures may be taken to help prevent future occurrences. These measures may include, but are not limited to, the transfer of the employee to another shift with different hours, or restriction from working overtime.
7. Reports of fatigue will be monitored by individual employee as well as by unit. If there is a recurrent fatigue issue with a specific unit, the General Manager or his/her designee, shall first examine the possibility of modifying deployment policies. These modifications may include changes in back-up procedures or call rotation in an effort to minimize the potential for future occurrences of fatigue. Should changes in deployment procedures fail to yield the desired result, the Director, or his designee, may alter the affected unit's schedule to rectify the problem.
8. Company policy and common sense all dictate that if an employee is too ill or too fatigued to work safely, it is that employee's obligation to place his/her unit out of service. It is not the intent of this policy, nor should this policy be construed as pressuring or limiting any field employee's obligation to self-monitor and maintain a safe work environment. Continuing to work when unsafe could open the employee to unnecessary legal liability and will be considered a serious violation of AMR Policy.



## Monterey County Operations Manual

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**POLICY:** FUELING AMBULANCES

**DATE:** January 3, 2011

**POLICY #:** 119.1

**PURPOSE:** The purpose of this policy is to establish clear standards for the use and process of the fleet fuel card program and provide company expectations for the fueling of units.

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**POLICY:**

1. It is company policy that employees will use a vehicle-assigned fuel card in conjunction with an assigned employee PIN number. It is also policy that company vehicles will be so fueled as to not create potential for poor patient outcome and increase exposure to liability.

**Procedure:**

1. Employees will be responsible for the proper usage of the fuel card and their PIN number for the specific purpose of fueling ambulances and support vehicles at the designated service stations.
  - A. The use of a fuel card for personal vehicles or any other unauthorized use is strictly prohibited and will be considered theft of Company property.
2. When utilizing the fueling cards, authorization must be obtained from the service station prior to fueling at the pump by inserting the card in the card slot.
  - A. Attempt authorization at the pump only once. If authorization is not obtained at the pump, gain authorization from the attendant. Authorization shall not be assumed by just handing the card to the attendant. The employee shall have the attendant obtain authorization electronically or by phone using the 800-number on the back of the card.
  - B. If, at any time, the card is denied, employees shall advise the Field Supervisor immediately.
3. Immediate contact of the Field Supervisor is required if the assigned fueling card is missing.
  - A. Employees shall not use an out of service unit's fuel card unless authorized by the Field Supervisor.
4. All company vehicles that are in service shall be fueled when the fuel tank reaches  $\frac{1}{2}$  full.
5. It is the responsibility of both crewmembers to ensure company vehicles are full of fuel prior to going off duty or out of service, including the return of a back-up unit.
  - A. Crewmembers will check the ambulance for adequate fuel levels every morning.
  - B. Advise the Field Supervisor if a vehicle has been left with less than minimum fuel levels.

- C. If you find you are reaching critical fuel levels (less than  $\frac{1}{4}$  tank), advise the Communications Center.
  - D. Never allow a tank to run completely dry. If a diesel tanks runs dry;
    - I. Contact the Communications Center and put the unit out of service.
    - II. The vehicle must be towed so the fuel lines can be recharged.
6. AMR ambulances use Diesel fuel only. Verify fuel type before fueling. If gasoline is put in diesel units, extreme damage may occur. If gasoline is inadvertently put in a diesel vehicle:
- A. DO NOT START THE ENGINE.
  - B. Call the Communications Center and put the unit out of service immediately.
  - C. Contact the Field Supervisor.





## Monterey County Operations Manual

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**POLICY:** FUEL CARDS

**DATE:** January 3, 2011

**POLICY #:** 119.2

**PURPOSE:** To provide for accurate recordkeeping, cost containment, and fuel card tracking. To ensure that the fuel cards are available and work properly.

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**POLICY:**

Fuel cards will be accounted for at BOS and EOS.

- Crews will make sure that the card is present and is the correct fuel card assigned to the vehicle
- Missing, improperly assigned, lost, or stolen fuel cards will be reported to the on-duty Supervisor immediately

**Fueling**

- The actual odometer reading of the vehicle must be entered
- Receipt must be obtained EVERY time the Ambulance is fueled
- The crew member entering their pin number must initial and write their employee number and physical unit number on the receipt
- Employees are prohibited from using another person's pin number
- Fuel cards will only be used at the pump. If a fuel card fails to authorize at the pump you must contact the on-duty Supervisor who may grant permission to go inside the station to use the fuel card. Do not continue to swipe the fuel card if it fails to authorize
- Fuel cards that fail to work must be reported to the on-duty Supervisor immediately
- Fuel receipts are to be turned in at the end of shift



## Monterey County Operations Manual

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**POLICY:** OUT-OF-TOWN TRANSFERS

**DATE:** January 3, 2011

**POLICY #:** 120

**PURPOSE:** To provide rapid and reliable ambulance service for patients and health care customers. To assist dispatch in maintaining a reliable level of units available to respond on all calls that come into dispatch and to decrease out of service time following an out of town transfer.

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**POLICY:**

- Once assigned to an out of town call it will be the crews' responsibility to take the most direct route to the receiving facility and when returning to our service area. To assist the crew in this matter the company will make available maps and directions when needed by the crews.
- The crew may not stop or divert themselves from the assigned call unless directed to do so by Dispatch or a Supervisor.
- A Code-7 (meal break) will not be taken while the unit is proceeding to the call.
- Once at the requesting facility, the crew shall report to the requesting medical personnel or patient immediately and shall not divert themselves for any reason.
- While returning to our service area the crew will expedite their return so as to be available as soon as possible for their next assignment. Dispatch shall be advised at once when in radio contact of the units ETA back to the service area. On a long transfer, arrangements can be made through the dispatch center or Supervisor before departure of the receiving facility to stop for a meal break.
- Refer to local county system status plans for additional information.



## Monterey County Operations Manual

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**POLICY:**        **STANDBY UNITS**

**DATE:**         January 3, 2011

**POLICY #:**     **121**

**PURPOSE:**    To ensure a timely response, safe working conditions and professional appearance at Standby Events.

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**POLICY:**

1. Employees will notify the Communication Center that they are on the premises after clocking into the payroll system in accordance with Policy #117.1.
2. Employees are responsible for arriving at the standby location on or before the standby start time.
3. Employees must notify the Communication Center as soon as possible should they encounter a situation that will keep them from arriving at the standby on time.
4. Unless otherwise published, employees should plan on providing their own meals and refreshments during a standby event.
5. The end time for the standbys are approximates. The end time for all standbys, unless otherwise published, is when the standby event releases the unit.
6. All other American Medical Response SOPs remain in effect, such as but not limited to, Uniform and Appearance policy, Attendance and Tardiness policy and the Vehicle Readiness policy.
7. Event Data Sheets will be given to the crews for each standby event by management.
8. An electronic PCR and completed Event Data Sheet are required on all standby events.
9. Contact the Field Supervisor for assistance in handling problems that may arise during the standby.



# Monterey County Operations Manual

**POLICY:** Work-related Injuries and Illnesses

**DATE:** January 3, 2011

**POLICY #:** 123.1

**PURPOSE:** To provide prompt and appropriate medical attention for injured employees and to assure proper tracking and follow-up for all work-related claims.

