

**Coffee County EMS
1110 Madison Street
Manchester, TN 37355**

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COFFEE COUNTY EMS POLICIES



**Michael Bonner, Director
Coffee County EMS**

ATTENDANCE

Purpose: The purpose of the attendance policy is to provide the administration with a tool to monitor unscheduled absences and provide a degree of consistency in dealing with occurrences of unscheduled absences.

Policy: Because of the urgent nature of Emergency Medical Services work, regular attendance by each staff member is mandatory. Absences for any reason may result in disciplinary action which could result in termination of employment.

1. "Ambulance Personnel" is used to refer to Emergency Medical Technicians and Paramedics directly involved in working on the ambulances. These people normally work 24 hour shifts, every third day. (See duty time, personal time off, bereavement leave).
2. Compensatory Time Off (CTO) is time off given to compensate our office personnel for time worked above their regular scheduled time.
3. CTO must be taken in the pay period in which it is earned or in the pay period immediately following.
4. Requests for taking accrued CTO must be submitted in writing to the Director at least three (3) days in advance of the requested date.
5. Civic Responsibility - The service will pay the difference between pay received for jury duty and regular pay.
6. Any employee subpoenaed to appear in court on behalf of CCEMS, will be granted time off for the time spent in court.
7. Compassionate Leave - The employee will be granted three (3) days of compassionate leave in order to settle the affairs associated with the death of a member of the employee's immediate family. In the case of Ambulance Personnel this will be one scheduled shift. (See Page 5)
8. Excused Absence - The Director or his Supervisors may authorize an absence as an "excused absence".
9. It is emphasized that the decision to grant an absence status, rests solely with the Director.
10. Administrative Leave is a non-punitive suspension with pay, usually given to protect CCEMS.
11. Administrative Leave is usually given without request made to the Director.
12. If an employee is going to be unable to report to work as assigned, that employee must

personally notify his/her supervisor immediately. Such notice must be given as far in advance of the time assigned for reporting to work as possible.

13. An employee who is absent because of illness should advise his/her supervisor of his/her status and estimated date of return before each shift and on a regular basis.
14. Employees who are absent from work for two (2) consecutive shifts without notifying the immediate supervisor or department Director / Operational Assistant will be considered to have quit without notice.
15. The Director / Operational Assistant may reserve the right to withhold benefit pay when unscheduled absences are not reported in conjunction with CCEMS guidelines, or when absences are not legitimized.
16. Definition of Occurrence: An occurrence is one or more consecutive days of absence for the same reason or leaving the shift early due to an illness or injury. An unscheduled absence is counted even if the employee is paid with benefit time.
17. The "Occurrence Method" will be used for the CCEMS attendance policy.
18. Producing a "work note" or Doctor's excuse" is required after two consecutive shifts, but the absence will still be considered an occurrence.
19. Bereavement leave is never considered an occurrence.
20. It is a conflict of interest for anyone to call in sick and work at another establishment. If this is found to be the case, it is automatic dismissal.

This guideline is not a substitute for good judgment, nor is it the intention of CCEMS to penalize employees who have special health needs. Efforts will be made to take each case into consideration.

TARDINESS AND EARLY DEPARTURE

1. It is essential that each employee report on time, ready for work.
2. Repeated episodes of lateness are grounds for dismissal.
3. Should circumstances arise which present the probability that an employee will be delayed, the employee should call the service and advise the supervisor: A) that he/she will be late and B) how late he expects to be.

4. Leaving early - Employee will give sufficient notice to allow for replacement to be found when it is necessary to leave early.
5. Unauthorized Absence - Any unauthorized absence for or during a shift in which the employee is expected to work.
6. Any unauthorized absence is grounds for immediate dismissal.
7. Suspension is time off without pay.
8. Leave of Absence - may occasionally be granted by the Director
9. All requests for leaves of absence must be submitted to the Director as far in advance as possible.
10. The privilege of returning to work is subject to the employment conditions prevailing at the time of return.
11. The ambulance service will attempt to, but not be required to, return the employee to his/her former job after a leave of absence.
12. Seniority and other benefits accrued at the time of leave will be restored.
13. An employee may be terminated with forfeiture of all accrued benefits for:
 - A. Failure to return to employment at the expiration of a leave of absence.
 - B. Falsification of reasons to justify the request for leave of absence.
 - C. Accepting other employment during the leave of absence without written consent of the Director / Operational Assistant.
14. Leaves of absence may be granted for:
 - A. Extended illness - Consideration for LOA for extended illness will be based on the rate of one (1) month leave for each full year of service.
15. Military - A leave of absence will be granted employees who are required to serve a tour of duty in the military.
 - A. Reinstatement will be made without loss of seniority due to time spent in military service.
16. Special - The Director / Operational Assistant may grant leave of absence for other reasons on an individual basis in the best interest of CCEMS and employees.

DUTY TIME, PERSONAL TIME OFF, HOLDIAYS, BEREAVEMENT LEAVE

Normal duty time is a 24-hour shift, 0800 hours to 0800 hours, every third day for shift personnel. Weekly pay period begins for shift personnel at 0800 hours on Wednesday and ends at 0800 hours the following Tuesday. Checks will be issued biweekly (the Friday following payroll). No payroll checks will be issued between pay periods. Any hours worked during the weekly pay period over 40 will be paid at one-and one-half-times the employee’s regular hourly rate. Salaried personnel are not eligible for overtime.

All request for Personal Time Off (PTO) must be made to the Shift Supervisor on duty the day of the request, who will place your name on a scheduling calendar for the time requested. PTO should be requested two weeks in advance. Final approval by the Director / Operational Assistant.

PTO is added on the last day of the pay period worked. An employee that is off without pay more than one shift in a pay period will not earn PTO for that pay period. PTO accrual is limited to two (2) times the annual accrual and is adjusted on the last day of the year. Vacation accrual in excess of the maximum accrual will be converted to Sick Leave in accordance with the County policy and unused Sick Leave at the time that the employee is no longer employed by CCEMS will be credited to the employee’s retirement in accordance with Tennessee Consolidated Retirement System rules and regulations. New full-time employees accumulate PTO from the beginning of employment. New employees are not eligible to take PTO for their first 180 days of employment, unless in an extreme emergency, and only with the approval of the EMS Director. PTO will not be given to part-time or PRN personnel.

PTO for shift personnel is earned at the following rate:

<u>Years of Service</u>	<u>Vacation Hours Accrued per Pay Period</u>	<u>Sick Leave Hours Accrued per Pay Period</u>	<u>Maximum Vacation Accrual (2 X Annual Accrual)</u>
<u>0 to 3</u>	<u>5.54</u>	<u>5.54</u>	<u>288</u>
<u>3 to 5</u>	<u>6.23</u>	<u>6.23</u>	<u>324</u>
<u>5 to 10</u>	<u>6.92</u>	<u>6.92</u>	<u>360</u>
<u>10-15</u>	<u>8.31</u>	<u>8.31</u>	<u>432</u>
<u>15-20</u>	<u>9.69</u>	<u>9.69</u>	<u>504</u>
<u>20+</u>	<u>11.08</u>	<u>11.08</u>	<u>576</u>

Years of service will be counted as of original date of hire as adjusted for any periods when not employed full time by CCEMS.

Any scheduled or emergency PTO must be approved by the Shift Supervisor and the Director /

Operational Assistant. CCEMS retains the right to cancel or refuse PTO should a situation arise that would jeopardize the operation or proper staffing of ambulances by granting that PTO. Employees that request PTO due to illness or injury will be required to provide a doctor's statement upon returning to work.

Should an employee leave the employ of CCEMS for any reason, half of their PTO balance will be paid in full as would normally be paid for regular and overtime hours. If you are vested, sick leave can be rolled over into your retirement plan. Sick leave will not be paid. Payment shall be included in their final paycheck.

Any time that an employee has a replacement work for them, or stay over, should you be late to work, not involving PTO, will be considered "swap time". This time will be arranged by the person wanting off, and all working agreements will be between the persons involved. The person that was originally scheduled to work will be responsible for notification to the Shift Supervisor as soon as arrangements have been completed and approved by the Director. The Shift Supervisor will note the swap time on the schedule calendar and the Daily Report Sheet. CCEMS will not be responsible for collection of debts due to time worked between personnel. A Paramedic can only get another Paramedic to replace them unless it is for work related schooling. This swap time must be scheduled to work within 30 days of date of scheduled swap time.

When any employee accepts and agrees to work any PTO, Swap, or extra time offered by CCEMS, that employee is responsible to find a replacement should circumstances arise that prevent that employee from working. If that employee cannot find anyone to work, that employee is required to work the accepted time. Failure to report will be handled per CCEMS Disciplinary Procedures, Critical Violation #9: Refusal to complete assigned schedule or walking off the job without approval of the Shift Supervisor or Director. Such employee is subject to immediate termination.

If your replacement does not report for duty by 0800 hours, you are automatically held over, and will remain on duty until your relief, or a suitable replacement arrives.

