

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

POLICY AND PROCEDURE MANUEL

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DATE: September, 2008

UNIVERSITY MEDICAL CENTER
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

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Mar-08

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

TITLE: Philosophy of Emergency Medical Services

APPROVED BY:

EFFECTIVE DATE: June, 1979

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STATEMENT OF PURPOSE:

To outline the philosophy of Emergency Medical Service.

TEXT:

The philosophy of Emergency Medical Services shall be the following:

1. To publicly and privately support UMC Health System and to insure that its Mission Statement (see attached) is followed by all EMS Personnel.
2. To provide a full scope of pre-hospital emergency services for Lubbock County.
3. To demonstrate courtesy and professionalism at all times toward patients, family members, other public safety agency personnel, other medical professionals, the media, and the general public.
4. To treat all patients in a professional and objective manner in accordance with recognized standards of care.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.01

TITLE: General EMS Policies
Administrative Management of Emergency Medical Services

APPROVED BY:

REVIEWED: June, 1984
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STATEMENT OF PURPOSE:

To define responsibility in lines of authority for the UMC Health System EMS System.

TEXT:

Responsibility for patient care standards for Lubbock County EMS is vested in the Board of Managers of Lubbock County Hospital District. The President and Chief Executive Officer of UMC Health System is their Chief Executive Officer.

The President and Chief Executive Officer delegate the supervision of Emergency Medical Technicians and Paramedics to the EMS Administrative Council. This EMS Administrative council Reports to the Vice President of Corporate Compliance. The EMS Administrative Council is also responsible for the management of the daily operations of EMS.

The Emergency Medical Services Medical Director reviews and evaluates the delivery of patient care by EMS personnel in the field and is responsible for the consistent high quality of patient care. The designated EMS Medical Director is responsible for medical supervision of Lubbock EMS. He is a member of the Hospital Medical staff and the faculty of the School of Medicine. The Medical Director is responsible to the Executive Committee of the Medical staff through the Emergency Department Committee.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.02

TITLE: Patient Bill of Rights

APPROVED BY:

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STATEMENT OF PURPOSE:

It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes on a new dimension when care is rendered within an organizational structure. Legal precedent has established that the institution itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

TEXT:

The patient has the right to considerate and respectable care.

The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his behalf. He has the right to know by name, the physician responsible for coordinating his care. He has the right to participate in the planning of his care.

The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent, should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care of treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.

The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his action.

The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in this care must have the permission of the patient to be present.

The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.

The patient has the right to obtain information as to any relationship of his hospital to other health care and education institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him.

The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.

The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by the physician or a delegate of the physician of the patient's continuing health care requirement following discharge.

The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

The patient has the right to file a legitimate complaint or grievance against any member of the staff without fear of discrimination or reprisal.

No catalogue of rights can guarantee for the patient the kind of treatment he has a right to expect. A hospital has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All these activities must be conducted with an overriding concern for the patient and, above all, the recognition of his dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.03

TITLE: Patient Hospital Destination Protocol

APPROVED BY:

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STATEMENT OF PURPOSE:

To provide guidelines for establishing a destination hospital for patient transportation.

TEXT:

The decision as to which hospital to transport a patient shall be made by the EMT/Paramedic in charge on the scene, based on the following:

1. Transport to hospital of patient's or family's choice.
2. Consult with employer if situation is work-related.
3. If no hospital preference is stated by the patient, or if a relative of an unresponsive patient is not present, UMC Health System will be the destination. Medical Control at UMC Health System should be contacted via radio and given a report of the patient's illness/injury.
4. Under special circumstances, based upon evaluation of the patient's condition, Medical Control may determine that transportation to a hospital other than the nearest is indicated due to the patient's immediate need for specialized critical care services or equipment not available at the nearest hospital.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.04

TITLE: EMS Patient Destination

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STATEMENT OF PURPOSE:

This policy describes EMS procedures for delivering patients to areas other than to a receiving hospital's Emergency Department.

TEXT:

Due to the relatively limited number of EMS ambulances on duty at any given time, it shall be the policy of Lubbock Emergency Medical Services to transport all emergency patients ONLY to the receiving hospital's Emergency Department. EMS emergency crews will not be allowed to bypass the receiving hospital's Emergency Department and transport the patient directly to a patient room. This is due to the adverse effect upon subsequent emergency EMS response times by the same EMS crew when they are unable to depart directly from the Emergency Department.

Only exceptions to this "Emergency Department Bypass" policy which have been previously approved by EMS Administration will be authorized. Should any requests for exceptions to this policy be approved, EMS staff will be notified via memorandum.

Should patients and/or family members request that the patient be transported to a medical facility other than a local hospital (minor emergency center, physician's office, or out of town hospital, etc.), the EMS crew should inform them that they are unable to comply with the request. The following exception to this policy may be utilized to grant the request to transport to a facility other than a local hospital:

A pre-arranged, non-emergency transfer may go to one of the "alternative" locations (including hospital "direct admits") as emergency ambulance availability conditions permit. At no time shall an on duty emergency ambulance be permitted to leave the city limits of Lubbock to transport a patient to a location unless specific permission has been given by the EMS shift Chief.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.05

TITLE: Prioritization of EMS Ambulance Assignments

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STATEMENT OF PURPOSE:

This policy shall serve as a guideline for the assignment of EMS calls when call volume exceeds EMS capability.

TEXT:

Occasionally, the number of requests for EMS assistance may exceed the number of immediately available EMS vehicles. Requests for EMS to respond to emergency patients will take priority over requests for non-emergency transfers.

When all requests involve emergency patients, additional assistance may be required to insure timely responses to the location of the reported emergency. This assistance should be requested from any of the following: Lubbock Fire Department, Lubbock County Volunteer EMS, off duty UMC Lubbock EMS employees, and/or local private ambulance services.

The following orders of priority should be considered by the EMS Communications Center operators when emergency requests for EMS assistance exceed the availability of EMS vehicles:

1st Priority: Pre-hospital emergencies in which no medical care is reportedly available for the patient at the scene.

2nd Priority: Local emergency patient transfers from one local medical facility to another.

3rd Priority: UMC non-emergency patient transfers.

EMS does not run non-emergency transfers from any other facility other than UMC. If you receive a request for a non-emergency transport from another facility, you need to advise the caller that we no longer respond to non-emergency calls and that they need to contact another service to handle the call.

We will continue to run non-emergency transfers from UMC, but you need to remember to follow established guidelines for dispatching a unit.

1. There can only be two units out on a call when you dispatch a unit on a non-emergency call.
2. You can only run one transfer at a time. If you have two non-emergency calls scheduled at the same time the first unit must be clear and enroute to their station before dispatching a unit on the second transfer.
3. You must always advise the caller that we will do our best to be there at the scheduled time, but that we cannot guarantee an arrival time.
4. If you have any units on an emergency transfer you cannot run the non-emergency call until the emergency transfer unit is clear. That includes NICU calls.
5. If you have dispatched a unit on a non-emergency call and you have subsequent emergency calls you should cancel the non-emergency transfer and send that unit back to its station.

We will continue to respond to emergency transfers at other facilities, but you must have the caller advise you of the medical necessity for responding an emergency unit to transport the patient. If there is no medical need for emergency transport, you should advise the caller that they will need to contact another service to transport the patient. If you are unsure of the medical necessity, you should contact the on-duty chief for his advice. In general, if you are unsure, dispatch a unit to the call. It is always better to send a unit when it may not be necessary than to not send one when it is.

REMEMBER

NEVER JEOPARDIZE EMERGENCY COVERAGE TO RUN A NON-EMERGENCY CALL.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.06

TITLE: Interpersonal Problem Resolution

APPROVED BY:

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STATEMENT OF PURPOSE:

To outline a mechanism for the timely resolution of interpersonal conflict within the EMS department.

TEXT:

UMC Lubbock EMS is a constantly growing and changing organization which is composed of a variety of personality types. The relationship between the long term performance of emergency work and various types of employee stress is well documented. Occasionally, one manifestation of this stress is interpersonal conflicts between employees.

In most cases, these interpersonal conflicts prove to have been the result of poor or incomplete communication between the involved parties. Therefore, employees are strongly encouraged to speak with the other employee with whom they have the perceived conflict as an initial step in the conflict resolution process. Usually, this conversation can result in the discovery of new information which was previously unknown by one or both of the parties. This new information is often all that is needed to resolve the conflict.

Occasionally, one or both of the employees may feel uncomfortable with a process which can potentially involve verbal confrontation. Should either of the employees feel the need to have an objective mediator at this initial meeting to facilitate an objective outcome, their immediate supervisor(s) should be asked to attend the meeting. The EMS Administrative Council should be made aware of any such meetings, and they should be presented with documentation of the problem and its resolution so that appropriate follow up can be insured to prevent the problems recurrence. If involvement of the employees' immediate supervisors fails to achieve the desired goals, an appointment should be made with the EMS Administrative Council to request their assistance in the problems resolution. Additionally, any problems which in the opinion of either of the involved parties

cannot be resolved through "unofficial" channels should be immediately brought to the attention of appropriate supervisory personnel for immediate intervention.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #1.07

TITLE: Dress Code for EMS Personnel

APPROVED BY:

EFFECTIVE DATE: February, 1983

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STATEMENT OF PURPOSE:

1. Insure that a professional image is presented to patients, family members, and the community.
2. Provide security through an employee identification system.
3. Protect the employee by requiring work attire in accordance with safety and infection control considerations.