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**POLICY:**

1. Report all work-related injuries or illnesses immediately to the Field Supervisor, whether or not you wish to be evaluated or treated.
2. Complete all required documentation fully and accurately.
  - A. You must receive authorization from the Field Supervisor prior to seeking an initial evaluation or treatment for a work-related illness or injury. If a supervisor is unavailable, and attempts to have the on-duty supervisor paged is not successful, the employee shall call dispatch to contact a member of management.
  - B. It is possible that the worker's compensation carrier will deny initial treatment expenses (making you personally responsible for payment) unless a Field Supervisor has acknowledged the injury or illness and has authorized the initial expense.
3. Field Supervisor Notification:
  - A. Employees will notify their supervisor whenever they are made aware of anything that will affect their return to work date (i.e., pending surgery) or anything otherwise pertinent. This reporting requirement may be modified by their supervisor for longer term injuries or extended leaves.
  - B. When you are taken off work by treatment provider.
  - C. When you are released back to work by treatment provider.
  - D. When your work restrictions change.
4. Provide Work Status Reports in a timely fashion.
  - A. You cannot be taken off the schedule or returned to duty unless the Company has a valid Work Status Report Form to support such action.
  - B. If you are performing transitional duty, modifications to task assignments will depend on the information included in the Work Status Report Form. Therefore, you must:
    - I. Request an updated Work Status Report Form after each treatment visit.
    - II. Provide a clear copy of the updated Work Status Report Form to the Field Supervisor the same day as the treatment visit.
5. The Field Supervisor will direct you to an AMR-approved medical clinic, emergency room, or chiropractor. The Field Supervisor may, at his or her discretion, authorize you to be seen at an emergency room that is not AMR-approved, depending on your condition. You are not authorized to visit your personal M.D. unless you have a Personal Physician Request Form on file prior to the injury or illness.



## Monterey County Operations Manual

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**POLICY:** RETURN TO WORK

**DATE:** January 3, 2011

**POLICY #:** 123.2

**PURPOSE:** The purpose of this policy is to establish Company guidelines regarding Transitional Employment Assignments for employees with temporary work restrictions due to on-the-job injuries or illnesses.

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### **POLICY:**

It is the policy of the Company to provide temporary Transitional Employment Assignments (modified duty), when feasible, to employees who have been injured on the job and are temporarily unable to perform their regular duties. This is to provide a means for injured workers to continue making a meaningful contribution in the workplace, within their ability, while reducing employee hardship caused by disability-related wage loss.

### **DEFINITIONS**

***On-the-Job Injury*** - An injury or illness that occurs during paid working hours at AMR and which arises out of, or in the course of performing, normal job duties.

***AMR-Approved Clinician*** – A Doctor (of Medicine, Osteopathy or Chiropractic), physical therapist, or other clinician appearing on the AMR approved provider list or otherwise designated for treatment of AMR on-the-job injuries/illnesses.

***Transitional Employment Assignments*** – Temporary work assignment(s) intended to provide opportunities for compensable employment, within their ability, for employees recovering from occupational injuries and illnesses.

***Applicable job position pay*** – The usual local AMR pay rate for the position when an injured worker is temporarily filling an open, regular position as a temporary work assignment. Otherwise a standardized rate if the assignment is not a regular position.

### **PROCEDURE**

AMR's Return to Work Program is intended to provide temporary work assignments to injured workers with short-term work restrictions as a means to assist the employees during their return to full duty.

### **Reporting Occupational Injuries and Illnesses**

- When an employee suffers an on-the-job injury, it must be reported within the hour to the employee's supervisor or designee, even if medical treatment is not immediately necessary or desired.

## Referral to Authorized Clinician

- If medical treatment is determined to be necessary, his/her supervisor shall refer the employee to an AMR-approved clinician. For musculoskeletal injuries, most AMR areas offer approved medical and chiropractic clinicians. An after-hours telephone consultation with an AMR-approved on-call doctor may occur as part of the referral process. Employees shall not seek medical or chiropractic treatment without a supervisor's referral except in true medical emergencies. An AMR *Treatment Authorization/Return to Work* form must be provided to the clinician.
- The treating doctor must be advised by both the injured employee and the supervisor that Transitional Employment (modified duty) Assignments are available to suit any degree of employee ability. In every case, the doctor must complete the AMR Treatment Authorization/Return to Work form, and provide a copy to the employee.

## Returning to Work

- Upon completion of the doctor visit, the employee must immediately return to their workplace, or other location specified by their supervisor, except in those rare cases where the doctor determines the employee to be temporarily totally disabled. In those cases the employee is required to provide notice, written if possible, of their condition to their supervisor or designee within 24 hours.
- The employee's supervisor or designee shall meet with the employee to determine what type of Transitional Employment Assignment would best match company needs and employee abilities. During the initial meeting, work schedule, pay rate, performance expectations, and the name of the local Transitional Employment supervisor will be explained.

## Transitional Employment Assignments

- The provision of Transitional Employment Assignments is always at the employer's discretion. When feasible, every effort will be made to allow the employee to work in their usual department or operation. However, the availability of work may make it necessary for a temporary reassignment to another department or operation. Employees who are covered by a negotiated labor agreement will not be required to travel more than 50 miles, one way, beyond the boundary of their county of residence, except when restricted by a physician or by consent of the employee.
- Employees must complete a weekly timecard, signed by their Transitional Employment Supervisor, indicating which hours worked are Transitional Employment hours.
- Employees should fax a weekly copy of their timecard to their workers' compensation claims adjuster to ensure prompt payment of any wage loss reimbursement to which they may be entitled. Appropriate numbers are provided in the workers compensation claim packet.
- It is the option of the company to change regular hours and workdays of employees participating in the Return to Work program. Schedules will be based on operational needs with consideration for employee preferences.
  - To assure adequate supervision, Transitional Employment Assignments will normally be scheduled between the hours of 8:00 AM and 5:00 PM, Monday through Friday. No overtime shall be worked without specific written direction from the employee's supervisor. Applicable laws and agreements will determine the criteria for overtime pay. Hours worked under Transitional Employment will be considered "productive hours" in the computation of eligibility for benefits, seniority and accruals.
- Since time spent at doctor and physical therapy appointments is not paid as time worked, Return to Work Program participants are encouraged to schedule doctor and physical therapy appointments outside of scheduled Transitional Employment hours to avoid loss of earning power. If this cannot be arranged, appointments should be scheduled at the

beginning or end of the shift. All appointments requiring time away from scheduled hours require the employee to submit written documentation of time in and time out from the treating facility.

- If the employee is unable to report on time for a scheduled Transitional Employment Assignment, s/he must notify their designated Transitional Employment supervisor not later than 3 hours before their scheduled start time.
- If a change in the employee's health status impacts their ability to perform the designated Transitional Employment Assignment, the employee must immediately notify their Transitional Employment supervisor and their treating doctor so that adjustments to the Assignment can be considered based on clinical recommendations.
- Transitional Employment Assignments should be reevaluated on a weekly basis, and adjusted as necessary, to match employee abilities and company needs. Employees should expect to move from one temporary assignment to another as their health status and operational needs change. Employee must present an unrestricted release to full duty signed by their doctor before being allowed to return to their usual job.

### **Non-Participation in the Program**

- Eligible employees may decline Transitional Employment Assignments offered by the company but are cautioned that doing so may result in termination of workers' compensation indemnity payments for lost time/wage loss. Workers' compensation coverage for medical treatment is not affected by refusing Transitional Employment.
- Transitional Employment Assignments are considered as scheduled work hours and are therefore subject to usual Company standards regarding punctuality, appearance, personal conduct, etc. Employees should seek clarification of expectations from their Transitional Employment supervisor.



# Monterey County Operations Manual

**POLICY:** CONTROLLED SUBSTANCES

**DATE:** April 18, 2014

**POLICY #:** 124

**PURPOSE:** Controlled Medications are of vital importance to the patient who may need them. If we are to keep them as part of our treatment modalities, legal controls must be followed consistently every day. This policy and procedure is a requirement of our pharmacy vendor, AMR Medical Director, and Monterey County EMS. It is the paramedic's duty to ensure these procedures are followed.