Should a disaster or mass casualty emergency occur, and extra EMS personnel are needed, EMS Dispatch will start trying to reach all needed personnel. Once contacted and asked to respond, you must report for duty, unless under the influence of certain medications or alcohol that would prohibit your proper performance or there is absolutely no one available to care for children in your possession. Failure to report without being excused by the EMS Director, may be grounds for dismissal.

Full-time personnel will be granted 24 hours of Bereavement Leave should a death in their family occur. Pay will be that amount normally given for that shift taken off. Any leave needed in excess of 24 hours will be deducted from their accumulated PTO, or taken without pay. Office personnel would be allowed three days off.

Bereavement Leave will be granted only upon the death of the following family members:

Spouse	Mother	Mother-in-law	Step Mother
Father	Father-in-law	Step Father	Brother
Brother-in-law	Step Brother	Sister	Sister-in-law
Step Sister	Children	Step Children	Grand Parents
Grand Children	Step Grand Children	Daughter-in-law	Son-in-law

1. An accrued record of personal leave time will be posted on the message board at the end of each pay period.
2. All requests for taking personal leave time will be submitted to the appropriate shift supervisor, who will forward it to the Director for consideration.
3. Personal Leave Time may be granted by the Director according to the following guidelines.
4. Requests should be submitted fourteen (14) days prior to date of requested leave in order to facilitate scheduling.
5. Provided all requests are received 14 days prior, and the Director cannot grant all requests, the employee with most seniority will have priority.
6. A request with less than fourteen (14) days notice cannot jeopardize a request that has already been granted.
7. To permit personnel to schedule vacations, etc., more than fourteen (14) days in advance, personnel will be permitted to request six (6) consecutive shifts which will be deemed "Vacation request" and will be acted upon immediately upon receipt of request. Previously mentioned seniority rules will apply if two (2) or more such request are received at the same time requesting the same days off.
8. Relief personnel will not be scheduled the day prior to or immediately following a granted shift off.
9. Due to operational necessity, vacation time may occasionally have to be postponed with little notice to the employee.
10. Approved vacations and personal leave days will be canceled only in dire circumstances.
11. Special consideration will be given in rescheduling the vacation of any employee whose vacation was postponed.
12. Any employee missing more than two days work due to illness will be required to furnish the Director with an excuse signed by a physician to be paid for the day missed. In the

event the employee is in the hospital, the employee will be paid for all days missed.

13. There are thirteen (13) Holidays a year for employees, or whatever the County designates.
Each employee will be paid for Holidays, if they work a full day. You have to work the day before, the day of, and the day after to receive Holiday pay. The actual Holiday will be paid at double time. The day before and the day after will receive regular pay.
14. Employees are subject to the Coffee County drug testing policy. Coffee County, including the CCEMS, fully supports the Tennessee Drug-Free Workplace Act.

DRUG-FREE WORKPLACE

During working hours, employees are strictly prohibited from being under the influence of illegal drugs or alcohol or selling, possessing, transferring or purchasing illegal drugs, or possessing or consuming alcoholic beverages. If the department head/director suspects that an employee has reported to work under the influence of any drug or alcohol, the employee must be sent for a drug test immediately.

An employee whose off-duty substance abuse results in on-the-job impairment (including but not limited to excess absenteeism or tardiness, carelessness or disregard for safety or poor work), or who commits an unlawful act, or whose conduct discredits the county in any way is in violation of this policy.

The foregoing constitutes the policy of Coffee County Government on substance abuse. Violation of this policy is grounds for disciplinary action, up to and including immediate termination of employment. The county may take appropriate actions against employees in violation of this policy including referral for legal prosecution or mandatory drug/alcohol abuse counseling and satisfactory completion of an approved drug use/alcohol abuse assistance or rehabilitation program.

NOTE: The current County Drug-Free Workplace policy is available through HR, located in the office of Accounts and Budgets.

15. Employees are subject to the Coffee County harassment policy.

HARRASSMENT POLCY

It is the policy of Coffee County Government to maintain a respectful work and public service environment. The county prohibits and will not tolerate any form of unlawful harassment by or toward any employee or official on the basis of race, color, religion, sex, national origin, age, disability, or status in any other group protected by law. Any employee or official who engages in such behavior is subject to disciplinary action, up to and including termination of employment.

Any form of harassment or complaint of harassment should be immediately reported to

your supervisor. In the event that the employee's complaint is against his/her supervisor, then the complaint should be addressed to the Human Resources/Benefits Coordinator. Upon receipt of any complaint of violation of this policy the complaint and any documentation thereof shall be immediately provided by the supervisor to the Human Resources/Benefits Coordinator. If the action of the immediate supervisor does not satisfactorily resolve the matter to the employee's satisfaction, the next step for review by the employee would be to address the matter to the Human Resources/Benefits Coordinator. Such matters as are presented to the Human Resources/Benefits Coordinator will be addressed by the Chairman of the Personnel Policy and Salary Review Committee, the Human Resources/Benefits Coordinator, and one (1) other member appointed by the Mayor. The final decision concerning the matter made by this Committee will be relayed to the employee in written form with a copy to the employee's immediate supervisor, Human Resources, and the Mayor.

While the Mayor maintains an open door policy for information purposes of all County business, an employee addressing a claim of harassment must follow the procedures set forth above.

NOTE: The current County Harassment Policy is available through HR, located in the Office of Accounts and Budgets.

INSURANCE

Professional liability insurance is carried by the county on CCEMS employees at no cost to the employee.

IN-SERVICE EDUCATION

1. In-service Education is necessary adjunct to continuing upgrading of knowledge and skill levels in emergency medical care.
2. In-service Education is coordinated by the training officer
3. The Training Officer shall give notice of upcoming in-service education opportunities for all employees.
4. Although the Training Officer shall maintain records of individuals, the responsibility for the accumulation of points for recertification rests with the individual.
5. Individuals are encouraged to attend both in house educational opportunities and programs offered by other recognized agencies.
6. Scheduling arrangements with sufficient cause and notice may be made to arrange an

employee's work schedule to accommodate his wishes.

7. The needs of the CCEMS shall prevail against any such requests.
8. Letters of Commendation are given by CCEMS to individuals for exceptional behavior reflecting the ideals of CCEMS and our profession.
9. Recommendations for letters of commendation may be made by any individual, but will be actively solicited from shift supervisors.
10. Recommendations should include details of, and persons involved in, the action cited and submitted to the Director.
11. Letters of commendation become permanent enclosures in the employee's personnel file.
12. Lifesaving Certificates - Eligible persons should be encouraged to apply for recognition of their efforts.
13. Participation in this program enhances public recognition of the success of CCEMS and of the EMT program as a whole.

DISCIPLINE

It is not expected that the following measures will be necessary for disciplining adults behaving in a mature, responsible, professional manner.

Causes for disciplining - The following offenses are punishable by reprimand or dismissal (See General Policies).

- A. Neglect of duty.
- B. Insubordination
- C. Being under the influence of an intoxicant.
- D. Being absent without leave.
- E. Conduct unbecoming as a member of CCEMS.
- F. Neglect or refusal to pay just debts.
- G. Violation of any of the rules or regulations of CCEMS.

GENERAL RULES

1. In the absence of a medical emergency, CCEMS equipment or supplies will not be loaned to any person or organization without the permission of the Director.
2. Promotions in CCEMS will be based upon personnel records or merit, efficiency and character.
3. Suggestions for improving the service or the well being of personnel will be carefully considered when presented in writing.
4. Expenditures for personal comfort will be by mutual agreement of the personnel involved.
5. CCEMS operations area (including offices and lounge), will not be used for visiting, parties, social gatherings, or as a meeting place, without the advance, specific consent of the Director.

COUNSELING

1. When actions or performances of an employee indicate the need, the Director, or Shift Supervisor may counsel with an employee on arising problems, or seek to open avenues of communication with the employee to avoid or resolve problems.
2. The employee may be asked to sign a statement that he has been counseled.
3. Warning Notice - written reprimand.
4. Formal notice of unacceptable actions on the part of an employee.
5. Issuance of three warning notices to an employee within one (1) year will constitute grounds for dismissal.
6. Will usually be used in conjunction with probation, suspension and/or dismissal termination.
7. Probation - written notice of employment jeopardy.
8. Employee will be given detailed explanation of specific areas in which he needs to improve in order to continue employment.
9. The extent of improvement and future action to be taken will be reviewed with the employee at the end of the probationary period.

10. If necessary, suspension or dismissal may be implemented during the probationary period.
11. Suspension- time off without pay.
12. Suspension from shift - The Shift Supervisor may suspend an employee for the remainder of his scheduled shift as a punitive measure.
13. Suspension - The Director or supervisor may require an employee to be suspended for a certain number of days in conjunction with, or independently of any action in item #12.