TEXT:

FIELD PERSONNEL AND COMMUNICATIONS CENTER PERSONNEL

Red Polo Shirt

Monogrammed with EMS logo LEFT chest

Monogrammed with 1st initial and last name on RIGHT chest

Certification level monogrammed under name on RIGHT chest

UMC Crest monogrammed on LEFT sleeve

EMS Seal monogrammed on right sleeve

EMS Badge (issued by department) on belt

Black basket weave belt or black duty belt

Black EMS pocket pants or Twill Double Knee Work Pants

Black footwear

During cold weather, a black long sleeved shirt, crew or turtle necked, may be worn under the Polo Shirt.

OPTIONAL UNIFORM FOR 7PM – 7AM AND EMS SPECIAL EVENTS (i.e. football games, basketball games, 4th on Broadway)

Short or long sleeved Red T-shirt or sweatshirt purchased from EMS department w/ name monogrammed on the shirt.

These additional guidelines should be followed regarding EMS T-Shirts:

- 1. T-Shirts need to be the new design with the new EMS logo and your name on the front.**
- 2. Temp. needs to be 90 degrees or above before the T-Shirts can be worn before 7pm.**
- 3. No holes or faded shirts need to be worn.**
- 4. If you are doing a special (show and tell) you need to wear your polo type shirt.**
- 5. Shirts need to be tucked in.**
- 6. Both crew members on the ambulance shall be consistence and wear either T-shirts or Polo shirts.**

Black pocket pant shorts (EMS Special Events only)

COMMUNICATIONS CENTER PERSONNEL ONLY

Communications Center personnel will be allowed to wear their United Way polo shirt on Fridays.

OUTERWEAR

Department approved coat

Red Windbreaker

Reflective Fleece Pullover with name and certification monogrammed on the front

During incimate weather raincoats or bunker gear with reflective stripping may be worn

OPTIONAL - CLASS A UNIFORM

This uniform will be for special events such as specials, funerals, etc.

Gray uniform shirt
EMS name tag right chest
Badge left chest
EMS collar pins
Black tie
Commendation bars over nametag
Black belt
Black dress slacks or non-faded pocket pants
Black shoes or boots freshly polished

Class A uniform is optional for those who would like to have one available.

GENERAL APPEARANCE OF ALL EMS PERSONNEL

All departmental personnel must comply with the general appearance and uniform standards of UMC Health System Standard Policy and Procedure #HR-5, "Dress Code for All Personnel". EMS personnel should place special emphasis upon the following areas of the "Dress Code" policy:

Hair: Must be clean and neat at all times. Employees with beards and/or long sideburns must insure that these are neatly trimmed. EMS personnel with long hair must insure that the hair is kept pulled back at all times so that it cannot be allowed to fall into the patient's face, treatment area, or hazardous equipment.

Fingernails: Excessively long fingernails and/or garish nail polish will not be allowed since these factors may contribute to both infection control-related problems as well as to public ridicule of the department's personnel.

Jewelry: For safety reasons, large dangling bracelets, necklaces, earrings, or other conspicuous jewelry should not be worn by personnel during direct patient care. Only EMS related pins, which have been approved by the EMS Administrative Council or other ornaments that have been approved by UMC Health System may be worn on the EMS uniform. Male employees who choose to wear earrings may not do so during any on-duty hours or during off-duty hours if they are in EMS uniform or in an EMS operational area (EMS station, Communications Center, staff meeting, etc.) since this practice could have a disruptive effect upon other EMS personnel as well as an undesirable effect upon the department's public image.

Caps: At no time will caps advertising the services of any organization other than UMC Health System or UMC Lubbock EMS are approved for wear while the EMS employee is in uniform.

LAUNDERING OF EMS UNIFORMS

It is recommended that all EMS field employees utilize the EMS department-supplied washing machines and dryers at each EMS station to clean their uniforms. This will prevent the potential spread of infectious or other harmful substances to other members of their family that could occur by utilizing their personal washer and dryer. NOTE: It should be emphasized that the EMS-owned washers and dryers are to be utilized only for these purposes and that the use of these machines to clean other "civilian" clothes that are not worn during EMS duty is expressly prohibited.

It is a requirement that EMS employees will have a back up uniform (or scrubs) present in case they're uniform becomes soiled. Going home to change uniforms will not be accepted.

UNIFORM ALLOWANCE

UMC Lubbock EMS employees are given a \$300 uniform allowance each year. Any unused allowance does not carry forward to the next year. The following items are allowed to be purchased using the uniform allowance after contacting the EMS Office, so they are aware of the purchase:

- Red Polo Shirt

- T-Shirt (long or short sleeved)

- Sweat Shirt

- Black basket weave belt or black duty belt

- Black EMS pocket pants or twill double knee work pants

- Black footwear to a maximum of \$100 for year

- Approved uniform coat

- Reflective fleece pullover

- Approved caps

- Optional Class A Uniform Items

 - Gray uniform shirt

 - EMS name tag on right chest

 - EMS collar pins

 - Black tie

 - Black belt

 - Black dress slacks or non-faded pocket pants

UMC HEALTH SYSTEM
Emergency Medical Services

Standard Policy and/or Procedure

SPP #1.08

TITLE: EMS Equipment Maintenance and Operational Readiness

APPROVED BY:

EFFECTIVE DATE: May, 1990

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STATEMENT OF PURPOSE:

To insure the accomplishment of the department's mission via sufficient amounts of safe and reliable equipment.

TEXT:

1. Vehicles

Each EMS vehicle shall be inspected on a daily basis to insure the presence and operational status of all required equipment.

A minimum of one (1) EMS ambulance per on duty crew shall be available for emergency operations at any given time. Additionally, at least one (1) "back up" ambulance will be readily available to cover unanticipated maintenance problems with any of the other on duty ambulances.

Ambulances requiring routine preventive maintenance shall be scheduled to allow at least one ambulance to remain in "reserve/back-up" status whenever possible to allow for unscheduled maintenance needs among the remaining ambulances.

A minimum of one (1) First Responder vehicle shall be available for each scheduled First Responder paramedic. At least one (1) "back up" First Responder vehicle will be readily available to cover unanticipated maintenance problems with the other First Responder vehicles.

Vehicles requiring unscheduled maintenance should be moved to the designated maintenance facility as quickly as feasible to insure their prompt return to "in service" status.

EMS vehicles should NEVER be operated if the condition of the vehicle's safety-related equipment is in doubt. Safety-related equipment includes, but is not necessarily limited to, the following: brakes, headlights, tail/stop lights, turn indicators, power steering, or emergency warning equipment (lights and/or siren).

Should the EMS employee have reason to suspect the integrity of these or any other safety-related items on the vehicle, the EMS Shift Chief and mechanic should be contacted immediately and advised of the problem. Following confirmation of the reported problem, the vehicle should be placed in an "out of service" condition until the problem has been resolved.

Records of all maintenance-related work performed on UMC Lubbock EMS' vehicles shall be maintained in an orderly manner by the EMS Administration.

All front line units will be washed daily except during inclement weather. Back up units will be washed and cleaned when dirty and on Sunday's..

It will be the responsibility of the on-duty crew to insure that each back-up unit is fully stocked and that all required equipment is present. Back-up units should have adequate fuel, O2, and supplies to allow it to be put in service at a moments notice.

2. Cardiac Monitor/Defibrillators

The presence and operational status of each cardiac monitor/defibrillator shall be inspected at the beginning of each shift.

A minimum of one cardiac monitor/defibrillator for each UMC Lubbock EMS Mobile Intensive Care Unit ambulance and each First Responder vehicle shall be in place on the vehicles and maintained in operational condition. Should the available number drop below this level due to unanticipated maintenance problems (or for any other reason), immediate steps will be initiated to temporarily replace this piece of equipment.

Each cardiac monitor/defibrillator shall include suitable patient cables, adult and pediatric electrodes, extra ECG recording paper, and conductive gel.

Each cardiac monitor/defibrillator shall be inspected by an approved maintenance facility on at least a quarterly basis for safety, accuracy, and any other areas as recommended in the operator's manual. Problems identified during these routine preventive maintenance inspections shall be resolved prior to returning the equipment to "operational" status.

Rechargeable batteries shall be checked monthly at each EMS station to insure the integrity and safety of each battery assigned to that station. Batteries indicating less than 70% capacity following a full charge shall be taken out of service and either repaired or discarded by the UMC Health System Biomedical Electronics Department.

All maintenance records pertaining to the UMC Lubbock EMS department's cardiac monitor/defibrillators shall be maintained by the UMC Health System Biomedical Electronics Department. Therefore, it is essential that any new cardiac monitor/defibrillators (whether permanent or temporary additions to the department's inventory) be initially taken to the Biomedical Electronics Department for initial inspection and documentation of serial numbers, etc. prior to being placed into service.

Each EMS paramedic shall receive formal refresher training regarding the department's cardiac monitor/defibrillator on at least an annual basis, although completion and documentation of the annual SPEMS Medical Protocol's "cardiac defibrillation" requirement may substitute for formal refresher training.

UMC HEALTH SYSTEM
Emergency Medical Services

Standard Policy and/or Procedure

SPP #1.09

TITLE: Radio Communications Codes

APPROVED BY:

EFFECTIVE DATE: April, 1984

REVIEWED: June, 1987

REVIEWED: April, 1990

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REVIEWED: January, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy outlines commonly accepted EMS abbreviations which are utilized to insure clear and concise radio communications while minimizing extraneous radio traffic.