## Procedure:

### 1. Obtaining and Storage of Controlled Substances at Shift Change:

#### A. 24-Hour Units:

- I. At shift change, the paramedics from both the off-going and the on-coming shifts will visually inspect and count the controlled substances assigned to the unit according to AMR policy for the Supply and Replacement of Controlled Substances. This includes:
  - II. Count of the number of milligrams each of Valium, Versed and morphine sulfate.
  - III. Count of the number of drug cards, each corresponding to a container of medication.
  - IV. Visual inspection of each medication to insure the containers are intact and the medications are not expired.
  - V. Assuming the visual inspection is satisfactory, both crewmembers must sign off on the documented count. The narcotics are to be stored under lock in the designated cabinet in the ambulance.
  - VI. Any discrepancies must be immediately reported to the On-Duty Field Supervisor.
  - VII. Should it be impossible for both paramedics to count and sign the Ambulance Controlled Substance Log together, the off-going paramedic shall sign the narcotics over to the on-duty Field Supervisor, who will maintain custody of the narcotics until another Paramedic arrives on the unit.

#### B. Flexibly-Deployed Units:

- I. Each crew will be assigned to a specific locker located at Operations.
- II. Each paramedic will be issued a padlock key, which opens only the paramedic key locker at Operations.
  - a. Paramedics must have their paramedic locker keys with them at all times when on-duty.
  - b. Paramedics may not give their locker key to any other person for any reason without prior authorization from the Field Supervisor.
- III. The paramedic will contact the Field Supervisor for their locker number and the padlock combination at the start of their shift.
- IV. The paramedic will use his/her key to open the padlocked key locker.



- V. S/he will remove the key with the number corresponding to their assigned locker from the key locker.
- VI. S/he will use the combination given to them to open their assigned locker.
- VII. S/he will use the numbered key to access the lock-box mounted inside the locker, where the narcotics are secured.
- VIII. The paramedic will visually inspect and count the controlled substances assigned to the unit. This includes:
  - a. Count of the number of milligrams each of Versed and Morphine Sulfate.
  - b. Count of the number of drug cards, each corresponding to a container of medication.
  - c. Visual inspection of each medication to insure the containers are intact and the medications are not expired.
- IX. Assuming the visual inspection is satisfactory, the paramedic must sign off on the documented count while in front of the surveillance camera, which will visually record the signature process. The narcotics are then to be stored under lock in the designated cabinet in the ambulance.
- X. Any discrepancies must be immediately reported to the On-Duty Field Supervisor.
- XI. At the end of shift, the paramedic must again visually inspect and count the unit's narcotics, sign the Log in front of the camera, then secure the narcotics in the same locker from which they were removed at the beginning of the shift.
- XII. The narcotics log must also be secured in the locker at the end of the shift.
- XIII. The locker will be locked with the combination lock and the key returned to the key locker, which will be secured by the key lock.

2. Unit Inventory:

- I. The controlled drugs will be kept in a container sealed with numbered tags. The tag numbers will be documented in the Ambulance Controlled Substance Log at the beginning and end of the paramedic's shift. The Drug Control Cards will be stored in the Ambulance Controlled Substance Log. The container of controlled drugs will be stored in a locked ambulance cupboard. When unattended, the ambulance must also remain locked.
- II. The paramedic is responsible for notifying the Field Supervisor when the level of Morphine drops to 30mg or Versed drops to 10mg.
- III. Each paramedic who staffs the unit is legally responsible and personally accountable for the controlled drug count for whatever period of time they are staffing a unit. If a partial shift is worked, the paramedic must still verify the count and sign in and out exactly as stated above.

3. Drug Control Cards:

- I. Each Drug Control Card is designated with a four-digit tracking number, corresponding with a numbered Morphine or Versed. Blue cards are used for Morphine; Yellow cards are used for Versed. Completed cards are to be kept in the Ambulance Controlled Substance Log; do not turn completed cards in with your paperwork. A supervisor will collect completed cards at the time a replacement drug and blank card are issued.
- II. The following information must be completed each time a controlled drug is used:
  - a. Date, time and event number
  - b. Patient name
  - c. Base hospital and MICN/MD ordering drug (if applicable)
  - d. Signature of paramedic administering drug
  - e. Dosage used
  - f. Dosage wasted
  - g. Signature of crew member witnessing the wasted amount

- III. All signatures must be legible or have names printed next to them with your certification number

4. Discrepancies:

- I. Discrepancies regarding controlled drugs are considered a very serious issue. Depending on the severity of the incident, the investigation may include the AMR Medical Director, Monterey County EMS, local law enforcement and AMR management staff. Possible discrepancies are:
  - a. Broken vials
  - b. Missing or loose tops
  - c. Inaccurate count of Drug Control Cards and/or Controlled Drug Log
  - d. Missing Drug Control Cards and/or Controlled Drug Log
  - e. Failure to document Versed or Morphine use on PCR
  - f. Theft of controlled drugs from vehicle
  - g. Any other unusual circumstances
- II. If a discrepancy is noted:
  - a. The paramedic discovering the discrepancy will immediately notify the on-duty supervisor. The off-going paramedic will remain in the quarters until met by the supervisor. Both paramedics will remain present until the discrepancy is corrected or until they are excused by the supervisor. The off-going paramedic will complete an Incident Report prior to leaving the station.
  - b. The supervisor will be responsible for assuring that the Operations Manager receives all Incident Reports concerning the event within 24 hours of the incident. Incident Reports will include the following information:
    - i. Description of the discrepancy
    - ii. Name, strength and quantity of drug missing
    - iii. Time discrepancy discovered
    - iv. Names of all personnel on duty at the time the discrepancy was discovered.
    - v. All measures taken in locating the missing drug, card or PCR. This is to include PCR(s) checked, by whom, persons interviewed, etc.
- III. When the discrepancy has been corrected or the supervisor assumes responsibility for the discrepancy, the on-coming crew will accept custody of the Controlled Substances container.

5. Wasting of Controlled Substances:

Witnessing the wasting of the controlled substance

- I. The person administering the controlled substance will draw up the narcotic into a syringe appropriate for the amount to be wasted.
- II. The amount being wasted will be confirmed by the employee witnessing the wasting of the controlled substance.
  - a. Immediate notification of the on-duty supervisor must occur if there are questions or discrepancies.
  - b. The narcotic will be squirted from the syringe in the presence of the witnessing employee.

- c. Into a sink if at a medical facility.
  - d. Onto the ground if at scene.
- III. The empty narcotic vial and syringe will be placed into a sharps container in the presence of the witnessing employee.

Documentation of the wasting of the controlled substance

- I. The controlled substance card will be completed immediately following the wasting of the narcotic.
  - a. The witnessing employee will verify the quantities documented on the controlled substance card.
- II. E-PCR signature for the wasting of the product will be obtained prior to the transmission of the E-PCR.
  - a. The witnessing employee will verify the quantity of waste documented on the E-PCR.



## Monterey County Operations Manual

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**POLICY:**        **INFECTIOUS WASTE HANDLING**

**DATE:**            January 3, 2011

**POLICY #:**        **125**

**PURPOSE:**        To eliminate or minimize employee occupational exposure to blood and / or Other Potentially Infected Materials (OPIM) and to comply with the Cal/OSHA Medical Waste Management Act Sections 117600 – 118360.