DISMISSAL - TERMINATION

1. When it is determined that either patient care or the reputation of the service may have been jeopardized by the actions of an employee, he may be dismissed without notice.
2. An employee whose service is being terminated, either voluntarily or involuntarily, shall be paid for all regular earnings which are due and accrued plus all accrued vacation time, overtime and compensatory time. While the employee may be paid for vacation time, vacation time is scheduled at the discretion of the supervisor and may not be used as "notice time." No sick leave may be taken after an employee has given notice. The employee will not be compensated for any unused sick leave days. In the event of death, the amount owing to the employee shall be paid to his estate or to the surviving spouse as required by law.
3. Causes for dismissal are listed elsewhere in this handbook. (See Discipline and General Policies).

PERSONAL APPEARANCE

1. All ambulance personnel shall adhere to the Uniform Standards.
2. Hairstyles should be neat and clean and are expected to be of moderate length or not below the bottom of a normal dress shirt collar.
3. Beards and mustaches, if worn, must be clean and neatly trimmed at all times and should not exceed moderate length.
4. Office Personnel are expected to dress in neat sport or dress clothes, as their appearance is important due to their contact with the public.
5. Shorts, T-Shirts, Blue Jeans, (unless approved), etc., are specifically prohibited.

UNIFORM CODE

The goal of the uniform code is to present our CCEMS staff to the public with a neat, professional appearance, easily recognized and associated with qualified, confident medical care.

SHIRTS

1. Shirts shall be of approved type, with Tennessee EMS patch permanently affixed to the right sleeve, CCEMS patch permanently affixed to left sleeve as appropriate.
2. Shirts shall be clean, unwrinkled and in good repair.
3. Shall be worn “tucked in” by on-duty personnel
4. Undershirts if worn, shall be clean, in good repair, and be solid white, without markings or designs.
5. Shirts shall be worn at all times by on-duty personnel.
6. Shall display name tag of approved type on right pocket.
7. Navy blue coveralls may be worn at night at the discretion of the Shift Supervisor.
8. Coveralls should be clean, in good repair, and wrinkle free with the appropriate patches permanently affixed to the sleeves.
9. Identification in the form of name tag or embroidery listing name and title shall be affixed above the left breast pocket of the coveralls.

CAPS

1. Caps will be navy blue with CCEMS patch on the front.
2. Caps will have no other patches or logos affixed to them.

PANTS

1. Pants shall be of approved fabric and/or weave types in navy blue or black
2. Shall be clean, cuff less, hemmed, unwrinkled and in good repair.

3. Shall be worn at all times by on-duty personnel.
4. Shall be worn with a belt of approved type at all times.

BELTS

1. Shall be navy blue or black, clean and in good repair, of fabric or leather.
2. Buckles shall be clean, and free of advertising or ornamentation.

WINDBREAKER

1. Shall be a light utility jacket with long sleeves, navy blue or black in color with Tennessee EMT patch permanently affixed to the right sleeve, CCEMS patch permanently affixed to left sleeve as appropriate.
2. Shall be constructed of nylon or other light weight material of similar water-resistant properties.
3. Should be reasonably impervious to stains.
4. Shall be easily cleaned.
5. Shall be clean, unwrinkled and in good repair.
6. Shall display name tag of approved type.

WINTER JACKET

1. Shall be of suitable weight and construction to insulate the wearer in adverse weather conditions at low temperatures.
2. Shall be navy blue or black in color with Tennessee EMT patch permanently affixed to right sleeve, CCEMS patch permanently affixed to left sleeve as appropriate.
3. Shall be clean, unwrinkled and in good repair.
4. Shall display name tag of approved type.

FOOTWEAR

1. Shoes shall be black, plain toe, and have buckle, laces or similar means to fasten the footgear securely to the foot.

2. Shoes shall be clean, shined and in good repair.
3. The wearing of patterned or garish-colored hose is actively discouraged. White or dark colored hose are preferred. (Females may wear flesh-colored hose).

NAME PINS

1. Data displayed includes: First Name, Last Name, professional title, (EMT-EMT-P).
2. Metal name pins are Silver with block engraved letters. Silver name pins are to be worn by EMT's.
3. Metal name pins are Gold in color with block engraved letters. Gold name pins are to be worn by EMT-P's.
4. Attachment name pins which indicate years of service, ie, "Serving since _____", may be worn provided they are matching in color to primary name pin and are attached to primary name pin.

ETHICS AND CONDUCT

All persons in the medical profession and those in the allied health professions share in the responsibility of observing a code of ethics, which generally require that good be done and evil avoided.

1. This code requires honesty and personal integrity in all activities.
2. Further, the following applies to all CCEMS employees:
 - A. The judgment of the physician shall prevail in all cases.
 - B. All information concerning patients and CCEMS business must be held in strict confidence and must not be discussed with persons not directly concerned with such information.
3. An employee's private, as well as professional life, is expected to be conducted according to the highest moral standards.
4. Employees are asked to refrain from gossiping, needless complaining, boisterous laughter and other activities which are out of place in a professional setting.
5. Employees are expected to show courtesy to the public and to maintain an air of professionalism at all times while on duty.

EMPLOYMENT REQUIREMENTS

1. Application for employment.
 - A. Applications for employment may be obtained from the Business Office, and should be given or returned by mail to the Director.
 - B. Incomplete applications will not be given consideration.
 - C. Falsification of information on applications may be grounds for dismissal.
2. CCEMS will maintain the “Official Personnel Records” for CCEMS operations.
3. Employment interview
 - A. Selective applicant’s for employment may be interviewed by the Director to determine whether the prospective employee meets the minimum requirements for employment.
 - B. Participation in an interview does not obligate the CCEMS to employ the applicant.
4. Employment requirements for EMT’s
 - A. Must be at least 21 years of age.
 - B. Must be able to read, write and speak the English Language.
 - C. Must have three (3) months of ambulance or emergency care experience.
 - D. Must have no convictions of driving while intoxicated or for reckless driving.
 - E. Must have passed the required state EMT physical examination within the last year.
 - F. Must have a current state approved EMT certificate.
 - G. Must have successfully completed high school or hold GED certification.
 - H. Must hold valid, Tennessee Class D License with F Endorsement.

- I. MUST PASS A LIFTING TEST - Successfully lift a cot with 150 pounds on it , placing the cot in the patient compartment of the ambulance.

ENTRY PROBATION

1. All new employees must undergo a six month probationary period.
2. During the probationary period, the employer/employee may terminate his position without explanation or further obligation. (See “Termination of Employment”).
3. Employees on entry probation will not be eligible for sick leave or holiday.
4. When an employee becomes a member of the permanent staff, vacation, sick leave and holidays will be made retroactive to the date of employment.

HEALTH INVESTIGATION

1. Applicants for employment may be required to pass certain health examinations, possibly including tuberculin skin test, chest x-ray and certain laboratory tests.
2. Periodic re-examinations may be required, and any employee with unsatisfactory results may not continue as an employee of CCEMS, unless corrective measures are taken.

TERMINATION OF EMPLOYMENT

1. Resignation - Two (2) weeks notice should be submitted in writing to the Director.
2. Quitting - Resignation without notice.
3. Employees who quit, forfeit all claims to accrued and terminal benefits, and have an unsatisfactory termination report placed in their personnel file.
4. Dismissal - Immediate termination imposed by the Director for serious infractions. There are two (2) general conditions for dismissal under, “General Policies”.
5. Insubordination or failure to carry out directions of supervisors.

6. Includes, but not limited to: Serious misconduct, such as neglect or abuse of patients, visitors or fellow workers, abuses or destruction of property, intoxication, theft, fighting, profanity, excessive absences, unexcused absences, discourtesy, etc.
7. Termination during probation may be initiated either by the employee or CCEMS at any time during the probation period without explanation or obligation. Also see: "Entry Probation, items 2 and 3".
8. Records of employment - All records of employment and work history are the property of CCEMS.
9. Exit interviews - All terminating employees are asked to have an exit interview with the Director
10. All information obtained during the exit interview is confidential.
11. Information obtained during the exit interview will not be allowed to reflect against any individual.
12. Whenever possible, information is used to promote improvements in CCEMS and its policies.

EMPLOYEE EVALUATION

1. All employees shall be evaluated periodically as indicated by the Director.
2. Evaluations are intended for use as a means of making employees aware of their individual strengths and weaknesses and of noting improvement in previously weak areas.
3. Evaluations shall be performed by the Shift Supervisor. See: "Shift Supervisors item J".

EMT/EMT-P EVALUATION CRITERIA

1. Knowledge of rules and regulations governing the service.
2. Skill in radio communications.

3. Ability to communicate with emergency room personnel at a sophisticated, explicit level.
4. Ability to function as part of a team.
5. Ability to assess patients.
6. Willingness to continue education to learn emergency medical techniques, e.g. in-service training, to pursue educational opportunities on his/her own.
7. Ability, knowledge and willingness to maintain emergency medical equipment, including vehicle, ambu bag, etc.
8. Ability to set priorities at the scene of an emergency.
9. Willingness to perform routine duties without close continuing supervision.
10. Willingness to come in on time, avoid sick leave, calling in sick at the last moment.
11. Ability to remember details, e.g. street addresses, numbers, directions, names, without having to have information continually repeated.
12. Ability to drive defensively and skillfully, smoothly, especially in transporting patients.
13. Knowledge of territory commensurate with situation, e.g. streets, best route.
14. Willingness to maintain personal appearance, hygiene.
15. Ability to handle patients diplomatically and with sensitivity to their welfare.
16. Ability to exercise triage techniques.
17. Application of basic, and advances, if applicable, medical skills acquired in emergency training.
18. Ability to maintain clear, concise, accurate reports.
19. Ability to exhibit good clinical judgment in response to patient needs, commensurate with training level.