TEXT:

NOTE: The following EMS radio codes should be utilized only when communicating via radio with other UMC Lubbock EMS units and/or the UMC Lubbock EMS Regional Communications Center. When communicating with other public safety agencies, with hospitals, and/or with others who would be unlikely to understand these abbreviations, "plain language" should be utilized; and, the various radio codes should not be utilized to avoid confusion.

DRIVING CODES

Code 1 - No Red Lights or Siren

Code 2 - Red Lights On/Siren Off (Not authorized for Lubbock EMS)

Code 3 - Red Lights and Siren

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.10

TITLE: Assigned EMS Vehicles and Equipment

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: June, 1984

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REVISED: June 2004

REVIEWED: December, 2004

REVIEWED : January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

Insure accountability and appropriate levels of responsibility for EMS vehicles and associated equipment by departmental personnel.

TEXT:

1. Upon their reporting for duty, it is understood that the EMS employees working at a given station will assume full accountability for the EMS vehicles and equipment at that station.
2. Duty rosters indicating specific EMS station and equipment individual assignments and accountability will be posted at every EMS station, and will be updated as required, but it is understood that duty rosters only reflect specific areas of responsibility for individual employees. Duty rosters should not be incorrectly interpreted as "all inclusive" lists since it would be virtually impossible to detail every item which should be addressed during a given shift.
3. If the EMS employee who is assigned a specific task on the duty roster is not present at the time that the task would typically be done, it becomes the responsibility of the EMS employee who is working in the place of the assigned employee to complete the assigned task.
4. All assigned tasks on the duty roster must be thoroughly and accurately completed prior to the initiation of any unproductive activities (sleeping, eating, watching television, etc.).
5. Failure to identify and document missing and/or damaged equipment or other EMS property within a reasonable time after the employee has reported for duty will result in the assigned employee(s) being held personally responsible for the damaged and/or missing equipment or property.

6. Mechanical damage from improperly or incompletely performed preventive maintenance inspections (within the level of training of the assigned personnel) of EMS equipment will result in the assigned employee(s) being held personally responsible for the damaged equipment.
7. Employees will accept personal responsibility and liability for damages incurred by patients or other persons if the employee's act of omission or inattention to detail during assigned equipment inspection duties results in actual damage to the patient.
8. Damage to EMS equipment which is attributed to acts of negligence or omission by the EMS employee(s) during the routine course of their duties shall become the personal responsibility of the employee.
9. "Personal responsibility" shall include, but not be limited to, the requirement for the employee to personally pay for the repair or replacement of equipment which is lost or damaged as a result of the employee's acts of negligence, omission, or intentional misconduct. Such acts may also result in disciplinary action including, but not necessarily limited to, suspension or termination.
10. Problems related to missing, damaged, unsafe, or unserviceable equipment or property must be brought to the attention of the employee's supervisor as quickly as possible. The initial report of the problem should be via either radio or telephone, and a written report of the problem should be submitted to the appropriate supervisor prior to the initiation of any nonproductive activities.

UMC LUBBOCK EMS DUTY ROSTER

All duties to be done before any nonproductive time will be granted.

INVENTORY FRONT LINE TRUCK AND SPARE TRUCKS

MAINTENANCE CHECK

INVENTORY BOOKS-filled out for the day

NARCOTIC SHEETS-Make sure control drugs are sign on and off

WASH VEHICLES-Frontline trucks every day, back up trucks when dirty and on Sunday.

BATHROOMS-clean toilets, sinks, etc. Mop floors

BEDROOMS-vacuum floor, dust

LINEN-take dirty linen to UMC

TAKE OUT TRASH

CARPET-vacuum

KITCHEN-make sure all dishes are washed and put up. Mop floor

TOWELS- are washed, dried and put up

TRASH (OUTSIDE)-pick up trash around station

EVERY SUNDAY: CLEAN FRIDGE, REMOVE TAR FROM TRUCKS

FIRST MONDAY OF EACH MONTH-DRUG PULL

GARAGE-PLEASE KEEP THE BAY AND THE STOREROOMS CLEAN!

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.11

TITLE: Vehicles Following EMS Ambulances

APPROVED BY:

EFFECTIVE DATE: June, 1979

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REVIEWED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure the safety of the patient and EMS personnel during emergency driving procedures.

TEXT:

Emergency Medical Services personnel shall not permit vehicles to illegally follow EMS emergency vehicles which are responding with lights and siren (Code 3) to the hospital emergency departments or during any other emergency operations.

If the private vehicle continues to illegally follow the EMS emergency vehicle, the EMS personnel shall stop the ambulance and advise the vehicle of the situation. The EMS personnel shall contact the Comm Center and advise them of the situation. If the private vehicle continues to follow the emergency vehicle the emergency vehicle will down grade to code 1. The on-duty supervisor will be immediately advised of the situation.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.12

TITLE: Patient Refusal of EMS Advice, Treatment and/or Transportation

APPROVED BY:

EFFECTIVE DATE: June, 1980

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STATEMENT OF PURPOSE:

To insure that patients are advised of the medically-related need to seek further evaluation from a physician and to document the patient's refusal to follow the instructions and/or advice of EMS personnel when those situations arise.

TEXT:

EMS personnel will attempt to assess the medical condition of any patient for whom they were initially requested. If at any point prior to or during the assessment and treatment of the patient, the patient refuses to allow the EMS employee to continue, the EMS employee will advise the patient of the medically-related need to be evaluated by the EMS employee and then by an emergency department physician. If the patient continues to refuse to allow the EMS employee to complete his duties, the EMS employee shall, to the best of his ability, advise the patient of the potential short term and long term medical consequences of not allowing the EMS employee to continue.

If the patient continues to refuse to allow the EMS employee to continue with his assessment and/or treatment of the patient, the EMS employee will ascertain the patient's mental competency and ability to refuse said treatment by asking the patient to state his name, the current location in which the patient and EMS personnel are located, and the day of the week. If the patient is unable to correctly answer any of these questions, it will be assumed that the patient's mental capacities have been affected by illness and/or injury and that the patient should be transported to the emergency department for further evaluation by an emergency physician. The assistance of law enforcement personnel and Medical Control may be required to transport the patient if he/she continues to refuse EMS' advice.

If the patient is able to correctly answer these questions, the EMS employee shall document the above information (along with all other standard information that is normally included on the EMS Transportation Record) and ask the patient to sign the "Refusal of Treatment and/or Transportation" statement attached to the EMS Transportation Record after reading the statement to the patient in front

of a reliable witness. If the patient refuses to sign the document, this should also be noted on the Transportation Record prior to asking the witness to sign the document.

Whenever possible the witness should be a law enforcement official, student EMT/Paramedic, or EMS volunteer at the scene of the reported emergency. The witness should sign the same form in the appropriate space. Then, the EMS Shift Chief (or other supervisory personnel, in the event of the Shift Chief's unavailability) should be advised of the situation prior to departing the location of the emergency.

The EMS attendant must also sign in the appropriate location on the refusal form stating that the patient has present mental capacity to make the decision to refuse. If the EMS attendant does not feel that the patient has present mental capacity to refuse treatment and/or transport, Law Enforcement personnel must be consulted. If Law Enforcement personnel refuse to place patient under custody, they will be required to sign in the appropriate location stating that they believe that the patient does have present mental capacity to refuse treatment and/or transport. If Law Enforcement personnel refuse to sign, the EMS Shift Chief must be contacted and notified of the situation.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.13

TITLE: Unauthorized Persons Riding in EMS Ambulances

APPROVED BY:

EFFECTIVE DATE: June, 1983

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REVIEWED: June, 2002
REVISED: September, 2004
REVIEWED: December, 2004
REVIEWED: January, 2006
REVISED: September, 2006
REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To define circumstances in which persons who do not normally observe or participate in patient care activities on board UMC Lubbock EMS ambulances may do so.

TEXT:

Emergency Medical Services defines an unauthorized person as an individual who is neither an employee of UMC Lubbock EMS, an authorized Lubbock County Volunteer EMS member, a Lubbock Fire Department employee, nor an EMS student or Continuing Education participant in an EMS training program with which UMC Health System has a current affiliation agreement.

Emergency Medical Services recognizes the fact that law enforcement personnel are occasionally required to accompany the EMS employee and patient to the hospital to insure the safety of the patient and/or the EMS employees. In these circumstances, law enforcement personnel may ride the EMS ambulance until the specific EMS call has been completed.

Additionally, members of Law Enforcement who demonstrate a bona fide interest in riding on UMC Lubbock EMS vehicles may be considered for permission to do so. They will be considered for permission only after they have personally met with the EMS Administrative Council and discussed their purposes in riding.

EMS personnel shall not permit other unauthorized persons to ride the EMS ambulances without prior approval from the EMS Administrative Council.

If the unauthorized person receives approval from the EMS Administrative Council to ride the EMS ambulances, that person will be required to sign the UMC Lubbock EMS Waiver of Liability before reporting to the EMS operational area to begin participation in this voluntary program.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.14

TITLE: Authorized EMS Volunteers

APPROVED BY:

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STATEMENT OF PURPOSE:

To insure that only duly-authorized personnel participate in patient care activities during EMS calls.

TEXT:

It shall be the policy of UMC Lubbock EMS that only those persons actively employed with UMC Lubbock EMS or current members of any of the Lubbock County Volunteer EMS organizations will be allowed to participate in patient care activities during UMC Lubbock EMS calls. The only authorized exceptions to this policy will include South Plains College EMS students and other participants from sponsoring training programs with whom UMC Health System has a current affiliation agreement.

All participants other than UMC Lubbock EMS employees and Lubbock County Volunteer EMS personnel must have a current Emergency Medical Services Waiver of Liability on file in the EMS administrative offices prior to the initiation of any volunteer activities with UMC Lubbock EMS on the department's vehicles.