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**POLICY:**

1. Biohazard Waste:

A. Waste, which at the point of transport from the generator's site, at the point of disposal, or thereafter, contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid, or blood from animals known to be infected with diseases that are highly communicable to humans.

B. Waste containing discarded materials contaminated with excretion, exudates, or secretions from humans or animals that are required to be isolated by the infection control staff, the attending physician and surgeon, the attending veterinarian, or the local health officer, to protect others from highly communicable diseases or diseases of animals that are highly communicable to humans.

2. Medical Waste:

A. Waste, which is generated or produced as a result of removal of a regulated waste, as defined in Section 5193 of Title 8 of the California Code of Regulations, from a trauma scene by a trauma scene waste management practitioner.

3. Trauma Scene:

A. A location soiled by, or contaminated with, human blood, human body fluids, or other residues from the scene of a serious human injury, illness, or death.

4. Regulated Waste:

A. Liquid or semi-liquid blood or OPIM

B. Contaminated items that

- I. Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
- II. Are capable of releasing these materials when handled or compressed.

C. Contaminated Sharps

5. OPIM (Other Potentially Infectious Materials):

- A. The following human body fluids: semen, vaginal secretions, CSF, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response.
- B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

**Procedure:**

1. All procedures will be conducted in a manner that will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials.
2. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in areas where blood or other potentially infectious materials are present.
3. All medical waste will be contained separately from other waste at the point of generation.
4. All used / contaminated sharps will be placed in a "Sharps Container." All sharps containers will be filled so as not to exceed the storage capacity of the container. Once sharp containers have been filled to the line, they will be taped to secure the lid and placed in the Infectious Waste Storage area for disposal.
5. Soiled first-aid equipment and bandages will be placed into red bags marked "Biohazard". The tops of these bags will be tied to prevent spillage.
6. All infectious waste linen will be placed into Yellow Infectious Waste Bags for either cleaning or disposal. All contaminated uniforms will be placed into a "Melt – away bag", and then placed into a yellow infectious waste bag. These will be either sent for decontamination or disposal. The tops of these bags will be tied to prevent leakage.
7. Red Biohazard bags, Yellow Infectious Waste bags and sharps containers will be placed in approved drums with the required labels and stored in the secured Biohazard Waste Area in each station for pick-up by the Materials Coordinator.
8. Expired medications, with the exception of controlled medications, will be placed in the approved container and stored in the secured Biohazard Waste Area in each station for pick-up by the Materials Coordinator. There is no need to empty the vials, ampules or preloads of their contents.
9. The following PPE is available in each Ambulance:
  - A. Protective Gown/open back
  - B. Face mask with Eye shield
  - C. Latex gloves
  - D. Shoe covers
  - E. Biohazard waste bag
  - F. Yellow Hazardous Laundry bag
  - G. Melt-away bag
  - H. Surgical Mask
  - I. Respirator
  - J. Antiseptic wipe

10. Gloves shall be worn where it is anticipated that employees will have hand contact with blood, non-intact skin, mucous membranes or other potentially infectious materials; and when handling or touching contaminated items or surfaces.
11. Disposable gloves used at this facility are not to be washed or decontaminated for re-use. They are to be replaced when they become contaminated, or if they are torn, punctured, or when their ability to function as a barrier is compromised.
12. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or combination surgical masks, are required to be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
13. Additional protective clothing (such as Gowns, Aprons, or similar other outer garments) shall be worn in instances when contamination can reasonably be anticipated for blood or OPIM.
14. AMR employees who come into contact with blood or other potentially infectious materials must wash the affected areas immediately after exposure. If an employee is exposed to Infectious Wastes, they will be immediately taken to the closest treatment facility for an evaluation by a physician.
15. All medical waste spills are sprayed with "Zepventure", a disinfectant spray containing 0.1% dimethyl benzyl ammonium chlorides and 0.1% ethylbenzyl ammonium chlorides. The spray will be left on the spill for a wet-connect time of 10 minutes.
16. Soiled medical waste containers will be cleaned in the following manner:
  - A. Containers will be sprayed with disinfectant.
  - B. Containers will be washed with detergent.
  - C. Containers will be allowed to air dry.



## Monterey County Operations Manual

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**POLICY:** FIRST RESPONDER EQUIPMENT EXCHANGE

**DATE:** March 5, 2013

**POLICY #:** 126 | *Also see AMR / EMSA / Fire Service Agreement (Listed as Policy 143)*

**PURPOSE:** To ensure the replacement of BLS and ALS supplies and equipment utilized by Fire Department Personnel.

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### **POLICY:**

AMR will re-supply BLS and ALS disposable equipment with the First Responder agencies of Monterey County. This may take place on the scene, at the hospital or by arrangement agreed upon by the involved agencies. Patient care will take priority over re-supply.

### **Procedure:**

#### **On Scene Re-Supply**

- A- The Fire Agency will communicate to the transport unit personnel all supplies utilized on the patient(s).
- B- It will be the responsibility of the transport personnel to replenish the requested supplies and equipment from supplies on hand on a one-for one-basis.
- C- Fire Agency personnel are prohibited from taking supplies from the ambulance. Only AMR personnel are allowed to take supplies from the ambulance for the purpose of re-supplying used supplies and/or equipment.
- D- The patient's medical condition should dictate the appropriateness of any delay to fill the request.

#### **Unable to Re-Supply on Scene**

- A- If the patient transport is emergent in nature and the Fire Agency is to accompany the patient to the hospital, and then the supply exchange should occur after delivering the patient to the receiving facility.
- B- Fire Agency personnel are prohibited from taking supplies from the ambulance.
- C- Only AMR personnel are allowed to take supplies from the ambulance for the purpose of re-supplying used supplies and/or equipment.
- D- If the transport is emergent in nature and the Fire Agency is not accompanying the patient to the hospital, the supply exchange should be made prior to departure.
- E- If the supplies or equipment are needed for the Fire Agency to remain in service, contact the on-duty Supervisor while en-route to the hospital.

F- If a Fire Agency is requesting supplies from a transport unit, and that unit was not on the call with that agency/engine company do not re-supply the Fire Agency with supplies and/or equipment from your ambulance. Contact the on-duty Supervisor to advise them of the Fire Agency's request. The on-duty Supervisor will handle the request facilitating the restock of supplies and/or equipment.





## Monterey County Operations Manual

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**POLICY:** EQUIPMENT FAILURE REPORT

**DATE:** January 3, 2011

**POLICY #:** 127

**PURPOSE:** To assure proper, complete and timely repair of equipment/vehicles and to provide a documented trail of all failures and repairs.

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**POLICY:**

Any equipment or vehicle that fails/malfunctions or is in need of examination and/or repair shall be reported, documented on the appropriate form and submitted to the on-duty supervisor.

**PROCEDURE**

- The person finding the equipment or vehicle to be malfunctioning will complete all requested information on the employee portion of the appropriate failure form and sign it.
- PCR documentation will have generic and objective information such as “unable to obtain EKG strip”, or “unable to contact base hospital via cell phone” only. The copies of the appropriate failure form will be used to answer follow-up questions from the hospitals, county agencies, etc.
- The equipment or vehicle will be taken out of service immediately (with all associated parts such as batteries, cables, etc.) and replaced to maintain 10-8 field status. All copies of the appropriate failure form are to accompany the piece of equipment. Field Supervisors or Mechanics are to review the reports for completeness and accuracy.
- The person repairing the equipment will not begin repair without the appropriate failure form in their possession. The repairperson will complete the bottom sections of the appropriate failure form (both description of the problem and description of repair/replacement), sign and date the form.