LEADERSHIP ABILITY

All personnel shall also be evaluated for the following characteristics:

1. Attitude
2. Dependability
3. Initiative
4. Response to supervision
5. Potentialities
6. Personal limitations
7. General effectiveness

GENERAL POLICIES

All personnel shall:

1. Refrain from committing any act which might discredit themselves, CCEMS or its members, or Coffee County Government.
2. Conduct themselves in a manner approved by law abiding, self respecting citizens.
3. Refrain from gambling while on duty or in the operations area.
4. Refrain from indulging in boisterous conduct or language while on duty.
5. Refuse any compensation, tip, reward or other consideration for services incidental to the performance of their duties, other than regular salary.
6. Exhibit courtesy and respect to the public.
7. Obey and show courtesy to police officers.

8. Notify a shift supervisor of any inability to report for duty or to perform assigned duties.
9. Maintain the greatest amount of silence, compatible with an efficient and effective delivery of patient care while at an emergency scene.
10. Refrain from exceeding their authority in giving orders.
11. Be protected from penalty when acting in obedience to an improper order.
12. Upon receiving any order which is in conflict with a previous order, the employee will advise the supervisor issuing the second order that a conflict exists and will then abide by the decision of the second supervisor.
13. Respond to all calls to which they are dispatched, and exert their greatest efforts to perform to the best of their ability under all circumstances.
14. Show sufficient cause for disciplinary action, with neglectful inefficiency or indifference.
15. Exercise economy in the use of supplies without compromising the patients' condition.
16. Exercise precautionary measures and good judgment to avoid injuring themselves and/or others while on duty.
17. Become familiar with, and obey all rules, regulations, procedures, policies and practices of CCEMS
18. Promptly notify the Shift Supervisor or Director / Operational Assistant of all matters coming to their attention which might affect the welfare or reputation of CCEMS.
19. Promptly notify their Shift Supervisor of any accident, illness or injury occurring to themselves while on duty.
20. Submit a written notice of any change of address and/or telephone number.
21. Promptly report the loss of, or damage to any equipment entrusted to their care.
22. Refrain from lending, selling, giving away, or appropriating to their own use, any equipment or property of CCEMS.
23. Refrain from endorsing or recommending any particular service, product or brand name while in the capacity as an employee of CCEMS.

24. Refrain from being party to any malicious gossip, report or activity that would tend to disrupt morale or bring discredit upon the personnel of CCEMS.
25. Refrain from discussing patient's illness or injuries with unauthorized persons and will not release information to the news media unless employed as Director / Operational Assistant.
26. Have a physical examination every other year.
27. Perform extra duties as required.
28. Show respect to the flag of the United States of America.

COMMUNICATIONS

Effective communications are essential to an efficient, effective effort. Communication problems are the basis for the vast majority of difficulties encountered in any enterprise, including CCEMS.

TELEPHONE (See Communications)

1. Incoming calls are the responsibility of each employee.
2. Incoming calls will be answered courteously and quickly. (No more than three (3) rings).
3. Under no circumstances should anyone be abused, threatened or spoken to rudely on the telephone.

RADIO (See Communications)

1. Transmissions will be calm, clear, precise, and professional, especially in stressful situations.
2. Long or complicated patient reports should be segmented into 30 second intervals.
3. Transmissions will be confined to run related matters.
4. Misuse or abuse of the radio is grounds for disciplinary actions.

MEMORANDA

1. In order to disseminate information to the entire staff in a reliable manner, memoranda will be posted on the bulletin board.
2. Memos will remain posted for a minimum of five (5) days, consecutively.

POLICY CHANGES

1. All CCEMS employees will be expected to be familiar with current CCEMS policies.
2. CCEMS policies may be revised as necessary by the Director.
3. Revisions of policy shall be made in the following manner:
 - A. Changes and addendum to current policy shall be posted as soon as possible.
 - B. One copy shall be posted on the bulletin board for seven (7) consecutive days.
 - C. At the end of the fiscal year, (June 30), revisions from the previous 12 month period will be compiled, and an appendix to the current manual issued, or, if appropriate, a new policy manual issued.
4. Each CCEMS employee will be expected to retain and update as necessary, their own copy of the policy handbook.
5. Shift Supervisors may establish procedural policies for their shifts.
6. Shift Supervisors are responsible for ensuring compliance with all CCEMS policies.
7. Shift Supervisors are responsible for keeping track of current shift policies for their shifts.

INTER-SHIFT COMMUNICATIONS

The free and active constructive and/or informative flow of information between personnel of all shifts is encouraged. A more formal means of exchange is occasionally necessary or desirable for the resolution of inter-shift complaints or areas of friction. The following procedure shall be followed in such cases:

1. An employee who discerns a problem with another shift shall advise his/her Shift Supervisor of the problem.
2. The Shift Supervisor shall contact the other Shift Supervisor as appropriate, and advise him/her the nature of the problem.
3. Shift Supervisors shall work together to resolve any difficulties which arise.
4. If a resolution cannot be found by the Shift Supervisors, the problem shall then be referred to the Director for resolution.
5. The decision of the Director shall be binding to all parties.

INTRA-SHIFT COMMUNICATIONS

The free and active communication of constructive and/or information data between personnel of the same shift is encouraged. A more formal means of exchange is occasionally necessary or desirable for the resolution of intra-shift complaints or areas of friction. The following procedures shall be followed in such cases:

1. An employee who discerns that a problem exists between him/her self and another member of the shift, and also feels that this problem cannot be resolved by a one-on-one discussion between the two parties shall advise the Shift Supervisor of the problem.
2. The Shift Supervisor shall resolve the problem by whatever means possible to ensure a fair and equitable solution consistent with CCEMS policy.

MASS MEDIA COMMUNICATION

No statements regarding run information, CCEMS policy or practices shall be issued to any representative of any form of mass media by anyone other than the Shift Supervisor or the Director.

1. Exceptions to the above may be made by the Director on a one-time basis for specific incidents.
2. Such exceptions shall be granted in advance of any release of information.
3. This policy is in no way designed to restrict or abridge the rights of CCEMS

employees under the First Amendment, but is designed to provide continuity and authority to statements made by CCEMS.

COMMUNICATIONS WITH OTHER AGENCIES

1. Communications with other agencies shall be courteous and professional at all times.
2. "Other Agencies" shall include, but not be limited to: Other Ambulance Services, their administrators and personnel; Federal, State and Local Law Enforcement agencies, offices and their staffs; volunteer organizations, etc.
3. Any problem or incident involving another agency, shall be reported to the CCEMS Director.
4. If the report is made in person or by telephone, it is urged that a detailed written report also be submitted to enable us to adequately document the problem or incident.

PUBLIC DEMONSTRATIONS BY CCEMS

1. CCEMS is called upon to speak about, or demonstrate, skills and techniques utilized, to a variety of civic organizations and schools.
2. All CCEMS personnel giving or attending such demonstrations shall be in uniform and present themselves with an attitude and demeanor commensurate with the high level of professionalism and competence they display on regular duty.
3. These activities comprise a major portion of the active P-R effort of the CCEMS, and is often the only opportunity for the users (actual or potential) to ask questions regarding medical or administrative practices.
4. Personnel participating in CCEMS demonstrations are encouraged to "do their homework".
5. If a question is asked for which an answer is not readily available, the following is the proper procedure to follow: A) Do Not Guess, B) Admit to the questioner that the answer is not immediately at hand, but that you will attempt to find the answer and forward it to them, C) Find out how to contact the questioner (phone #, address), D) Find out and forward the answer as soon as possible.

MEETINGS

1. In order to disseminate information and provide a forum for discussion, meetings are occasionally called. These are of several types and purposes.
2. CCEMS Staff Meetings called by the Director usually require mandatory attendance.
3. Attendance is strongly encouraged for In-Service Education to update and review techniques and treatments, and is considered when evaluating an employee's professional orientation.
4. Shift meetings called by Shift Supervisors are usually mandatory to attend.
5. Training called by the Director requires mandatory attendance, e.g. Defensive Driving, etc.

SUGGESTIONS

Realizing that the persons in the field are in the best position to appreciate the best method to effect a change, the CCEMS welcomes any and all suggestions which are designed to make our operations more efficient and/or effective.

1. Suggestions should be put in writing and submitted to the Director.
2. Naturally, not all suggestions will be implemented, but please be assured that all will be considered.
3. It sometimes occurs that a considerable time span is present between the receipt of a suggestion and its implementation.

PATIENT HANDLING

The intent of this guideline is to reduce the risk of injury to personnel, the general public or property damage. Too often the basics of patient handling are taken for granted. Improper lifting and moving patients can cause injury, damage to you, the patient, and this organization.