At no time should a person riding as an EMS observer be allowed to perform any type of patient care (regardless of their level of certification) without the expressed permission of the EMS Shift Chief and/or the Administrative Council.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.15

TITLE: Request from the Streets

APPROVED BY:

EFFECTIVE DATE: June, 1979

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STATEMENT OF PURPOSE:

To insure a mechanism for the proper notification of additional EMS personnel in the event of circumstances in which an EMS ambulance already assigned one emergency call becomes aware of another request for EMS assistance along its route of travel.

TEXT:

If, while responding to an emergency call, a citizen or law enforcement officer hails an EMS ambulance and requests assistance, the EMS personnel shall advise the EMS Comm Center and stop at the scene to assess the situation. After communicating the assessment of the scene to the Comm Center, the initial ambulance and its personnel will be assigned to the call which appears to be the most serious. In the event that they appear to be of equal severity, the initial ambulance will remain on the scene of the emergency where they first stopped. In either case, the next closest EMS ambulance will be assigned to the other call.

Should the EMS employees witness a motor vehicle accident as they are enroute to another emergency call, they should stop and quickly assess the scene for injuries after advising the EMS Comm Center of the situation. If no apparent injuries are reported, the EMS personnel will continue enroute to the initial call. If injuries did occur at the motor vehicle accident, the same procedures as previously described shall apply.

In the event that the above described circumstances occur while an EMS ambulance is transporting a patient to a hospital, the relative acuity of the initial patient's apparent condition will be considered prior to stopping the ambulance. If no apparent harm would come to the patient from stopping to assess the situation, then the EMS employees should do so.

If the patient's condition and/or outcome could be jeopardized from stopping, the ambulance should continue enroute to the receiving hospital contacting the EMS Comm Center via radio to advise the Comm Center of the need to dispatch other law enforcement and/or EMS personnel to the scene.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.16

TITLE: Patient's Friend/Relative Riding EMS Ambulance

APPROVED BY:

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STATEMENT OF PURPOSE:

To insure the safety of EMS personnel, patients, and patients' friends and/or relatives during transportation of the patient to the receiving emergency department.

TEXT:

1. Under no circumstances shall anyone other than authorized EMS personnel be allowed to accompany patients in the EMS ambulance to the receiving hospital if the possibility exists that the patient will be either initially transported or upgraded to "Code 3" (emergency lights/siren) while enroute to the hospital.

2. If a patient has received injuries which appear to have been inflicted during any type of violent confrontation (shooting, stabbing, assault, etc.), no one other than law enforcement officials will be allowed to accompany the patient to the hospital in the EMS ambulance.

3. Generally, friends and/or family members will not be allowed to ride to the hospital in the ambulance. Instead, as time permits, the EMS personnel on the scene should offer to procure the assistance of neighbors, law enforcement personnel on the scene to transport persons other than the patient to the hospital.

In rare circumstances in which no other means of transporting friends and/or family members to the hospital exists, one person may accompany the patient in the EMS ambulance. This exception may not be granted, however, if the conditions in #1 or #2 (above) exist OR if the EMS employees have reason to believe that the unauthorized person's presence could jeopardize the safety of anyone on the ambulance (emotionally unstable passenger, under the influence of drugs or alcohol, etc.).

4. If an unauthorized person does accompany the patient to the hospital in the EMS ambulance, that person shall ride in the front cab of the EMS ambulance and shall comply with all EMS safety procedures prior to starting the ambulance into motion (safety restraints, no smoking, etc.). Failure to comply with the EMS ambulance driver's instructions will result in the immediate loss of this privilege by the friend or family member. If necessary, the assistance of law enforcement officers should be requested if the passenger fails to exit the ambulance when requested to do so.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.17

TITLE: Request for Additional EMS Assistance

APPROVED BY:

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STATEMENT OF PURPOSE:

It is recognized that situations may periodically occur during EMS calls which require more manpower and/or equipment than is available on the initial responding EMS vehicle. A mechanism for the timely and accurate request for additional assistance shall be established to insure the highest possible standard of care for UMC Lubbock EMS' patients.

TEXT:

1. If the EMS Comm Center's initial information from a private citizen or other requesting party indicates that the patient's condition or the number of casualties may exceed the capabilities of one UMC Lubbock EMS vehicle, the nearest available vehicle will be dispatched as the emergency response unit (Code 3). The next closest available EMS vehicle will be dispatched as a non-emergency response unit (Code 1) until the need for the additional vehicle is either confirmed by the initial unit ("Signal 211") or is canceled ("Signal 24").

2. Occasionally, an EMS vehicle will arrive at the scene of a request for EMS to discover a patient whose condition is more unstable than the EMS Comm Center's initial information indicated. Or a single vehicle may have been dispatched to the scene of an emergency anticipating only one or two patients but soon discover more patients than can be adequately cared for by the single vehicle's personnel. In either event, the EMS personnel should immediately request additional assistance via radio with a brief description of the reason why additional assistance is required ("Signal 211 for transport", "Signal 211 for a Signal 33 patient", etc.). This information will enable the Comm Center's personnel to send the most appropriate vehicle and/or personnel.

3. If the patient's condition and/or location meet local established criteria for aeromedical evacuation, this means of transportation should be requested specifically via radio.
4. If additional ground EMS assistance is requested but is temporarily unavailable, the EMS Comm Center should notify the requesting EMS unit of the estimated time until a ground EMS unit can become available. The EMS paramedics on the scene of the emergency should then assess the situation and determine whether a helicopter should be utilized or whether immediately available resources at the scene should be utilized exclusively. Patient condition, arrival time of additional ground EMS units, distance and transportation time to the receiving hospital, and proximity of suitable helicopter landing zones should be considered by the requesting EMS personnel when formulating this decision.
5. In circumstances involving multiple casualties or other unusual events, the EMS Comm Center shall contact the EMS Shift Chief after notification of the additional EMS vehicles.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.18

TITLE: Under Age (Minor) Patients

APPROVED BY:

EFFECTIVE DATE: June, 1979

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STATEMENT OF PURPOSE:

This policy establishes the procedure for insuring that patients who have not yet reached the legal age of consent (minors) receive the level of care from EMS that would be provided to them if they were old enough to make an informed decision regarding their treatment and transportation by UMC Lubbock EMS.

TEXT:

Whenever appropriate, EMS personnel shall determine whether the patient is a minor (under the age of 18). If the patient is a minor and is accompanied by a parent or other adult who accepts responsibility for the patient, that adult shall make the decision to either approve or not approve EMS' request to care for the patient in the pre-hospital environment.

Although EMS usually discourages "unauthorized" persons from accompanying patients to the receiving hospital in the EMS ambulance, the transportation of minor patients via EMS is one of the few recognized exceptions to this policy. When a minor patient's parent and/or adult guardian is present at the scene of the emergency, that adult should be requested to accompany the minor patient to the receiving hospital in the EMS ambulance to facilitate initiation of the minor patient's medical care at the receiving facility if the adult does not have another method of immediately available transportation.

The accompanying adult should ride in the front cab of the ambulance, and should not be allowed to enter the rear patient care area. If it is anticipated that the transportation to the receiving hospital will be "Code 3" (emergency lights and siren) OR if the EMS personnel have reason to suspect that the

adult's presence in the ambulance could affect the safety of the EMS personnel or patient (panicked parent who refuses to remain seated and wants to observe the patient's care through the ambulance cab's rear window, etc.), the adult will not be allowed on board the EMS ambulance.

If the patient is a minor and is not accompanied by a parent or other responsible adult, the EMS personnel on the scene shall contact Medical Control or the EMS Shift Chief and request permission to initiate pre-hospital treatment and transportation in non-life threatening situations. Normally, Medical Control and/or the EMS Shift Chief will assume that permission for the patient's pre-hospital care falls under "implied consent" whereby the patient would have approved the EMS employee's requests for the patient to authorize treatment and/or transportation had the patient been old enough to legally do so (18 or more years of age).

If the patient's condition is so unstable that it would be jeopardized by the delay associated with contacting either Medical Control or the EMS Shift Chief, "implied consent" should be assumed immediately, and the EMS Shift Chief should merely be notified of the situation as quickly as possible.

If an underage minor refuses treatment or transport, EMS personnel should have a Peace Officer sign the refusal. (Refer to SPP# 1.12)

UNIVERSITY MEDICAL SERVICES
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.19

TITLE: Emergency Medical Services Complaints

APPROVED BY:

EFFECTIVE DATE: June, 1979

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STATEMENT OF PURPOSE:

The purpose of this policy is to insure a mechanism for the objective evaluation of complaints or concerns from EMS patients.

TEXT:

Many complaints or concerns which are brought to the attention of EMS Administrative personnel are merely the result of misconceptions by the public regarding EMS practices and/or policies. These can usually be resolved by investigating the concern and then advising the calling party of the rationale behind the questioned procedure or action.

At other times, however, legitimate concerns do arise involving inappropriate actions by EMS employees. These can result in litigation and other unfavorable consequences if not handled effectively. To differentiate between the two possible causes of these concerns, all complaints must be investigated objectively, thoroughly, and in a timely manner to insure that the problems are resolved and that corrective actions are initiated when indicated to prevent the recurrence of similar problems in the future.

Immediately following any incident in which the EMS employee suspects that a complaint or concern might arise from a patient, family member, physician, or other person involved with EMS operational activities, the EMS employee should complete an EMS after action report and advise the Shift Chief on duty of the potential problem. The Shift Chief will initiate a preliminary investigation of the situation and will gather as many facts surrounding the incident as possible.