## Monterey County Operations Manual

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**POLICY:** LOSS OF COMPANY EQUIPMENT

**DATE:** January 3, 2011

**POLICY #:** 128

**PURPOSE:** To ensure the proper care and accountability of company equipment.

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**POLICY:**

- It is the responsibility of each employee to maintain and account for any company equipment that is issued to him/her.
- It is the responsibility of each employee to maintain and account for any company equipment that is not assigned to them as an individual, but that is provided for employees to use in the course of their job functions (including but not limited to equipment assigned to a unit).
- Any company equipment that is lost, stolen or damaged must be reported immediately to the on-duty supervisor or other management personnel when the supervisor is unavailable.



## Monterey County Operations Manual

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**POLICY:** STATION DUTIES AND SECURITY

**DATE:** January 3, 2011

**POLICY #:** 129

**PURPOSE:** To ensure station cleanliness meets OSHA and American Medical Response standards. To respect and protect the private property of the 24-hour crews housed at the station.

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**POLICY:**

1. General:

- A. Maintenance of the station is the responsibility of all crewmembers.
  - I. Notify the Field Supervisor of needed repairs.
- B. Abuse or misuse of Company stations or furnishings may result in disciplinary action for the entire crew.
- C. Use of tobacco products inside stations or ambulances is strictly forbidden.
  - I. Butt cans are provided for the disposal of cigar and cigarette remnants.
- D. Personal items left at the stations are not the responsibility of the company.
- E. Personal furniture and appliances will not be left at the stations without the approval of Operations.
- F. Visitors and/or Off-duty AMERICAN MEDICAL RESPONSE personnel may visit briefly at stations only between the hours of 08:00 and 22:00.
  - I. At no time will visitors be allowed in the station while unattended by on-duty personnel.
- G. Stations will be locked whenever they are unattended by on-duty personnel.
- H. At no time will station access codes be given to unauthorized or non-AMR personnel.

2. Station Duties:

- A. Specific duties for station maintenance shall be shared by all crewmembers and shall be completed daily.
- B. Station Duties shall include but not be limited to:
  - I. Daily clean-up of the kitchen

- II. Daily sweeping of floors and vacuuming of carpets
- III. Daily clean-up of the station bathroom facilities
- IV. Daily dusting of surfaces
- V. Remove cobwebs when they are present
- VI. Remove litter from yards and parking lots
- VII. Any additional duties needed to complete the daily clean up of the particular station
- VIII. Any additional clean-up duties as assigned by the on-duty supervisor

C. Refrigerators are for the storage of food for the current shift, not for a tour's worth of meals. Remove foodstuff at the end of the shift.

3. Posting Crews:

A. Clean up after yourself.

- I. Place your refuse in the garbage bin.
- II. Secure the station when you leave.

4. Employees stationed in fire stations shall follow the station rules of that fire department, including but not limited to, cleaning those areas used by AMERICAN MEDICAL RESPONSE personnel.

5. Posting units will not disturb personal belongings of primary station crews.



## Monterey County Operations Manual

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**POLICY:** PASSENGERS IN UNITS

**DATE:** January 3, 2011

**POLICY #:** 130

**PURPOSE:** To establish standards for allowing a rider to accompany a patient to the receiving facility.

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**POLICY:**

1. HIPPA laws must be adhered to when allowing a rider to accompany a patient to the receiving facility.
2. If there is a need for a passenger to accompany the patient to the hospital, only one passenger may do so.
3. Generally, the closest relative, or parent with custody if the patient is a minor, should be allowed and not discouraged or prohibited to ride in the ambulance.
4. The parent of a minor should be encouraged to accompany the patient to the hospital.
5. The passenger must ride in the front right seat and must correctly wear a properly adjusted safety belt whenever the vehicle is in motion.
6. The driver must offer to assist the passenger out of the ambulance. If the passenger requests assistance from the ambulance, advise them that you will return to assist them once the patient has been turned over to the receiving facility.
7. Family members or friends who appear to likely create distraction or disturbance for crewmembers or patient should not be allowed to ride in the ambulance.
8. The following are exceptions to the above guidelines and may apply for non-critical patients where the presence of the passenger with the patient has some potential benefit:
  - A. An agitated pediatric patient may be easier to calm if the parent is present in the patient compartment.
  - B. A friend or family member may have been utilized at scene to communicate with a non-English speaking patient. The interpreter may continue to serve this function in the patient compartment.
  - C. Law enforcement, first responder personnel or allied health care professionals may have a need to accompany the patient.
  - D. In the above exceptions the passenger will be seated at the head of the gurney. The safety belt must be used when in motion by persons not involved in patient care.



## Monterey County Operations

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**POLICY #:** Firefighter Return Policy

**POLICY #:** 130.2

**PURPOSE:** Establish a procedure to ensure a reasonable process for returning firefighters back to district.

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### **Policy:**

AMR recognizes the burden when firefighters are utilized in the transportation of ill or injured patients and the impacts on the county's fire/rescue infrastructure. As such, we will make arrangements to return the Firefighter to their station within a reasonable amount of time once the ambulance is en route to the hospital.

We will meet this standard in a variety of ways. Primarily, we will use the transporting unit, another AMR unit and/or our supervisor to return firefighters to their stations. If it is not practical or possible to use these resources, AMR will notify the fire dispatcher as soon as possible. The fire dispatcher will in turn notify the affected agency of the delay so that Agency can arrange for transportation.

### **Procedure:**

Upon request by the firefighter or his/her fire agency, dispatch will be notified that the transporting crew will be returning the firefighter back to their station as early as possible (preferably, notification will be made during transport). If it is not practical or possible for the transporting crew to provide transportation back to the station the AMR supervisor will be notified and either return the firefighter or request communications to notify the Fire Agency of the delay. If during the return the unit is assigned a call (Priority 1 or 2), the AMR field supervisor will respond and return the firefighter or if not available, notify the fire dispatcher of the delay.

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## Monterey County Operations Manual

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**POLICY:** COMMUNICATIONS CENTER

**DATE:** January 3, 2011

**POLICY #:** 131

**PURPOSE:** Field Personnel and Communications Center Personnel must work together to ensure timely response and proper patient care.

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**POLICY:**

1. Dispatchers (utilizing the system status plan and AVL system as well as reviewing all pending assignments) shall govern the movement of Company vehicles at all times.
2. If a crew knows that there is a closer unit to a system call they may advise the Communications Center immediately and only once. The reporting unit shall not inquire as to the location of other units after assignment to a call.
3. If a problem arises with the Communications Center after assignment of a Code-3 call, the crew is to complete the assignment and report the incident to their Field Supervisor after the call is completed.
4. If a problem arises with the Communications Center after assignment of a Code-2 call, the crew is to respond to the assignment but may contact the Field Supervisor while en route.
5. If a problem arises with the Communications Center after assignment of a post move, the crew is to confirm the post assignment such as "EMS, M-31, confirm loop post on nighttime plan?" If a discrepancy still exists, contact the Field Supervisor while en route to the post.



## Monterey County Operations Manual

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**POLICY:** FIELD COMMUNICATIONS AND EQUIPMENT USE

**DATE:** January 3, 2011

**POLICY #:** 132

**PURPOSE:** To facilitate the most expeditious and concise method of successful communication with field personnel at all times.