The incidence of patient drops can be attributed to a few generalized areas:

1. Improper selection and use of equipment.
2. Improper balance/strength of crews.

3. Improper evaluation of scene hazards.
4. Improper maintenance of equipment.
5. Equipment failure/malfunctions.

Some General Rules for Safe Patient Handling:

1. Assess the scene for hazards that may inhibit moving the patient safely, (plush carpet; soft ground; inclined surfaces; narrow hallways, etc.)
2. Select and utilize the proper lifting device.
3. Know the weight you're about to lift (ask patient's weight if you can and add to the weight of the equipment).
4. Know your physical abilities and limitations, and also those of your partner.
5. Attempt to apply your physical abilities to your partner's, and to the situation.
6. Use proper lifting techniques, and keep the weight you're lifting close to your body.
7. Communicate clearly and frequently with your partner(s). Verbalize all commands.
8. Don't hesitate to request assistance with the lift or movement of the patient.

GENERAL SAFETY POLICY

Purpose: Due to increased risk and threats, policy has been established to develop and maintain the safest environment for employees, patients, and the community we serve.

Definitions: Unit-any ambulance or vehicle assigned to Coffee County EMS. Personnel: any employee assigned to or on duty in the presence of CCEMS. Station: any building assigned for the purpose of housing personnel or equipment of CCEMS.

1. All units will check in and out via radio to their destination and purpose, and once arriving at that destination, will identify their location. Each unit will check back in via radio, once their purpose has ended, and they are en route back to their station. Radio transmission should be brief and professional.
2. All units will advise if they are going to be out of radio range, or intend on being out of service for an extended period of time at a location. When possible, a phone number should be advised for that location.
3. All visitors at stations will have purpose, and will remain in the reception area of said station. All clinical students should have identification and credentials for the institution they represent, and they should complete a "Rider Release" form upon arrival to that station or unit.

4. Unknown persons or trespassers will be reported to the appropriate authorities immediately.
5. Only minimal patient belongings should be transported on the units between locations. Each unit will be inspected regularly for any unknown or suspicious packages. All suspicious packages will be reported and treated seriously.
6. All bay doors are to remain closed when not leaving or entering the station. If bay doors are to be open, a CCEMS employee must be present. When at the station, the units will be in the bay, and doors secured.
7. All walk-in doors will remain locked at all times.
8. When possible, all equipment is to be locked up when no one is in the station.
9. When the units are out of the station and not locked, if possible, someone needs to stay with the vehicle. Units may be watched by other emergency personnel. If more than one (1) ambulance, one (1) person may watch if they are grouped together.
10. Upon arrival at destination, units will be turned off and keys removed by the driver of the unit. (I.e.) Eating places, banks, hospitals, only exception would be on scene of a call. Then if possible, someone needs to watch unit as much as possible.
11. All incidents of suspicion will be reported to the Supervisor, Director, and the Regional EMS Director or designated contact person for the State of Tennessee EMS.

EMERGENCY VEHICLE RESPONSE OPERATING GUIDELINES

Purpose: Responding to any emergency call, the CCEMS places a great deal of responsibility on the drivers of our emergency vehicles. Not only must emergency vehicle drivers provide prompt response of the vehicles, equipment, and personnel, but must accomplish this task in the safest manner possible. Emergency vehicle drivers have in their care most of the major assets possessed by this organization (the vehicle, portable equipment, personnel). Emergency vehicle drivers also have a higher standard of care to provide to the general public and must make every attempt possible to provide “**Due Regard**”^{*} for the safety of others. Drivers must constantly monitor and reduce the amount of risk and exposure to potential losses during each and every response. Safe arrival at the emergency scene shall be, and must always remain, the first priority of all emergency vehicle drivers. In order to accomplish this enormous task, all emergency

vehicle drivers shall become familiar with, and constantly abide by, the following policies and procedures.

***Due Regard** means keeping others in mind when carrying out or performing a dutiful act.

Procedures:

1. Circle of Safety - Prior to entering the cab and starting the vehicle, the emergency vehicle driver shall make a circle of safety around the vehicle to see that all passengers are seated and buckled, that all equipment is secured, that all compartment doors are securely closed and any physical obstructions moved out of the way. During the circle of safety, the emergency vehicle driver shall encircle the vehicle and visually inspect all four (4) sides and the top of the vehicle before entering the cab. He/she should also verify right side and rear clearance with the person riding in the officer position. This shall be conducted prior to moving the vehicle regardless of whether or not the vehicle is about to leave on an emergency or a non-emergency.

2. Warning Devices and True Emergencies - When responding to a “**True Emergency**”*, all audible and visual warning devices will be operated at all times regardless of time of day and/or traffic conditions. All emergency vehicle drivers must understand that warning devices are not always effective in making other vehicle operators aware of your presence. Warning devices only request the right-of-way, they do not insure the right-of-way.

***True Emergency** is a situation in which there is a high probability of death or serious injury to an individual or significant property loss, and actions by an emergency vehicle driver may reduce the seriousness of the situation.

3. Vehicle Control and Right-of-Way- All drivers shall attempt to maintain control of the vehicle that they are operating in such a manner as to provide the maximum level of safety for both their passengers and the general public. Emergency vehicle drivers should be aware that the civilian vehicle operators may not react in the manner in which is expected or felt to be appropriate. An attempt should be made to have options available when passing or overtaking vehicles. If another vehicle operator fails to yield the right of way to an emergency vehicle:

**You Don't Have It!
You Can't Force It!
You Can't Assume It!**

The emergency vehicle driver shall be aware of his/her rate of closure on other vehicles & pedestrians at all times to make sure that a safe following distance is established and maintained. All drivers shall follow the two-second rule for safe following distance. This method is to be used in emergencies as well as non-emergencies.

4. Response Speeds - When responding to a true emergency only, drivers shall operate the vehicle they are driving at as close to the **posted speed limit** as possible, but not to exceed ten (10) miles per hour over the posted speed limit, conditions permitting. Examples of conditions requiring slower response speeds include but are not limited to:

- *Slipper road conditions
- *Inclement weather
- *Poor Visibility
- *Heavy or congested traffic conditions
- *Sharp curves
- *School zones

5. Intersection Practices - Extreme care should be taken when approaching any intersection as intersections are the locations responsible for a large percentage of major accidents involving emergency vehicles. Drivers are required to practice the organizations intersection operating guidelines during all emergency responses.

Uncontrolled Intersections - Any intersection that does not offer a control device (stop sign, yield or traffic signal) in the direction of travel of the emergency vehicle or where a traffic control signal is green upon the approach of the emergency vehicle all emergency vehicle drivers should do the following:

- * Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast etc.). Observe traffic in all 4 directions (left, right, front, rear).
- * Slow down, look for potential hazards and cover the brake pedal with right foot.
- * Change the siren cadence not less than 200' from intersection.
- * Avoid using the opposing lane of traffic if at all possible.

Emergency vehicle drivers should always be prepared to stop. If another vehicle operator fails to yield the right-of-way to an emergency vehicle, the emergency vehicle driver can not force the right-of-way, nor can you assume the right-of-way, therefore you do not have the right-of-way until the other vehicle yields to you.

Controlled Intersections - Any intersection controlled by a stop sign, yield sign, yellow traffic light or a red traffic light requires a complete stop by the emergency vehicle driver. In addition to bringing the vehicle to a complete stop these additional steps must be followed as well:

- * Do not rely on warning devices to clear traffic.
- * Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast etc) as well as driver options.
- * Begin to slow down well before reaching the intersection and cover the brake pedal with right foot, continue to scan in 4 directions (left, right, front, back).
- * Change the siren cadence not less than 200' from intersection.
- * Scan intersection for possible passing options (pass on right, left, wait etc.) Avoid using

the opposing lane of traffic if at all possible.

* Come to a complete stop.

* Establish eye contact with other vehicle drivers; have partner communicate all is clear; reconfirm all other vehicles are stopped.

* Proceed one lane of traffic at a time treating each lane of traffic as a separate intersection.

Railroad Intersections - At any time an emergency vehicle driver approaches an unguarded rail crossing he/she shall bring the apparatus or vehicle he/she is operating to a complete stop before entering the grade crossing. In addition the emergency vehicle driver shall perform the following prior to proceeding:

* Turn off all sirens and air horns.

* Operate the motor at idle speed.

* Turn off any other sound producing equipment or accessories.

* Open the windows and listen for a train's horn.

6. Non-Emergency Response - When responding to a call in a non-emergency response mode, the vehicle will be operated without any audible or visual warning devices and in compliance with all state motor vehicle laws that apply to civilian traffic. At no time should any emergency vehicle be operated during response with only visual warning devices.

7. Ordinary Travel Procedures - All drivers shall obey all traffic laws and traffic control devices when driving any organization vehicle under ordinary travel conditions. Any driver observed breaking any traffic laws or driving any vehicle in an aggressive manner will be subject to disciplinary action, including suspension of driving privileges.