Based upon the Shift Chief's perception of the potential severity of the incident, the Shift Chief may elect to have the employee prepare a formal incident report. The Shift Chief will notify the EMS Administrative Council of the incident and his initial findings to insure timely completion and follow up.

Should any EMS employee become aware of a reported incident in which he/she was not involved, that incident should be immediately brought to the attention of the EMS Shift Chief on duty. If the EMS Comm Center receives a call from a concerned patient, family member, or other person regarding a particular EMS call, the EMS Comm Center operator should refrain from offering any explanations or making any other comments regarding the reported incident. Instead, the EMS Comm Center operator should take the calling party's name, phone number, and brief description of the reported problem and then advise that person that the appropriate EMS supervisory person will be contacted immediately so that the investigation can be initiated.

Due to the public and political nature of the EMS department within the local community, incidents involving off duty personnel should also be investigated as EMS supervisory personnel become aware of them. Investigation, reporting, and follow up should follow the same guidelines as stated previously for on duty incidents. By implementing these procedures before incidents involving off duty EMS employees become public knowledge, the department may be able to initiate proactive steps which will minimize the potential embarrassment of the department and the involved employees.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.20

TITLE: Visitors at EMS Stations/Communications Center

APPROVED BY:

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STATEMENT OF PURPOSE:

To establish visitation hours and related standards at EMS stations and communications center for EMS students, volunteers, and for employees' friends and family members.

TEXT:

EMS STATIONS:

Emergency Medical Services permits visitors at the EMS stations as long as the visitors do not interfere with the duties and/or privacy of the EMS employees.

"Visitor" shall be defined as anyone who is not an EMS employee scheduled to work at the specific EMS station in question. EMS employees who are not actually working at the EMS station will be considered as visitors and will be expected to comply with the EMS station visitation policy.

Emergency Medical Services shall not permit visitors at the EMS stations during normal sleeping hours (12:00 midnight through 7:00 AM). Similarly, loud and/or boisterous visitors will not be permitted at any time. Exceptions to the EMS Visitation policy may be granted only by the EMS Administrative Council. Normally, visitors will be expected to vacate the EMS station if the assigned EMS employees are called away for official business. In cases where this would place an undue hardship upon the EMS employee and/or his visitor, the visitor may be allowed to remain at the EMS station during the employee's temporary absence if the EMS employee agrees to accept full responsibility for any damages or loss of hospital property which may occur as a result of the visitor's actions or omission during the employee's absence.

Similarly, EMS employees are expected to lock the doors on their assigned station if they leave the area to insure the security of both personal and hospital property which may be inside the station. Should an EMS employee elect to leave a door unlocked in anticipation of a visitor who is expected to arrive at the station during the employee's absence, that employee will automatically assume full personal financial responsibility for any losses resulting from theft, vandalism, or other actions against the station's property during that time even if it can be proven that the employee's visitor was blameless.

COMMUNICATION CENTER:

Due to the operational environment in the Communication Center, visitors should only be allowed limited access. Only visitors with prior approval of the Shift Chief or Communication Chief should be allowed in the Communication Center for more than 5 minutes. This includes EMS students who are not scheduled for a rotation in the Communications Center.

To help insure noise levels do not interfere with Communication Center operations, EMS personnel should also keep their visits to the Communication Center to a minimum.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.21

TITLE: Recommendation of Service

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: June, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure that EMS employees refrain from making statements which could be perceived as possible conflicts of interest.

TEXT:

At no time shall the EMS employee recommend the services of a physician, attorney, or other ambulance firm to a patient, to the patient's family, or to any other persons who approach an EMS employee seeking such recommendations.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.22

TITLE: Acceptance of Gratuities

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: June, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure that only officially authorized and recognized gifts to the EMS department are accepted.

TEXT:

EMS personnel shall not accept any financial gratuities or gifts from individuals or organizations other than UMC Health System which are given as a result of any EMS-related business which has been conducted or which may be conducted in the future. EMS employee's shall follow UMC's policy.

If an individual wishes to donate money for the development of EMS, the EMS employee shall refer the individual to the EMS Administrative Offices. The EMS Administrative Council will, in turn, refer the individual to the UMC Health System Foundation where a separate "special gifts" account exists for the EMS department.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

DEPARTMENTAL POLICY AND/OR PROCEDURE

SPP #1.23

TITLE: Release of Patient Information to the Media

APPROVED BY: Jim Courtney, President and Chief Executive Officer

EFFECTIVE DATE: June, 1980

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVISED: March, 1996

REVISED: February, 1997

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy establishes EMS departmental policy for the release of information to the media within compliance with the Texas Health and Safety Code §773.091(g).

TEXT:

UMC Lubbock EMS maintains the standards of and complies with UMC Health System SPP# AO-26, "Patient Release Information to Media", (SEE ATTACHED).

It is a recognized fact that the news media interacts routinely with EMS during the media's reporting of a variety of EMS calls. EMS field personnel should be cautious of the temptation to release any information to the media which might infringe upon the privacy rights of the patient or others involved in the EMS call in question. Therefore, all EMS field personnel should refer all questions from the media to either the UMC Health System Corporate Communications Department or EMS Administration.

The EMS Comm Center may routinely relate the following "public record" information to the media:

- Nature of the illness or injury
- The presence of a person (not name or identity)
- Age
- Gender
- Occupation
- City of residence

For example, it would be permissible for EMS to tell the media the EMS had responded to a call and treated or transported a 37 year old female secretary, a resident of Lubbock, because of injuries suffered in an automobile accident. Examples of information which should **NOT** be released to the media without patient authorization are:

- Patient outcome ("admitted", "DOA", etc.)
- Prognosis
- Name
- Specific details of the emergency
- Possible violations of the law by the patient or others at the scene

Although the initial time of the call will be considered as a matter of public record and, therefore, authorized for release by the EMS Comm Center, additional EMS times ("arrived at the scene", "in route to hospital", etc.) should not be released by the Comm Center.

Any other requests for information or EMS employee interviews by the media regarding either specific EMS calls or other EMS-related information should be referred to EMS Administration or to the UMC Health System Corporate Communications Department.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.24

TITLE: Confidentiality of Patient Information

APPROVED BY:

EFFECTIVE DATE: June, 1984

REVIEWED: June, 1987

REVIEWED: April, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure that unauthorized patient information is not released to the public or to other unauthorized persons.

TEXT:

Lubbock EMS employees will refrain from discussing any information related to specific patients with any persons not directly involved in the care of the patient unless specifically granted permission to do so by either the patient, an EMS Administrative Council member, or the EMS Medical Director. The same policy shall apply to personnel who are not actually EMS employees but are observing EMS patient care as students, volunteers, or as other authorized riders on the EMS vehicles.

UMC Health System has established that UMC personnel may meet or speak with non-UMC persons (attorneys, investigators, etc.) concerning UMC patient care issues only after having been cleared to do so through the UMC Quality Improvement/Risk Management department. EMS employees who are approached by persons claiming to represent patients or others who were reportedly involved in EMS calls should refrain from offering any information to that person. Instead, the request for information should be referred to the EMS Administrative offices.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.25

TITLE: Petty Cash Reimbursement

APPROVED BY:

EFFECTIVE DATE: June, 1984

REVIEWED: June, 1987

REVIEWED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVISED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the mechanism whereby EMS employees may be reimbursed for authorized purchases.

TEXT:

Whenever possible, minor equipment and other items should be purchased through normal hospital purchasing channels. It is recognized, however, that this is not always possible. Should an EMS employee pay for the purchase of minor equipment, fuel, or any other essential items which were not available at the time through normal hospital purchasing channels, he may be reimbursed for these out of pocket expenses. The amount of cash which may be immediately reimbursed is limited by the hospital, so the employee should attempt to insure that the amount of money spent will not exceed this limit if waiting for the issuance of a hospital check in place of the petty cash reimbursement would present a major inconvenience.

An EMS Administrative Council member or his designated representative should be contacted to request permission for said purchases whenever possible to insure that all other options for the acquisition of the requested item(s) have been exhausted. Failure of the employee to do so may result in the refusal of the EMS Administrative Council member to submit the employee's claim for reimbursement. Examples in which it would not be practical to attempt to contact the EMS Administrative Council member for approval of the purchase would include, but not be limited to, the following: (1) out of town road trips in which an individual EMS employee was required to use a personal credit card to pay for fuel or (2) during road trips in which the EMS employees are more than one hour away from Lubbock during normal dining hours.

If the employees are out of town on official EMS business during normal mealtimes and would not be

able to return to Lubbock within the following hour, each employee may be allowed to be reimbursed for each meal up to a maximum rate of \$10.00 per meal. Any excess expenditures for food or other refreshments above this figure will be the responsibility of the individual EMS employee. Upon return to Lubbock, the EMS employee should leave the cash receipt for the expenses with the EMS Administrative Council member so that the reimbursement request may be processed.

Individual authorized employee purchases which exceed the normal hospital "petty cash" limit will be reimbursed via computer or manual check. Typically, these transactions require approximately one week from the date that the request for reimbursement is submitted to the EMS Administrative Council member.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.26

TITLE: EMS Records

APPROVED BY:

EFFECTIVE DATE: June, 1976

REVIEWED: June, 1984

REVIEWED: June, 1987

REVIEWED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy establishes a procedure for the storage and disposition of all EMS call-related documentation.

TEXT:

All call-related documents will be maintained in an orderly filing system and will be released only upon the expressed written authorization of the patient and/or the patient's legal representative.