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**POLICY:**

1. Radios, pagers, scanners, etc. are provided for the readiness and safety of the crews and to maintain contact with dispatch while on duty.
  - A. Portable Radios:
    - I. It will be the Joint Responsibility of both crewmembers to keep their assigned radios with them, to be worn on their person at all times while the crew is out of the unit or station.
    - II. It will be the Joint Responsibility of both crewmembers to ensure that they receive the radios from the off-going crew or the operations center prior to the beginning of the shift.
  - B. Pagers:
    - I. Each crew member will have their alpha-numeric pager with them at all times while on duty to receive call data, safety status information, operational messages, etc.
    - II. While on duty, the pager will be turned on and set on either an audible alert or on vibrate mode.
    - III. The pager will never be set to "silent" mode while on duty.
  - C. Fire Radios:
    - I. Fire radios have been installed in all ambulances in order to enhance coordination and to facilitate communications between paramedic ambulances and fire resources in their response and handling of emergencies involving both disciplines.
    - II. Fire radios shall be on, audible and monitored at all times while the crew is in the ambulance.

**Procedure:**

1. Radio etiquette:
  - A. The following basic rules shall apply to all field personnel when using company radios:
    - I. Brevity (be brief)
    - II. No emotion
    - III. No unnecessary statements



- IV. No arguing
- V. Adhere to policy for radio procedures.
- VI. Think about what you are going to say before you speak on the radio.
- VII. Speak as clearly as you can in a normal tone of voice.
- VIII. Pause momentarily after keying the microphone prior to speaking.
- IX. Use only clear text.
- X. Do not use slang or short cuts for standard clear text.

- B. The use of profanity, endearments, controversy and other factors that will violate FCC policy will not be tolerated.

2. Unit Identifiers:

- A. All field units will identify themselves on ALL radio transmissions with their assigned unit identifier (such as Medic-21).
- B. When hailed by dispatch, all field units will include their location when they reply (M-21, Del Monte and Camino Estero).

3. Reporting Status Changes:

- A. Any time a unit moves from an operations center, quarters, hospital, post, scene etc. the crew will notify the Communications Center of their status (and location if necessary) via radio.

4. Fire Radio Usage:

- A. All use of fire frequencies will be in accordance with Incident Command System and the Monterey County Fire Chief's Association Operations Manual, Section 11-Communications.
- B. Responding ambulances will monitor the specific command frequency associated with the fire agency that is responding to the same incident.
- C. Fire radio use will be limited as follows:
  - I. Ambulances initiating traffic on a command frequency are limited to:
    - a. Information on firefighter safety that fire units may not already know.
    - b. Response has been disrupted or substantially delayed.
    - c. They will notify Firecomm when they arrive on scene.
    - d. Obtain or clarify directions to incident location.
- D. CALCORD will be the primary contact and use frequency between fire resources and ambulances once the fire resource/Incident Commander requests the ambulance to switch to that frequency.
- E. The use of fire tactical frequencies will be allowed only when directly assigned by a fire resource/Incident Commander.
- F. At no time will patient updates be requested from fire crews on scene. All patient update requests will be directed through AMR Dispatch.



## Monterey County Operations Manual

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**POLICY:** CELLULAR PHONE USAGE

**DATE:** January 3, 2011

**POLICY #:** 133

**PURPOSE:** To define appropriate use of cellular phones when on duty.

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**POLICY:**

1. The use of a cell phone for personal calls (i.e. non-business) is prohibited while driving a company vehicle.
2. If the driver must use a cell phone to convey operational or patient care information while driving, the driver must increase their following distance.
3. The use of a cell phone for personal calls (i.e. non-business) is discouraged while a passenger in a company vehicle and does not relieve the employee from the responsibility to scan for potential hazards around the vehicle.
4. The use of a cell phone for personal calls (i.e. non-business) while on duty at a standby event is discouraged. If a personal call must be made, position yourself out of the public's view.



## Monterey County Operations Manual

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**POLICY:** HELMET POLICY

**DATE:** January 3, 2011

**POLICY #:** 134

**PURPOSE:** To protect the employee when their work necessarily exposes them to the risk of injury to head and/or eyes, and to provide for ease of identification of field personnel when appropriate.

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**POLICY:**

1. Each ambulance will be supplied with two (2) safety helmets. These helmets are expected to be stored in the designated location of each unit. Helmets are the property of American Medical Response and may not be modified or customized in any way without the permission of the Field Supervisor.
2. Employees have the option of purchasing a helmet from the approved AMERICAN MEDICAL RESPONSE vendor for the employee's own use.
3. Field Personnel shall wear a helmet, with chin strap and eye protection in place, in the following situations:
  - A. Where hazardous situations exist or rescue tools are used.
  - B. Involved in an incident within a commercial hard-hat area.
  - C. Involved in situations with the potential for falling debris, rocks, etc.
  - D. Directed to do so by the Field Supervisor, Incident Commander, Safety Officer or designees.
  - E. In the close proximity of helicopter rotor wash.
  - F. In situations where the potential of riot conditions exist.
  - G. Any time in the employee's judgment he/she determines a need for wearing such safety equipment.



## Monterey County Operations Manual

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**POLICY:** EATING / DRINKING IN AMBULANCES

**DATE:** January 3, 2011

**POLICY #:** 136

**PURPOSE:** To establish appropriate standards for food and drink (storage and consumption) in the ambulance, and to ensure adherence to the Federal and California Occupational Safety and Health Administration Regulations, Title 8 Section 5193, governing blood borne pathogens, the employer is required to institute safety procedures for all employees. The purpose of this standard is to protect all workers from blood borne infectious disease.

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**POLICY:**

- Employees are prohibited from consuming, handling, storing or transporting food and drink in the rear of the vehicle (patient compartment). Furthermore, food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, countertops or bench tops where blood or other potentially infectious materials are present within any ambulance. When transporting or consuming food or drink within the ambulance, such consumption shall only be within the drivers compartment of the vehicle. All food and drink shall be properly stored within the front of the ambulance so as to not interfere with or obstruct any entrance or exit of the vehicle and/or where it would create a hazard to the equipment within the cab of the vehicle.
- Smoking, applying cosmetics or lip balm and handling contact lenses in the patient compartment is similarly prohibited.
- Should the cab be unavoidably contaminated while in service, it shall be promptly decontaminated with detergent cleaner and disinfectant at the earliest practical opportunity and before storing or consuming any food in the cab.



## Monterey County Operations Manual

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**POLICY:** EMPLOYEE PERSONAL PROPERTY

**DATE:** January 3, 2011

**POLICY #:** 137

**PURPOSE:** The purpose of this policy is to set forth the Company's responsibility for damage to or loss of an employee's personal property while the employee is at work or the employee's personal property is located on or within Company facilities. Unless otherwise documented in a bargaining agreement, this policy applies to all AMR employees.

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**POLICY:**

It is the policy of AMR that employees are solely responsible for any theft or damage to their personal property while the employee is attending to work requirements or the employee has left the property on or within Company facilities.

**PROCEDURE**

There are times when an employee's personal property may be damaged or lost while the employee is performing normal job functions. It is considered that the employee has acknowledged that possibility when accepting the position. Therefore, it is considered that the employee accepts the responsibility for replacing or repairing any personal property so damaged or lost, except as referenced in Section 22.03 of the Collective Bargaining Agreement.

The Company may also from time to time, provide a place for an employee to leave personal property on or within Company facilities while the employee is performing job functions. The Company provides this benefit with no warranty of suitability and protection from damage or loss. The employee, upon accepting the provision for storing personal property, assumes the responsibility for any loss or damage to the personal property.



## Monterey County Operations Manual

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**POLICY:** VOTING TIME

**DATE:** January 3, 2011

**POLICY #:** 138

**PURPOSE:** To establish standard guidelines for handling time off to vote in local, State, and national elections for implementation at all AMR divisions.

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### **POLICY:**

It is the policy of AMR to permit paid time off to vote if work schedules conflict with voting times in local, State, or national elections. The policy will abide by State specific law and the Collective Bargaining Agreement.