8. Riding Policy - The department requires all persons to be seated in approved riding positions and be secured to the vehicle by seat belts whenever the vehicle is in motion. The emergency vehicle driver and/or the person riding in the officer position shall verify that all personnel are properly seated and in seat belts before the vehicle is moved. Standard communication signals should be formulated and utilized by all personnel.

The department prohibits the riding on tail steps, sidesteps, running boards, or any other exposed position. Personnel who perform emergency medical care while the vehicle is in motion should be secured to the vehicle by a seat belt or safety harness designed for occupant restraint.

9. Backing - The department recognizes that backing emergency vehicles is made hazardous by the fact that the driver cannot see much of where he/she intends to go. The department recommends that whenever possible drivers should avoid backing as the safest way to back up a vehicle is not to back it up at all. If it is necessary to back-up any departmental vehicle all drivers shall follow one of the two following measures:

* The department's first choice of backing procedures is that before any vehicle is put into reverse and backed that a spotter be put in place near the rear of the vehicle. The spotter should be safely positioned so that the emergency vehicle driver can see them at all times. If at any time the emergency vehicle driver loses sight of the spotter, he/she shall stop immediately until the spotter makes him/her visible again.

* If conditions exist that make use of spotters impossible, all drivers, before attempting to back up any vehicle, shall make a circle of safety to see that; no person or persons are directly behind the vehicle or in its intended path of travel; all equipment is secured and that all compartment doors are securely closed; any physical obstructions are moved out of the way. The emergency vehicle driver should also note all potential obstructions in the intended path of travel.

10. Response in Privately Owned Vehicles - When a member "uses" his or her private vehicle for emergency or non-emergency activities, the member must strictly adhere to all applicable motor vehicle laws and **must** carry auto liability insurance. "Use" includes meetings, errands, etc. This requirement is necessary for the protection of the member as well as the organization.

Privately owned vehicles are not provided with the same exemptions that are provided to emergency vehicles. No member of the organization will be permitted to violate any motor vehicle laws, including but not limited to;

- * Speed limits.
- * Going through traffic control devices.
- * Passing in an unsafe manner

While it is recognized that timeliness in response to an emergency is important, it is imperative that all drivers understand that their **private vehicles are not emergency vehicles and therefore are not afforded any exemptions or special privileges under state law.** Any driver observed breaking any traffic laws or operating any vehicle in an aggressive or unsafe manner will be subject to disciplinary action including, suspension, loss of driving privileges and withdrawal of courtesy light permit.

11. Seat Belt Use - Seat belt usage is absolutely mandatory for this organization. This includes private vehicles as well as the organization's vehicles. **Emergency and Non-Emergency** use is included in this mandate!

Exceptions if any: (i.e. parades, school ride, etc.)

VEHICLE SAFETY

1. CCEMS vehicles shall be maintained and handled in a manner to ensure the safety of the public, the patient (s), and CCEMS staff at all times.
2. Seat belts with shoulder harness shall be worn at all times by all persons riding in the cab of CCEMS Vehicles. (This includes the driver, visitors, and other CCEMS personnel).
3. Vehicles shall be cleaned, fully fueled and prepared for the next call immediately following each run.
4. Occasionally the number and frequency of calls will preclude compliance with the above. In such cases the unit will be cleaned and stocked and fully fueled at the earliest opportunity.
5. CCEMS vehicles are not authorized to exceed posted speed limits except when on a valid emergency call with all emergency signaling equipment (lights and siren) on and functioning.
6. CCEMS vehicles are authorized, when responding to an emergency, to disobey traffic law indicators; e.g. traffic lights, stop signs, etc., and directional and/or parking indicators as provided by law, provided no other person or vehicle is placed in jeopardy.

OTHER DRIVERS

1. Courtesy shall be shown to other drivers at all times.
2. CCEMS vehicles do not have the right of way, except as yielded by other drivers.

TWO UNITS RESPONDING TO SAME CALL

1. The first unit shall depart immediately with full use of emergency signaling devices.
2. The second unit shall depart no less than thirty (30), nor more than ninety (90) seconds after the first, also with full use of emergency signaling equipment
(Rational: Contrary to some privately held opinions, the second unit is not safer running close to the first unit; other drivers assume that once the first ambulance passes, no other emergency vehicles are following and while watching the first unit, now forward of their vehicle, pull out into the path or side of the second vehicle. This has been confirmed in local observations as well as in studies by the National Safety Council.)

3. If, in the dispatcher's best judgment, as initial response of a third unit is indicated, that unit will leave after the second, but shall be dispatched 10-30 traffic, until receiving orders from the first unit 10-97 to proceed either 10-30, or 10-33 traffic or is given an order to Signal 9.
4. At no time shall two units be dispatched on the same call from different areas on a call where only one ambulance is necessary, e.g. unit returning from Nashville and Unit from Tullahoma "racing" to the scene in Manchester.

VEHICULAR ACCIDENTS (INVOLVING CCEMS VEHICLES)

1. If involved in an accident, the ambulance should be stopped immediately, and the EMT-P should begin checking the persons in the other car(s) involved.
2. At the same time, the other member of the team should:
 - A. Advise the base that a accident has occurred and request police assistance, giving the specific location, and requesting stand-by for further information.
 - B. Then determine if the ambulance is capable of transporting patients.
3. If the accident involves personal injuries:
 - A. Advise base of number and nature of injuries, and of need of additional units or equipment, (extrication, fire, etc.).
 - B. The involved unit will treat and transport injured persons if capable.
 - C. A second unit shall be dispatched on the original call immediately upon notification of the accident.
 - D. A third unit shall be dispatched to aid the involved unit, if the involved unit cannot transport safely due to vehicle damage, number of patients, or injury to members of the involved team
4. If no personal injury results:
 - A. Several factors must be considered in deciding whether or not to dispatch another unit to the original destination, including but not limited to: distance of the original call from the base, condition and location of the wrecked unit, nature o traffic the ambulance was responding to.
5. Full cooperation shall be given to law enforcement authorities investigating the

accident.

6. Inquiries from news personnel shall be directed to the Director.

ACCIDENT REPORTS

1. Any time an accident or incident occurs which is out of the ordinary, a report of the incident shall be written up and submitted to the Director for placement in the appropriate file for future reference.
2. Such reports shall be filled out by each team member independently, immediately following the incident, or as soon thereafter as possible.
3. It is preferred that these reports be written in clearly legible longhand, but typed reports are acceptable.
4. Each report must be signed by the person making the report.

OTHER AMBULANCE SERVICES

1. Full assistance will be given to any other ambulance service requiring it whenever such assistance can be given without compromising CCEMS effectiveness.
2. No charge will be made to the other Services receiving aid to disabled vehicles.
3. When two ambulances from separate services arrive at the same scene, the unit first on the scene shall generally have responsibility for the triage, treatment and transport of patients.
4. Such responsibility may be abrogated to, but not from, CCEMS units.
5. Under no circumstances shall the patient's condition be compromised.

OUT OF STATION

1. Any occasion when a CCEMS unit is out of the station and not actively engaged in an emergency run, all speed limits, traffic signals, etc., shall be obeyed.

2. During these occasions, maximum courtesy shall be exhibited to all.
3. Employees are reminded that our vehicles are by design and intent, highly visible and therefore the conduct of our personnel is open to public scrutiny and forms a large portion of the public image of CCEMS.

CLASSIFICATION OF RESPONSE

Responses are generally classified into four categories, three of which are used ordinarily, and the fourth, only in special circumstances. These classes are: Emergent, Urgent, Routine and Special.

1. Emergent
 - A. Probable or possible imminent threat to life exists. Unit dispatched immediately 10-33.
2. Urgent
 - A. Patient's condition warrants immediate transport, but lights and siren not indicated. Unit dispatched immediately 10-30.
3. Routine
 - A. Patient requires transport by ambulance, but is without imminent threat. May be (indeed, should be) scheduled in advance. Unit dispatched, provided additional unit is available for calls falling under item #1 above 10-30.
4. Special
 - A. Unit provided to stand-by coverage for some unusual event. (See also Political Events or Figures).
 - B. Provision of this type coverage may be authorized only by the Director.

ON SCENE

1. It is up to the EMT or Paramedic to establish his authority when caring for a patient. It should be remembered that bystanders and relatives may not be accustomed to emergency situations, and will have legitimate concern about the well-being of the patient. A Calm professional attitude best serves the interest of patient care, and provides reassurance for bystanders and relatives. Hecklers are

best ignored, but police should be advised if anyone attempts to interfere with patient care.

2. The manner in which the EMT or Paramedic treats a patient will influence the way in which the patient and his family react to his injury or illness. The patient should be advised of what is being done to care for him, and if time and condition permit, procedures should be explained to the patient before treatment is begun.
3. EMT[s or Paramedics should be careful not to let the rushed atmosphere on the scene keep him/her from delivering appropriate care. Remember: Medical treatment begins when the EMT or Paramedic arrives on the scene.