UMC HEALTH SYSTEM
Emergency Medical Services

STANDARD POLICY AND/OR PROCEDURE

SPP#1.27

Title: Drug or Alcohol Consumption by EMS Personnel

APPROVED BY:

EFFECTIVE DATE: February, 1976

REVIEWED: June, 1984

REVIEWED: June, 1987

REVIEWED: April, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVISED: September, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

Alcohol, illegal drugs, some prescription drugs and some over the counter drugs have been shown to affect the judgment and reaction time of persons under their influence.

This policy is designed to protect EMS patients, other EMS employees, and the public which is served by EMS from untoward actions of an EMS employee following that employee's consumption of drugs, alcohol, and certain prescription and over the counter medications.

TEXT

Emergency Medical Service personnel shall neither report to work nor appear in public in EMS uniform while off-duty either during or 12 hours following the consumption of alcohol. At no time either off-duty or on-duty is it acceptable for EMS personnel to use illegal drugs of any form.

Additionally, EMS personnel who are under the care of a physician and are taking prescription medication, or are taking over the counter medications either on-duty or 12 hours prior to reporting to duty must advise his/her Shift Chief of what medical problems they are having and what medication they are taking to insure that their ability to perform the required duties in a safe and otherwise fully acceptable manner will not be impaired.

Any violation of this policy shall be grounds for immediate disciplinary action including termination.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.28

TITLE: Use of Tobacco Products in EMS Operational Areas

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: June, 1984

REVIEWED: June, 1987

REVISED: June, 1990

REVIEWED: June, 1991

REVISED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVISED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVISED: February, 2007

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

The United States Surgeon General has stated that smoking is the single largest preventable cause of premature death and disability. Smokers are at substantially increased risk for cancer, cardiovascular disease, and lung disease. Environmental smoke can cause discomfort and disease in non-smokers, and it (and other byproducts of tobacco use) can adversely affect sensitive electronic equipment such as radios and computers. A direct correlation has been demonstrated between long term tobacco use and employee absenteeism and decreased levels of productivity. Potential hazards also exist should a lit cigarette fall into the lap of an EMS employee during emergency vehicle operations.

This policy addresses the use of tobacco products in EMS operational areas to insure that EMS employees and others in these areas are not needlessly exposed to the byproducts of tobacco use and to insure that EMS equipment is not subjected to the damaging effects of these same byproducts.

TEXT:

I. EMS Vehicles: Smoking or the use of any other tobacco products shall not be allowed inside any EMS vehicles.

II. EMS Facilities: Smoking or use of any tobacco product is not allowed inside any EMS facility. Smoking or any other tobacco use is only allowed as set out in SPP AO#32.1 as revised January, 2007. Cigarette butts should be disposed of by depositing them in the butt receptacle after insuring that the fire is out. Throwing cigarette butts on the ground is not an acceptable method of disposing of these items.

III. EMS Comm Center and Administrative Offices: Under TTU-HSC and UMC policies, both sections of the Health Sciences Center/UMC Health System complex have been designated as "No Smoking" facilities. Therefore, smoking may not be permitted in either the EMS Comm Center or the EMS Administrative Offices.

Due to the operational environment of the Comm Center, the use of smokeless tobacco products is prohibited.

Employees who work in either of these two areas may take occasional breaks from their work responsibilities to walk to TTU-HSC-designated smoking areas, but these breaks must be taken sparingly and should coincide with "slow" times in these operational areas. At no time will employees be allowed to take smoking breaks when this would adversely affect the timely completion of the duties assigned to either of these two operational areas.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.29

TITLE: Reporting Missing or Damaged EMS Equipment

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: June, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVISED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy establishes the importance of routine inspections of EMS equipment and outlines procedures for reporting problems.

TEXT:

In the event that an EMS employee cannot locate EMS equipment or supplies and presumes that the equipment is lost, he shall document the missing item on the appropriate inventory form or incident report form and then notify the EMS Shift Chief on duty immediately.

The same guidelines shall apply in the event that EMS Equipment is either damaged or is subsequently found to be damaged.

The Shift Chief will investigate the incident and report his findings to the EMS Administrative Council.

Inspections and inventories of all EMS Equipment are required procedures during every shift change. While it is recognized that equipment may be occasionally damaged through normal use, the EMS employee(s) may be held personally responsible for equipment which is either lost or damaged through employee negligence or intentional abuse.

Equipment which was not documented and reported as either damaged or missing during the daily equipment inventory and inspection on any given shift will be presumed to have been damaged or lost during that shift. Therefore, it is essential that all EMS employees pay special attention to the presence and integrity of their assigned equipment during their shift change inventories and inspections.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.30

TITLE: EMS Ambulance, Equipment, and Supply Maintenance

APPROVED BY:

EFFECTIVE DATE: February, 1983

REVIEWED: February, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVISED: March, 1998

REVISED: January, 1999

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy outlines general procedures for the routine inspection and maintenance of all EMS equipment.

TEXT:

The proper preventive maintenance and care of EMS vehicles, equipment, and supplies can affect the safety of EMS employees and the public they serve.

At the beginning of each shift the assigned EMS employees must insure that all of the assigned duties noted on the "EMS Operator's Inspection Guide", the "Daily Inventory Worksheet", the EMS Duty Roster for the given station, and any other applicable inspection and maintenance forms are completed in a timely and thorough manner. It is essential that all of these required duties be completed prior to the initiation of any nonproductive activities (eating, studying, sleeping, or watching television, etc.).

Any minor repairs which are performed on the equipment should be documented on the applicable form. Similarly, any pieces of equipment which are noted to need repair must be documented and brought to the attention of the EMS Shift Chief on duty.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.31

TITLE: Standardized Locations of EMS Ambulance Supplies and
Equipment

APPROVED BY:

EFFECTIVE DATE: June, 1980

REVIEWED: July, 1984
REVIEWED: June, 1987
REVIEWED: April, 1990
REVISED: June, 1991
REVIEWED: November, 1992
REVIEWED: October, 1994
REVIEWED: March, 1996
REVIEWED: March, 1998
REVIEWED: June, 2000
REVIEWED: June, 2002
REVIEWED: December, 2004
REVIEWED: January, 2006
REVISED: September, 2006
REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy addresses the importance of and procedures for the standardization of equipment and supplies on EMS vehicles.

TEXT:

The standardized location of EMS vehicles' equipment and supplies offers several benefits to EMS. First, the EMS employee may exchange EMS vehicles with minimal risk of unfamiliarity of equipment and supply locations from one vehicle to the next. Second, the standardized location of EMS vehicle equipment and supplies expedites the completion of daily inventory procedures which are performed by the EMS employee.

EMS personnel shall maintain all EMS vehicle equipment and supplies in standardized locations and inventory levels in the EMS vehicles.

The Administrative Staff of UMC Lubbock EMS must grant approval for any modifications related to the location and inventory levels of EMS equipment and supplies before these modifications are performed.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.32

TITLE: Use of Standardized Equipment and Supplies

APPROVED BY:

EFFECTIVE DATE: June, 1984

REVIEWED: June, 1987

REVIEWED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the importance of utilizing only standardized and approved equipment and supplies during EMS operations.

TEXT:

All EMS ambulances contain standardized equipment and supplies which are provided by Emergency Medical Services. With others, EMS assumes the responsibility that equipment and supplies function properly. Therefore, it is essential that only officially authorized equipment and supplies be utilized during EMS operations.

EMS personnel may be requested or allowed to test new equipment from time to time, but they should do so only after the equipment and testing procedures have been approved by EMS Administration.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.33

TITLE: Alterations to EMS Ambulances and Equipment

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: June, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy establishes procedures for the modifications of EMS vehicles, equipment, and other property.

TEXT:

Only modifications to EMS vehicles, equipment, and other EMS property which have received the expressed approval of EMS Administration may be initiated. EMS personnel who initiate unauthorized modifications to any EMS equipment may be held financially accountable for the costs of either replacing the altered equipment or returning the equipment to its original condition.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.34

TITLE: Community EMS Plan

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: June, 1987

REVISED: April, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: January, 2006

REVISED: September, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the hospital's role in the community EMS plan.

TEXT:

The role of UMC Health System in the Community EMS plans of Lubbock and the South Plains derives from the hospital's identity as the primary teaching hospital for Texas Tech University's Health Sciences Center. The hospital is operated by Lubbock County Hospital District, a tax assisted body which is responsible for emergency ambulance service in Lubbock County. The President and Chief Executive Officer of the hospital is concurrently the Chief Executive Officer for the County Hospital District and is, therefore, the Chief Executive Officer of the community's emergency ambulance system.

Twenty Two EMS ambulances operate within Lubbock County on an around the clock basis. Thirteen of the Mobile Intensive Care Unit ambulances are stationed within the City of Lubbock and are each housed in one of six permanent UMC Lubbock EMS stations. Idalou, Shallowater, and Wolfforth operate one ambulance within their cities. Slaton, Abernathy, and West Carlisle operate two ambulances within their beats.

UMC Lubbock EMS also operates smaller, one man emergency response vehicles under its First Responder program. These First Responder vehicles are routinely staffed during peak call volume periods with the department's more experienced paramedics. The primary goal of the First Responder program is to improve overall emergency response times in the city by providing emergency paramedic coverage in sectors of the city when the primary MICU ambulance for that given sector is unavailable due to other call assignments, etc.