### **RESPONSIBILITY**

#### **Divisional Management**

Divisional management is responsible for implementing and administering this policy in accordance with applicable State and local laws within the divisions.

The immediate supervisor is responsible for granting time off under this policy.

### **PROCEDURE**

Employees who are registered voters, who do not have sufficient time outside of working hours within which to vote, may claim the necessary time off to vote at state-wide elections under the following provisions of the State Election Code:

SECTION 14350 - If a voter does not have sufficient time outside of working hours to vote at a state-wide election, the voter may, without loss of pay, take off enough working time which when added to the voting time available outside of working hours will enable the voter to vote.

No more than two hours of the time taken off for voting shall be without loss of pay. The time off for voting shall be only at the beginning or end of the regular working shift, whichever allows the most free time for voting and the least time off from the regular working shift, unless otherwise mutually agreed. The employee must notify the Company at least two working days in advance to arrange a voting time.

Registered voters who require time off should make arrangements with their supervisor in advance of their shift. The supervisor may schedule voting absences in such a manner as to minimize disruptions to work schedules.



# Monterey County Operations Manual

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**POLICY:**        **WORKPLACE VIOLENCE**

**DATE:**         January 3, 2011

**POLICY #:**     **139**

**PURPOSE:**    To help combat the potential problem of violence in the workplace, this policy has been developed for implementation at all AMR locations.

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## **POLICY:**

AMR is concerned about the increased amount of violence in our society which has now found its way into many workplaces throughout the United States. In this connection, it is the policy of AMR to expressly prohibit any acts or threats of violence in or about the Company's facilities or work sites at any time.

## **RESPONSIBILITY**

### ***Regional Management***

Regional management is directly responsible for carrying out and enforcing this policy.

### ***Employees***

Employees have a direct responsibility in the implementation of this policy.

## **PROCEDURE**

### **Environment without Violence**

We believe employees should work in an environment without intimidation, threats or violence. Any action that, in management's opinion, is inappropriate to the workplace will not be tolerated. Such behaviors may include, but are not limited to are:

- Physical/verbal intimidating, threatening or violent conduct;
- Vandalism;
- Sabotage;
- Arson
- Use of weapons, and/or carrying weapons onto Company property

### **Reporting Violence**

***To the Company*** - Employees shall immediately report any such occurrences to their supervisor or manager. The Company will investigate complaints. Management believes in taking appropriate action when employees are found to have engaged in any actual or threatened violent conduct.

***To Law Enforcement Agencies*** - Employees who have been assaulted or are considered at risk should be permitted and/or assisted to request police assistance or to file criminal charges of assault against any person who willfully injures them.





## Monterey County Operations Manual

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**POLICY:** DRUG AND ALCOHOL

**DATE:** January 3, 2011

**POLICY #:** 140

**PURPOSE:** It is the purpose of this policy to establish guidelines and procedures regarding drug and alcohol use for all employees or potential employees of AMR.

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### **POLICY:**

American Medical Response is committed to providing a workplace free from alcohol and controlled substances in order to ensure a safe, healthy and work efficient environment for AMR employees, patients, and the general public. AMR operations involve the safety and well being of thousands of persons dependent upon its services and it is essential that all employees be alert and in full possession of their faculties when on duty. All employees must be free of the effects of controlled substances and alcohol at all times while on duty as a condition of employment.

### **PROHIBITIONS**

In recognition of this policy, AMR prohibits the following actions:

- Use, possession, manufacture, distribution, dispensation, sale, transfer and transportation of alcohol, controlled substances, drugs, or drug paraphernalia during working time, on AMR premises, in AMR vehicles (owned or leased), or in employee vehicles when being used in the course of business or parked on AMR premises;
- Consumption of alcoholic beverages including so called "non-alcoholic" (0.5%) beverages or controlled substances during working hours or while working, during breaks, between shifts, during meal breaks, while on-call/standby. Reporting to work or being at work with alcohol or controlled substances or their metabolites present in the employee's system. AMR strongly urges employees to refrain from the use of alcoholic beverages within an eight hour period prior to the start of their shift because of the residual effects of alcohol;
- Testing positive for the presence of any controlled substance or alcohol during working hours, or while otherwise conducting AMR business, or operating AMR vehicles (owned or leased) or present on AMR property;
- Refusing consent to controlled substance or alcohol testing, refusing to complete a consent form prior to testing, refusing to submit a specimen for testing, or refusing to complete a chain of custody form after submission of specimens for testing;
- Switching, altering, or in any manner tampering with any urine sample or other specimen submitted for testing for controlled substances or alcohol;
- Breaching the confidentiality of scheduled controlled substance or alcohol testing;

- Failure to adhere to the requirements of any treatment or counseling program in which the employee is enrolled as a part of rehabilitation offered at AMR's discretion subsequent to a positive substance-abuse test or the voluntary disclosure of substance abuse prior to a violation of this policy;
- Failure to notify an AMR supervisor of any arrest or conviction under any criminal drug statute or motor vehicle statute involving the use of alcohol or controlled substances within two days of the arrest or conviction;
- Providing false information when information is required under this policy;
- Failure to notify management any time an employee accesses controlled substance or alcohol evaluation or rehabilitation for themselves;
- Failure to provide the AMR supervisor with a contact phone number while on any leave or PTO for employees subject to follow-up testing; and
- Failure to report information from a physician consultation indicating that the use of a prescribed or over the counter drug may alter the employee's behavioral alertness or mental ability and may interfere with the employee's ability to perform their normal job duties to a supervisor prior to the beginning of the employees shift. Employees shall provide physician's prescribing personal medication intended for use during working hours with a complete list of essential job functions and shall consult with the physician to determine whether use of the medication will impair the employees behavioral alertness, mental ability or ability to operate motorized vehicles, equipment or render patient care. The prescribed drug shall be in the original vial and shall be prescribed in the employee's name.

#### **Exclusion - Prescribed Medication**

Excluded from this policy are prescribed controlled substances when used by the person for whom prescribed and in the manner, combination and quantity prescribed. Employees who must use a medically prescribed or over-the-counter drug that may adversely affect their ability to perform work in a safe manner must notify their supervisor or other management official before starting work. Management will decide if the employee can remain at work and if work restrictions are necessary.

#### **Exclusion - Meetings or Functions with Alcohol**

AMR employees not involved with providing direct patient care, may, with management's approval, consume alcohol at specific AMR functions where alcohol is authorized to be served as long as the consumption is not excessive or inconsistent with safe and lawful conduct.

#### **PROCEDURE:**

**Employees** - This policy shall apply to all AMR employees, including, but not limited to, all regular, part-time, and temporary employees. Additionally, all applicants for employment, and any employee operating a vehicle on behalf of the company, whether company owned, leased or rented and regardless of whether driven during regular working hours or beyond, are also subject to this policy. AMR may require outside vendors and independent contractors to adopt and maintain policies that meet or exceed AMR standards.

**Company Premises** - Company premises shall include all facilities and areas in which AMR operates, including, but not limited to, its property, and any property where services on behalf of AMR are being performed, AMR owned or leased equipment, privately owned vehicles entering

or parked on AMR owned or leased property, or in use on the property, lockers, desks, equipment, work space, and storage facilities.

***Controlled Substances (“Drug”)*** - Controlled substances include those substances regulated under State and Federal Controlled Substances Acts. For purposes of this policy, the term “drug” shall include any controlled substance.

#### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

AMR wholeheartedly supports early intervention and treatment for employees faced with alcohol or controlled substance related problems by providing an Employee Assistance Program. Employees with substance abuse problems are encouraged to avail themselves of this help before management identifies a problem and disciplinary action becomes necessary. Employees who are in recovery are expected to maintain satisfactory job performance and remain committed to a rehabilitation plan by attending all scheduled treatments. Employees who successfully complete a rehabilitation program, who remain substance-free and who have violated no other AMR policies, will not place their employment in jeopardy by reason of their previous substance abuse.



## Monterey County Operations Manual

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**POLICY:** FIELD PHOTOGRAPHY

**DATE:** January 3, 2011

**POLICY #:** 141

**PURPOSE:** To ensure the confidentiality under the laws of the state and provide the necessary sensitivity to the patients and or family rights.

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**POLICY:**

- All photography in the field by AMR is strictly prohibited. Unauthorized cameras and camcorders (of any kind) shall not be in the company vehicle without management's approval.
- Cellular / mobile phone cameras will be allowed when incorporated as part of a mobile phone, but under no condition will be permitted to be used at any time.
- Management or their designee depending on the circumstances may allow exceptions.



## Monterey County Operations Manual

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**POLICY:**        **EMERGENCY REPORTING LOCATIONS**

**DATE:**         January 3, 2011

**POLICY #:**     **142**

**PURPOSE:**    The purpose of this policy is to provide clear instructions for on-duty units and off-duty personnel in the event of a local disaster within Monterey or immediately surrounding Counties. Examples of disasters might include (but are not limited to) earthquakes, floods, severe weather-related conditions, massive explosion/fire, bio-terrorism.

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**POLICY:**

1. On-Duty Units

- A. Insure personal safety for self, partner and patient (if applicable).
- B. If transporting patient, continue transport to closest emergency receiving facility.
- C. Immediately inspect vehicle for response-worthiness.
- D. If at station, quickly inspect facility if able to do so without risking personal safety.
- E. Attempt to contact AMERICAN MEDICAL RESPONSE Dispatch via radio and give unit status report.
  - I. Unit status report must include unit number, status of personnel, status of vehicle and status of station (if known).
  - II. If radios and all mobile / cellular phones fail, attempt to contact Dispatch via landline.
  - III. If landlines have also failed, each unit is to respond to their base location (24-hour units at their normal station assignment; 12-hour unit at the Operations Center in Marina.
  - IV. Once at designated location, reattempt to contact dispatch via radio, and if unsuccessful, via landline.
  - V. Remain at the designated location until released or assigned to a response.
    - a. Depending on the nature and scope of the disaster, assignments will probably be routed through other public safety personnel.

2. Off-Duty Personnel

- A. Once they have insured their personal safety and the safety of their families and homes, all off-duty personnel are encouraged to report for duty in uniform and with enough supplies for a multiple-day assignment.
- B. Personnel who are able to report should attempt to reach the Operations Center in Marina.
- C. Personnel are asked to be patient and understand that the nature and scope of the disaster may delay the ability to coordinate means of transportation.



# First Responder Equipment Exchange, Supply Restock, and Pharmaceutical Rotation Program

## *Equipment Exchange and Resupply of Disposable Items*

### *At Scene*

AMR will resupply non-disposable equipment such as backboards and traction splints for first responder agencies in Monterey County. This resupply will be on a one-for-one basis for equipment used and should occur at scene or at the hospital when first responder personnel assist with patient care during transport. First responder personnel are to request resupply from AMR personnel at the scene. First responder personnel are prohibited from taking supplies from the ambulance.

AMR will replace pharmaceuticals and disposable supplies used by first responder agencies.

Should equipment exchange or resupply of disposable items not occur at scene or after transport to the hospital, first responder agencies are to follow the procedure for delayed exchange below.

### *Delayed Exchange or Resupply*

It is expected that equipment and supplies used by first responder agencies will be resupplied by the ambulance personnel at the scene in most cases.

Should equipment exchange not occur at time of call due to need to expedite transport, low stock of the requested item on the ambulance, or other reason; then a representative of the first responder agency should contact the on-duty AMR supervisor to request resupply.

The request by the first responder agency to the AMR supervisor shall include either the patient's name or call run number, a list of specific supplies used to include the amount, and the date of service. This request must be received within three (3) days for the request to be honored.

AMR will provide the exchange or replenish supplies used only when the above requirements are met. Resupply will be on a one for one basis for equipment and supplies actually used. Resupply will be with brand of the item that AMR keeps in stock. AMR will make the restock items available within 24 hours from receipt of the request. AMR is under no obligation to restock items within 24 hours when the item is in short supply or not available due to shortages from the manufacturer. When the item is not available, AMR will hold the request until the item is back in stock.

AMR field personnel will not replace equipment or resupply disposable items for calls in which they did not provide service.

AMR will not replace equipment or resupply disposable items for calls in which AMR did not provide patient care/transport services.

### *EZ-IO Needles*

EZ-IO needles will not be exchanged at the time of the call. ALS non-transport first responder agencies should have a limited supply of EZ-IO needles for unit restock purposes. ALS first responder agencies are to restock their units from this reserve stock. AMR will restock an EZ-IO needle for non-transport ALS first responder agencies when AMR has arrived on scene and patient care is assumed by AMR personnel. AMR will provide a replacement EZ-IO needle when requested by an ALS first responder agency following the requirements listed here:

- The request must include the date of service and either the patient's name or run number.
- The request must be received by the AMR Operations Manager or on duty field supervisor within 30 calendar days from the date of service.
- The request must specify the EZ-IO needle size.

AMR is under no obligation to replace EZ-IO needles when the time or request requirements are not met.

AMR will make the replacement EZ-IO needle available as soon as possible but no later than 10 calendar days for the date that the request is received. AMR will contact the ALS first responder agency when the EZ-IO needle is ready for pick up. As a courtesy, AMR will attempt to deliver the needle when possible.

### ***Rotation of Pharmaceuticals to Reduce Waste Through Expiration***

AMR will exchange specified pharmaceuticals and medical supplies that have expiration dates with ALS first responder agencies to minimize waste through expiration. AMR may require participation with ALS first responder agencies in management and rotation of pharmaceutical stock to avoid receipt of large amounts of pharmaceuticals that will likely expire.

Pharmaceuticals and medical supplies eligible for rotation (This list may be updated as necessary):

- Albuterol
- Aspirin
- Atropine 1mg preload
- Atropine 30mg vial
- Atrovent
- Dextrose 50%
- Dextrose 25%
- Epinephrine 1:10,000
- Epinephrine 1:1,000
- Nitroglycerine

Program requirements for pharmaceutical and medical supply rotation:

- First responder agencies wishing to rotate stock shall provide to the Operations Manager a list of items, with amount, that they desire to rotate with AMR.

- All items to be rotated must have at least a 60 day period before expiration at the time of the request.
- All items must be in useable condition.
- AMR will pick up the expiring items within 15 days and exchange the items at time of pick up.
- AMR may decline to accept expiring pharmaceuticals and medical supplies when AMR is unable to replace the items due to shortages in the supply chain.

### ***Equipment Recovery***

- AMR will return backboards and other equipment when located at out of county hospitals.
- AMR is not responsible to replace or reimburse for equipment that are sent out of county and not returned.

### ***Cooperative Purchasing***

AMR has extended their purchasing power to assist first responder agencies manage their cost in purchasing medical supplies and equipment. First responder agencies may submit a request to purchase medical supplies and equipment to the AMR Operations Manager for consideration under this program. The AMR purchasing department has final say on whether AMR will be able to purchase the item. AMR will consider a request to purchase items that AMR does not normally purchase but is under no obligation to purchase those items.

### ***Narcotics***

Narcotics will not be exchanged with first responder agencies under any circumstances.

Narcotics will not be purchased for first responder agencies.