ALTERCATIONS ON THE SCENE

1. Because of the nature of emergency work, it is anticipated that members of an ambulance team will not always agree on procedure and on specific areas of patient care.
2. Personal confrontations shall not take place in the presence of the patient or in view of the public.
3. A team member who disagrees with his/her partner's judgment or manner of handling a patient may offer friendly suggestions and assistance, while remembering that some decisions are just a matter of preference, and in the end will not affect the outcome of the patient.

EXTRICATION

1. If upon arriving on the scene of an accident, CCEMS personnel feel that extrication is needed, they shall immediately advise 911 or that need.
2. Primary units providing extrication in Coffee County are the Manchester Fire Dept. and the Tullahoma Fire Dept.
3. It is the responsibility of 911 to contact the appropriate agency.
4. If an extrication unit advises they are en route to a call the following should be followed:
 - A. If the need for the extrication vehicle has not yet been indicated by the CCEMS unit, the dispatcher shall acknowledge the extrication vehicle, and advise the CCEMS unit which shall advise at the earliest possible

- moment whether extrication is needed.
- B. Upon being advised by the CCEMS unit on the scene, the dispatcher shall advise the extrication vehicle to either “Signal 9), or proceed 10-33, depending on the needs at the scene.
5. The dispatcher shall maintain a record of the following times: A) time extrication unit called, B) time extrication unit is 10-18, 10-97 and 10-98.
 6. The EMT or Paramedic shall direct the extrication process, to effect the extrication of the patient in an efficient and effective manner.
 7. At no time will the patient’s well being be allowed to be jeopardized by extrication procedures.
 8. Additional assistance with extrication may be solicited from the THP (TAC Squad).
 9. It should be noted that response times from these resources may be prohibitive.

MEDICAL AUTHORITY

1. In the absence of a physician, the CCEMS EMT or Paramedic shall be recognized as the highest medical authority at an emergency scene within this county.
2. The CCEMS EMT or Paramedic shall relinquish his/her authority to a physician, if recognized as such, or to one who has presented proper credentials.
3. CCEMS personnel are entrusted with the patient’s well being, and are responsible for same.

DETERMINATION OF DEATH

1. When a medical emergency exists, and there is no physician present, the CCEMS EMT or Paramedic shall have the responsibility of determining the existence of life, and the need to transport.
2. If the patient is obviously dead, as determined by the standards agreed upon by the Medical Examiner, the CCEMS EMT or Paramedic shall notify the base of the need for law enforcement authority.
3. Particular care shall be taken in cases of death by violence (stabbing, GSW, 10-46, OD, etc.) to ensure that all physical evidence at the scene is preserved.

4. CCEMS personnel on the scene of a 10-65 shall offer all reasonable comfort, support, and assistance to the grieving family members.
5. If the family requests immediate transport of the person to a medical facility, in spite of all physical evidence indicating death, resuscitative measures and 10-33 transport shall be immediately initiated. Particular care shall be taken in cases of death by violence, (stabbing, GSW, 10-46, OD, etc.) to insure that physical evidence at the scene is preserved.

RAPE VICTIMS

1. The law enforcement authorities shall be notified immediately when an alleged rape victim is transported.
2. The victim should be transported to a medical facility where protocol for examination by the Medical Examiner exists.
3. In Coffee County, this is left to the discretion of the investigating agency.
4. If the patient demands to be transported to another medical facility, the patient's request will be followed and the investigating agency notified.
5. When a victim of rape or other violent crime is transported, the victim's name shall be deleted from the radio patient report.

REFUSAL OF TRANSPORT

1. Persons refusing transport shall not generally be transported in accordance with the following:
 - A. All patients, whether accepting or refusing transport, shall be assessed, and a patient report form completed by CCEMS personnel.
 - B. All patients refusing transport shall sign the "Refusal of Transport" form.
 - C. Patients refusing to sign such forms shall have the fact that they refused, documented and witnessed.
 - D. If the CCEMS EMT or Paramedic feels that in their best professional judgment, the findings of the physical assessment, history, and/or level of

consciousness of orientation indicated that the patient, a) should be examined by a physician, and b) may not be able to exercise good judgment on their own behalf, then the patient shall be transported, despite his/her protests, per State Protocol.

- E. CCEMS personnel shall work in the best interests of the patient at all times.
- F. All persons refusing transport, and who are not transported, shall be required to sign the "Refusal of Transport" form.

TRANSPORTATION

1. The patient's condition shall determine the code while transporting the patient to a medical facility.
2. The EMT or Paramedic caring for the patient shall determine the type of traffic (10-30 or 10-33) to be used in transporting a patient.
3. No person or agency may order a driver of a CCEMS vehicle to exceed a speed limit which he judges to be safe for existing road and weather conditions.
4. The patient or patient's family has the right to choose the medical facility to which the patient will be transported. (Local, Murfreesboro, River Park, Woodbury, Winchester, etc.).
5. If the results of the physical assessment of the patient indicates that immediate care is required, and that it may be unwise to honor the patient's or family's wishes, the CCEMS EMT or Paramedic shall explain this concern to the family, and request permission to transport to the nearest facility.
6. If this request is denied, the patient shall be immediately transported to the facility of his choice in Coffee Co.
7. If the patient has an injury or illness that the hospital of his choice (has indicated) cannot care for, the patient and/or family shall be so notified.
8. If the patient and/or family insist, transport shall continue to the original facility.
9. If the patient is to be transferred to another facility the team shall stand-by in the ER unless directed by shift supervisor or Director.
10. If the patient is to be transferred, the decision regarding which facility shall receive the transfer shall be determined by the transferring facility, or the patient, and/or family.

11. No transport out of county from residence, unless ordered by a physician, and family is notified that insurance may not cover the cost.
12. If the patient is unable to choose a hospital, and there are no family members present, the patient shall be transported to the nearest appropriate facility.

TRANSFER FROM A MEDICAL FACILITY

1. When transferring a patient from one hospital to another, the physician's judgment of whether an emergency exists shall prevail.
2. If the physician orders 10-33 transport, this order shall be complied with.
3. If the physician orders a 10-30 transport, this order shall be complied with, unless in the judgment of the CCEMS EMT or Paramedic the patient's condition has deteriorated to the point where 10-33 traffic is indicated.
4. When transferring patients from a nursing home or private concern where a Registered Nurse is on duty, the CCEMS team member should record vital signs, and other information that may be offered.
5. Once in the unit, (if not before) vital signs and assessment should be performed by the EMT or Paramedic. On the basis of this evaluation, the EMT will decide what type traffic will be used (10-30 or 10-33).

MULTIPLE PATIENTS

1. Occasionally an accident scene provides more patients than one unit is capable of handling effectively. There are a variety of responses available in such situations:
 - A. The first CCEMS EMT or Paramedic on the scene shall determine what response is needed.
 - B. He/She may call for a back up unit or units.
 - C. He/She may determine that implementation of the CCEMS Disaster plan is appropriate. (See Appendix "B", Disaster Plan)

PASSENGERS IN VEHICLE

1. All passengers in CCEMS vehicles shall be properly restrained by seat/shoulder belts.
2. No passengers are permitted to ride in the patient compartment with the patient and CCEMS staff with the following exceptions:
 - A. One (1) parent of a small pediatric patient.
 - B. Nurses accompanying neonates.
 - C. Approved visitors of CCEMS including: EMT's riding for experience, Paramedic students on clinical assignment, mass media reporters, State EMS personnel, and members of the Coffee County Board of Commissioners, and others as approved by the Director.
3. Events shall be coordinated to eliminate more than one visitor on a unit at a time.
4. Persons mentioned above must sign a "Permission to Ride" form except as noted below.
5. Paramedic Students on clinical assignment and state EMS personnel need not sign a "Permission to Ride" form.
5. One (1) person may accompany the patient, if they so desire, provided they ride in the cab.

RECORD KEEPING

1. An e-PCR (electronic – Patient Care Report) shall be fully completed for every patient with whom CCEMS comes in contact, whether transported or not. (See Refusal of Transport, item #2)
2. The CCEMS EMT or Paramedic caring for the patient has primary responsibility; although failure to complete an e-PCR will be shared by both members on the unit, as they are expected to function as a team.
3. The e-PCR is the primary medical legal document involved in any question regarding conditions and events surrounding the patient at his/her entry into the health care system. It is therefore imperative that this form be completed legibly, accurately, precisely and concisely.

4. An e-PCR should be completed immediately following a call. E-PCR's should be validated and locked upon completion and a copy faxed to the receiving facility. Every effort should be made to acquire all needed information for the e-PCR (e.g. medical information, patient information, signatures, billing information, Insurance, Physician Certification Statement for Non-Emergency Ambulance Services, TN Care prior authorization number, etc.).
5. No EMT or Paramedic should leave at the end of their shift without all of their e-PCR's completed.
6. CAD sheets, reports, medical records etc., should not be taken off of CCEMS premises.

GASOLINE RECORDS

1. If it becomes necessary to make a cash expenditure for gasoline, the purchaser shall obtain a receipt for the amount purchased, and present the receipt to the Supervisor for eventual reimbursement.