UMC Lubbock (City) EMS is comprised entirely of paid employees. All part time and full time UMC Lubbock EMS field positions are at the advanced paramedic level or basic level. UMC Health System supports the six Lubbock County EMS communities with annual financial subsidies to assist with operating expenses and capital equipment needs, as well as with administrative and training-related support. These six organizations are supported by personnel who are certified by the Department of State Health Services at the Basic EMT, EMT-Intermediate, and EMT-Paramedic levels.

The EMS Regional Communications Center is maintained by UMC Lubbock EMS in a location in the Texas Tech Health Science Center. This center coordinates the emergency medical communications of UMC Lubbock EMS, Lubbock County Volunteer EMS, UMC Health System's Regional Emergency Transport System, UMC Health System's regional physician referral hotline, SPEMS/RAC regional Trauma Hotline and all regional EMS services during their communications with Lubbock hospitals. Additionally, it serves as the central communication point for all regional EMS services during times of disaster or other mass casualty incidents. The Regional Communications Center serves as a Public Service Answering Point for Lubbock County emergency medical needs in coordination with the city's and county's 9-1-1 emergency telephone system.

The Communications Center is manned around the clock by a minimum of two EMS employees who are certified by the Department of State Health Services at the EMT-Basic, EMT-Intermediate, or EMT-Paramedic levels. The Communications Center has direct telephone linkages with all local law enforcement agencies. Additionally, the Communications Center coordinates UHF radio frequency traffic on the South Plains region's ten medical channels.

The Emergency Department of UMC Health System is Certified as a Level One Trauma Center and accepts all patients with serious and urgent needs. The statutory responsibility of LCHD extends to the provision of care for all indigent patients in Lubbock County. The transfer of patients is automatically authorized in life threatening situations. Elective transfers must meet financial eligibility requirements. There are no racial or ethnic barriers to emergency care. The hospital attempts to maintain bilingual staff members on duty at all times.

UMC Health System is a tertiary care center for several specialties. It offers the region's only Level IV Neonatal Intensive Care Center, and neonatal transfer operations are provided by UMC Lubbock EMS and by UMC's Regional Emergency Transport System. The hospital has also been designated as the regional Burn Intensive Care center, and it operates the emergency facility for the community's Rape Crisis Center.

UMC Health System acknowledges its responsibility to accept and initiate critical care transfers according to patient need. The hospital administrator on duty will ordinarily approve the transfer of a patient in a life or death situation, regardless of financial consideration. Otherwise, administrative procedures for transfer will be followed. At certain peak times, there may be no UMC beds available to accept a critical care transfer. At such time, the hospital will attempt to assist in the identification of other local hospitals which may also be able to provide tertiary care.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.35

TITLE: Movement of EMS Patients

APPROVED BY:

EFFECTIVE DATE: February, 1983

REVIEWED: June, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

The purpose of this policy is to insure that all patients are transported safely, according to their illness or injury.

TEXT:

Emergency Medical Services requires that EMS' patients be moved to and from the EMS ambulance in commonly accepted and approved methods which will not aggravate or exacerbate the patient's medical condition. This policy describes guidelines for the method of transporting patients to and from the ambulance. EMS personnel should also recognize those instances in which common practice would dictate the immobilization of particular types of patients before they are moved to or from the ambulance (i.e., spinal injuries who must be immobilized on back boards, etc.).

1. Cardiac or suspected cardiac stretcher or chair
2. Shock or potential shock stretcher or chair
3. Abdominal pain stretcher or chair
4. OB/Gyn emergencies stretcher or chair
5. Other medical conditions stretcher or chair

Emergency Medical Services discourages EMS employees from allowing patients to walk to or from the ambulance, even with the assistance of the EMS employee. Because of the potential medical consequences of allowing an ill patient to physically exert himself while under the care of EMS, walking a patient should be permitted only in extreme circumstances when the patient refuses to be

transported to or from the ambulance via recommended methods.

Likewise, the liability exposure which would be placed upon the individual EMS employees and upon the EMS department should a patient be injured during a fall while being allowed to walk is a preventable, and therefore, unacceptable risk.

Should a patient refuse the EMS employees' requests to be moved to or from the ambulance in the method which they have recommended, this must be clearly documented on the patient's EMS Transportation Record.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.36

TITLE: EMS Ambulance Bypass of UMC Health System Emergency Department

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: September, 1983

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

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REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: January, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes authorization and notification procedures to be followed in the event that UMC Health System becomes temporarily unable to accept EMS patients.

TEXT:

UMC Health System may occasionally experience temporary patient overcrowding and/or staffing availability situations which prohibit the hospital from accepting any additional patients via Emergency Medical Service.

To insure the validity of "EMS Bypass" orders, the EMS Communications Center will be authorized to accept these orders from the Emergency Center Medical Director or full time designated staff in conjunction with the Chief Executive Officer or designated representative (Administrator on Duty).

The following individuals may make the decision to bypass:

1. The UMC Health System Vice President for Nursing Services.
2. The EMS Medical Director.
3. The UMC Health System Emergency Department Medical Director.
4. The UMC Health System House Supervisor.
5. Medical Directors - Intensive Care Units

After the hospital has reopened to EMS patients, the EMS Communications Center shall accept the "reopen" announcement only from the Emergency Center Medical Director or full time designated staff in conjunction with the Chief Executive Officer or designated representative (Administrator on Duty).

In the event that Lubbock's Covenant Medical Center also bypass patients of UMC Lubbock EMS, UMC Health System shall automatically return to "open" status for EMS patients. In that event, the EMS Communications Center shall immediately notify the UMC Health System Emergency Center Medical Director or full time designee of the other major hospitals closures.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.37

TITLE: Refueling of EMS Ambulance

APPROVED BY:

EFFECTIVE DATE: February, 1983

REVIEWED: June, 1987

REVISED: April, 1990

REVISED: June, 1991

REVISED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: January, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy establishes procedures to be followed to insure the operational readiness of EMS vehicles.

TEXT:

The EMS ambulances utilized as the "primary" ambulance at any given EMS station should have the tank filled at the beginning of each shift. At no time should the fuel level of any EMS ambulance's tank be allowed to drop below the "1/2 full" level if at all possible. Similarly, First Responder vehicles should be maintained with at least one half tank of fuel at all times.

Before EMS employees retire for the evening, they must insure that each ambulance at their station has at least one-half (1/2) full tank of fuel and that each First Responder vehicle has at least one half tank of fuel. This is designed to insure the immediate readiness of these vehicles should they be needed by either themselves or by another EMS crew during the night.

Should fuel purchases be anticipated during out of town road trips, the EMS employees should sign out the EMS fuel credit card from the EMS Communication Center prior to their departure and then insure its return to the Comm. Center when they return to Lubbock.

Only EMS vehicles are to be refueled with EMS credit cards and/or under any other EMS fuel credit plan. Without the expressed written permission of the EMS Administrative Council, purchase of said fuel for use in employee's private vehicle will constitute theft and will result in severe disciplinary proceedings against the employee.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.38

TITLE: Compliance with Texas Department of State Health Services

APPROVED BY:

EFFECTIVE DATE: January, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: January, 2006

REVISED: September, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the official relationship between UMC Lubbock EMS and its regulatory agency, the Texas Department of State Health Services.

TEXT:

UMC Lubbock EMS maintains the standards of and complies with the Texas Department of State Health Services Emergency Medical Services Act and all other officially adopted Texas Department of State Health Services EMS Rules and Regulations. (See Attached)

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.39

TITLE: City of Lubbock Ambulance Ordinances

APPROVED BY:

EFFECTIVE DATE: January, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: January, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy addresses the applicable City of Lubbock ordinances involving ambulance operations within the operational area of UMC Lubbock EMS.

TEXT:

UMC Lubbock EMS complies with City of Lubbock Resolution 1652, dated 4/12/84, "Interlocal Cooperation Agreement", and acknowledges the existence of City of Lubbock Ordinance No. 8525, "Transfer Ambulance".

Although UMC Lubbock EMS does not fall under the operational criteria established by the "Transfer Ambulance" ordinance, any EMS employee who becomes aware of violations of this ordinance by any other ambulance operators in the City of Lubbock should bring said violations to the attention of the EMS Administrative Council. (SEE ATTACHED)

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.40

TITLE: Attendance and Payroll Policies

APPROVED BY:

EFFECTIVE DATE: April, 1985

Reviewed: June 1987
Revised: April 1990
Reviewed: June, 1991
Reviewed: November, 1992
Revised: October, 1994
Revised: March, 1996
Revised: March, 1998
Revised: June, 2000
Reviewed: June 2002
Reviewed: September, 2004
Reviewed: December, 2004
Revised: March, 2005
Revised: November 2005
Revised: September 2006
Revised: June 2007
Revised: July 2007
REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the attendance policy and payroll practices for UMC Lubbock EMS.

TEXT:

Employees are required to work the number of hours normally scheduled during a given pay period. Employees, who have worked at least 40 hours in a week, may elect to take a day off without pay, but only with the approval of the Staffing Coordinator and their supervisor. Those who have not worked the 40 hours will be required to use Paid Time Off (PTO) hours to make up the difference between hours schedule and hours worked. Employees who fail to comply with this requirement will be removed from their assigned position as full time or part time employees, with possible job termination.

With an always increasing number of calls a shift, sleep deprivation has become a concern. Sleep deprivation can cause accidents or even errors in judgment of patient care. It is concern for its employees and citizens we serve, that the following policy be taken. Employees may not work over 24 hours in a row in a field, or 18 hours in a dispatch position, without eight (8) hours rest, or without having permission from the Chief responsible for the shift. This restriction does not apply to meetings, training, specials, disaster response, or late calls.