DRUG CONTROL RECORD

1. When a drug is used on a run, the Paramedic giving the drug will enter it on the "Drug Control record", giving patients name, Complaint number, drug used, and paramedic's name.
2. This will be done prior to drawing replacement drugs from the cabinet. Each drug or unit dose given will have a separate entry kept in Director's office.

CCEMS DRUG RECORD

1. The drug cabinet in ambulance shall normally be locked except for; inventory at change of shift, and withdrawal.
2. Inventory will be held at each change of shift.
3. Person performing inventory may be either: Two (2) Shift Supervisors, or Two (2) Paramedics.
4. Drug count must agree with CCEMS Drug Record.

5. The Shift Supervisor (or his designate) of the shift going off duty is responsible for accounting for any and all discrepancies occurring on his shift.
6. The CCEMS Drug Record must be filled out during each inventory, and an appropriate entry made each time a drug is issued.
7. Each issuance of drugs must be accompanied by two sets of initials: The first set of initials belonging to the Paramedic to whom the drug was issued; the second set of initials belonging to the person witnessing that the drugs signed for, and no others, were removed.

911 DISPATCHER'S RUN LOG

1. Shall be completed for each run called into 911 Communication Center.
2. Shall reflect the time of occurrence of each of the following events accurately and precisely: call received, unit out, arrival at scene, leave scene, arrival at hospital, back in service.
3. Shall also reflect patient's name, date of call, log and CAD numbers, TCR and Unit assigned.
4. The first three log and complaint digits represent the consecutive number for that month beginning with one the first day of each month. The next four digits represent the consecutive number for that year, beginning with one the first day of each year. The last two digits represent the current fiscal year.
5. Ambulance crew shall call the Communication Center upon return to the station for their times and trip numbers.

PERSONNEL RECORDS

1. Personnel records are the property of CCEMS and shall be maintained by the Director, or his designate.
2. Personnel records shall contain: application, interview notes, references, physical examination and health records, statistical records of illness, vacations, accidents, eligibility for benefits and other necessary data.
3. Notes on disciplinary action shall be made part of the permanent record.
4. Employees are expected to keep the CCEMS informed, in writing, of any change

in data on file. (Address, phone numbers, name, etc.).

USE OF VEHICLES

1. CCEMS vehicles may be used for regular calls whether emergency or routine.
2. Use of CCEMS vehicles will not be used for personal business.

USE OF VEHICLES FOR PUBLIC RELATIONS

1. Displays and Lectures
2. Unit chosen shall be clean and offer a good appearance. All lights, lenses and radios shall be in good working order. All tires shall have good tread and be inflated to proper pressure.
3. Interior of unit shall be spotless, including floors, and all equipment shall be present, in good repair and appearance.

POLITICAL EVENTS (OR FIGURES)

1. Occasionally a political figure of statewide or national prominence will enter Coffee County and the agency providing protection for this person will request an CCEMS unit for standby.
2. CCEMS will provide such coverage when requested.
3. Personnel chosen for such duty shall be an additional team to normal staffing practices.
4. Use of a CCEMS vehicle for this purpose is authorized.

ASSISTANCE TO DISABLED MOTORISTS

1. The using of CCEMS units to directly assist, (jumping batteries, etc.), disabled motorists is authorized.
2. CCEMS personnel may utilize the radio (either 155, 205 or CB) to summon assistance for the motorist.

WORKPLACE VIOLENCE / THREATS OF VIOLENCE –

MANAGEMENT LIABILITY / EMPLOYMENT PRACTICES RISK MANAGEMENT

Purpose:

CCEMS is committed to preventing workplace violence and providing a safe work environment. CCEMS prohibits and does not tolerate violent acts or threats of violence against employees, volunteers, visitors, guests, community members or other individuals within its facilities or during any CCEMS related activity (including off-duty periods).

Definition:

Violence may be described as verbal or physical threats, intimidation, and / or aggressive physical contact. Prohibited conduct includes, but is not limited to the following:

- Intimidation, harassment, assault, stalking, or other conduct that causes a person to reasonably believe that he or she is under a threat of bodily injury or death.
- Threatening, attempting or inflicting injury or damage to another person (member), member's family or property.
- Possessing a dangerous weapon such as a firearm, explosive, or hazardous device, or using an object as a weapon on CCEMS property or during any CCEMS related activity.
- Using obscene or abusive language or gestures in a threatening manner.

Because of the potential for misunderstanding, joking about any of the above conduct is also prohibited. Members are also expected to refrain from fighting, "horseplay" or other conduct that may be dangerous to others.

Preventing and Detecting Violence and Threats of Violence:

Consider the following tips to help detect and prevent workplace violence and threats of violence:

- Conduct background checks.
- Create and disseminate a clear no tolerance policy for workplace violence (may result in immediate termination for any act or threat).
- Encourage members to promptly report incidents and threats.
- Use of an Employee Assistance Program (EAP) can assist organizations concerned with potential violence and function as a resource in dealing with threats or acts of violence.
- Provide supervisory and non-supervisory training on conflict resolution, anger

- management, team building, and identifying early warning signs of violence.
- Obtain restraining orders for organization when appropriate.
- Develop a post-incident response plan.
- Give only first names over the phone or to strangers.
- Escort terminated members off premises.
- Install more lighting in parking lots if necessary.
- Consider video surveillance.

Warning Signs of Potential Violence:

There are often signs serving as a warning that violence in the workplace may occur. Please review the following list of early warning signs that an individual may act out violently, keeping in mind that demonstration of one or many of the actions on the below list do not automatically point to certain violence. However, activities should be noted and CCEMS will assist in detecting and defusing a potential workplace incident.

- Increase in use of alcohol or using drugs.
- History of violent or aggressive behavior or frequent physical fighting off or on duty.
- Displaying a loss of control, (i.e., loss of temper on a frequent basis, frequently for unsubstantiated reasons, or over minor issues).
- Either joking or making serious direct or veiled threats.
- Physically, verbally or emotionally intimidating others or instilling fear, for example via harassing phone calls, emails and/or stalking.
- Being obsessed with one's job and having no known outside interests.
- Being a loner and/or expressing a strong desire for a personal or romantic relationship with a co-worker. Under these circumstances, the co-worker may feel threatened and report the unwanted attention.
- Obsession with weapons or militia, particularly if this is new behavior for a member.
- Feeling constantly disrespected, demonstrating a "me versus the world" attitude. Experiencing difficulty with authority, for example feeling discriminated against, harassed, or intentionally targeted. Does not accept criticism well and commonly harbors resentment.
- Expressing desperation, significant frustration or depression over recent professional, personal, or financial problems.
- Fascination with other recent incidents of violence and approval of the use of violence.
- Disregard for safety, thus presenting a risk to self and others.
- Demonstrates a lack of conscience and/or abuse towards other persons or animals.
- Vandalism or property damage.
- Failing to acknowledge the feelings or rights of others.

- Having been a victim of violence or bullying.

What to do:

If you witness a potentially violent situation, or are dealing with a threatening or violent person, do not place yourself in danger or try to intercede. You should not attempt to challenge or disarm the individual. If possible, escape the scene and immediately contact local law enforcement authorities. Tips proven to be effective in this type of situation are as follows:

- Try to remain calm.
- Keep a distance of 4-6 feet.
- Do not touch the threatening or violent individual.
- Make constant eye contact, but do not try to “stare down” the threatening or violent person.
- Actively listen and respond to the individual.
- Ask the person making the threats or acting violently for solutions.
- If a supervisor or other appropriate authority can be safely notified of the need for assistance without endangering your safety or that of others, do so. Otherwise, cooperate and follow the instructions given. Please see reporting procedures.

Reporting Procedure:

All threats of (or actual) violence, both direct and indirect, **MUST** be reported as soon as possible to your immediate supervisor or CCEMS Director / Operational Assistant. Members are encouraged to contact the appropriate law enforcement authorities without first informing their immediate supervisor if they reasonably believe that imminent danger to their own safety, or that of others, exists. Members shall then immediately report to their supervisor or others in the chain of command.

A reportable incident can be an act or threat from CCEMS or outside members, as well as others from the public and includes those threats or acts that may be perceived, actually experienced, or witnessed. When reporting an act or threat of violence, you should be as specific and detailed as possible. Members must also report all threats or violent acts they witness or experience while on duty away from CCEMS premises or during any CCEMS-related activity, or which related to the member or legitimate business interest of CCEMS.

The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, CCEMS may suspend members suspected of violence or threats of violence, either with or without pay, pending investigation.

In not instance will a member be disciplined, retaliated against or discharged for good faith reporting of any reasonably perceived act or threat of violence. Anyone reasonably believed to have engaged in retaliation of any kind will be subject to disciplinary action up to and including termination of employment or membership, and prosecution for any criminal behavior linked to retaliatory activity. False or intentionally misleading reports are unacceptable and will be handled through CCEMS personnel procedures regarding disciplinary measures up to and including employment termination.

All acts or threats of violence will be thoroughly investigated and disciplinary action and / or legal prosecution to the fullest extent possible will be pursued against members, and non-members for violating this policy.