Attendance and Payroll cont.

Employees wishing to take Paid Time Off (PTO) shall turn in a vacation request form to their Staffing Coordinator, or use the EMS Time Sheet program four weeks, minimum, prior to the day requested off. The request form may be sent by fax, or hand delivered. Also, the request may be emailed to the staffing coordinator or called . The employee will be notified if the request was approved or denied within one week. Under no circumstance shall the employee staff him/ herself for this time without contacting the Staffing Coordinator first. The Staffing Coordinator shall advise the employee's immediate supervisor of the decision.

Regular full time and part time employees shall be permitted to "trade " scheduled shifts with their co-workers after receiving prior approval from the Staffing Coordinator or Chief, as long as it will not violate the 24 or 18 hour rule. This approval may be obtained via email. The shift trade out must be completed within a two week period. Persons who refuse or are unable to complete their trade shall have their time taken off their time card, and their trade out privilege suspended. Trade Out time must be accomplished between **TWO** employees eligible to work under the same job description.

EMS employees who become sick a day before their scheduled shift shall notify their immediate supervisor. Employees who become ill 8 hours or less before their scheduled shift shall call the Supervisor on duty. Do not call EMS dispatch to call in sick. If the immediate supervisor is unavailable the employee shall call back until the supervisor is available.

EMS employees who utilize Paid Time Off (PTO) to cover illness related to work absences will comply with the general intent of the UMC Health System " Paid Time Off" policy regarding " Extended Illness" compensation. EMS non-field employees whose illness related absence prevents them from returning to work for 4 (four) or more days (8 hour shifts) will be required to present a signed statement from the employees physician verifying that the employee was under his care during the absence, and the employee may return to work. Field/Dispatch employees working 24/48 hours, 12 hour flex schedule, and 10 hour shifts shall fall under the modified extended illness reporting requirements. After 32 hours a physician statement may be needed before returning to normal duty. If a pattern is observed on sick leave requests, a physician's note may be required. The note must include a statement as to reason the employee is not able to work.

Attendance and Payroll cont.

If a need arises to take off less than the four week time frame, contact the Staffing Coordinator or your Chief to see if a rover is available, or find coverage and obtain approval from their Staffing Coordinator, or Chief. This staffing must conform to the 24 hour rule. These shifts will not be approved if there are other open positions that day. Failure to obtain approval from either your Staffing Coordinator or Chief will result in disciplinary action as outlined in the tardiness section on page 4.

In the event of a death in the family, EMS employees shall notify the supervisor on duty. If the supervisor is not available, the employee is permitted to call EMS dispatch and advise them of the situation. UMC Lubbock EMS uses UMC Health System policy on Funeral Leave.

Lubbock EMS employees shall fall under standard pay practices of UMC Health System. Employees classified as non-exempt shall be paid at one and one half times the base rate for hours worked over 40 hours per week. Employees classified as Exempt shall be paid the agreed amount by UMC Health System.

EMS personnel will have their time sheet filled out by the end of each pay period. (7am the Sunday before payday). The office staff will print time sheets on Monday. It is the responsibility of each employee to have their time sheets filled out. The EMS Administrative Staff will check each time sheet for accuracy. The Staffing Coordinator will also turn in any staffing changes to verify time. EMS employees working in the hospital, in other departments shall also punch in to KRONOS. Personnel who do not turn in time cards or incomplete cards will not receive a check until the following Monday. If UMC Lubbock EMS made a mistake we will have the corrected check as soon as the payroll department has it available.

This policy establishes the guidelines for No-call/No-show and tardiness for the EMS department.

A. No-call/No-show

1. A no-call/ no-show is defined as failure to report to work at the scheduled time and failure to contact the immediate supervisor within two hours prior to the beginning of the shift. A no-call/ no-show can result in immediate termination.

Attendance and Payroll cont.

B. Tardiness

1. Tardiness is defined as when an employee is not at his/her workstation ready to work at the starting time designated by his/her supervisor. If you are leaving from one EMS station and going to another, call the person you are relieving, and the supervisor in advance. This notification must be done by 8:00pm the night before so that other arrangements can be made if needed. If your replacement is not there ready to work contact your immediate supervisor.
 2. The following is a list of tardiness thresholds and the suggested disciplinary action to be taken as each threshold is met:
 - a. first occasion-verbal reprimand
 - b. second occasion-written reprimand
 - c. third occasion-suspension (3 work days or 24 total hours)
 - d. fourth occasion- termination
- * An employee may be terminated after the forth (4th) tardy in a 12 month consecutive period.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.41

TITLE: EMS Employee Orientation

APPROVED BY:

EFFECTIVE DATE: September, 1990

REVIEWED: June, 1991

REVISED: November, 1992

REVISED: October, 1994

REVISED: March, 1996

REVIEWED: March, 1998

REVISED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes EMS Field orientation procedures for new field paramedic employees.

TEXT:

In order to facilitate an effective and standardized introduction to Emergency Medical Services, a comprehensive departmental orientation program will be presented to every new EMS employee.

Development, implementation, and documentation of the orientation program for new field employees shall be the responsibility of the EMS Training Officer. The EMS Training Officer will utilize the expertise of one or more experienced EMS Paramedics who will function as Senior Field Training Officers and Field Training Officers (FTO) to further assist in the new employee's field orientation.

Before employment the potential probationary employee must complete all phases of the hiring process. Refer to SPP 1.86

Upon acceptance into UMC Lubbock EMS field training program each new employee shall be required to complete/pass the following:

28 hours of classroom that will cover policy and procedures, map reading, 12 lead class, etc.

96 hours of field training that will include ambulance and fox time. The Administrative Council reserves the right to increase or defer the training time.

At the end of the 124 hour field orientation, an appraisal of the new employee's progress will be presented to the EMS Administrative Council. Should the EMS Training Officer and the Field Training Officer responsible for the employee's orientation agree that the new employee has reached an acceptable level of competence, they will recommend that the employee receive an "orientation completed" approval. At that time the new employee will become eligible to begin working as a probationary employee in the assigned field position.

Should the EMS Training Officer feel that the new employee has not demonstrated the desired performance level, he/she will make the following recommendations.

A new field employee whose performance fails to reach the desired level at the end of the 124 hour field orientation program may upon the recommendation of the Field Training Officers and the Administrative Council be allowed to continue riding with his assigned FTOs and/or EMS Training Officer for up to 24 hours.

If the paramedic performance level improves to an acceptable level after additional experience is achieved, the EMS Training Officer will advise the EMS Administrative Council. At that time, the new employee will be recommended for "probationary employee" status.

The other possible recommendation which could potentially come from the EMS Training Officer would be reserved for new employees who fail to demonstrate the potential for significant improvement at the end of an unsuccessful orientation program. Should a new field employee's performance be so substandard at the end of the 124 hour field orientation program that the EMS Training Officer doubts that the performance will soon improve to an acceptable level, the recommendation will be made for termination of the new employee.

In the event that the new employee disagrees with the EMS Training Officer assessment of his/her progress and potential for improvement, at least one of the Shift Chiefs will be asked to objectively evaluate the new employee if the EMS Administrative Council agrees. If the Shift Chief disagrees with the EMS Training Officer assessment, the EMS Administrative Council will decide on how to proceed.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.42

TITLE: Reporting "On Duty" and "Off Duty"

APPROVED BY:

EFFECTIVE DATE: June, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVISED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy establishes the procedure for calling on-duty and off-duty.

TEXT:

1. EMS employees are responsible for working shifts as scheduled.
2. The Communications Center will perform a roll call of units twice daily. All personnel will monitor EMS 3 at 0700 and 1900 to report the crew member's badge numbers and the unit number they will be in. Roll call may be delayed due to call volume activity in the Communications Center.
3. All employees will call "on-duty" using EMS 3 and will inform the communications center whom they are working for, at the time crew change occurs. The EMS Comm Center operator shall log the employee's "on-duty" notification on the Daily Time Log form and update the CAD.
4. Each EMS Shift Chief shall review the shift's Daily Time Log form on a daily basis on the following shift to confirm the accuracy of the form.
5. Following the completion of each pay period, the office staff shall compare the time cards of his assigned personnel against the pay period's Daily Time Log forms to insure the accuracy of the time cards.

6. If you fail to answer roll call after the third attempt by the Communications Center, the following action will be taken:

a. If you fail to answer three (3) times within a calendar month you will receive a verbal reprimand.

b. If you fail to answer five (5) times within a calendar month you receive a written reprimand.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.43

TITLE: Helicopter Air Ambulance Utilization

APPROVED BY:

EFFECTIVE DATE: March, 1987

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

It is recognized that, in some instances, an alternative form of transportation may be in the best interest of UMC Lubbock EMS patients when geographic; road, and/or other conditions preclude rapid yet safe transportation via ground ambulance. This policy is designed as a guideline when the utilization of a helicopter air ambulance appears to be a viable patient transportation option in the UMC Lubbock EMS operational area.

TEXT:

The following criteria should be considered when determining the feasibility of requesting the assistance of a helicopter air ambulance:

1. "25 Minute Rule": Medically unstable patient (critical injury or medical emergency) who is more than 25 minutes away from the receiving hospital via ground EMS or with difficult extrication causing 15 or more minute delay in transporting. See SPEMS protocols concerning Air transports.
2. Unstable Medical Patient: Medically unstable patient (cardiac arrest, etc.) who requires more manpower during transport than will be available on available EMS vehicles.
3. Trauma Patient: Multisystems trauma patient or trauma patient with critical injury involving only one body system (isolated head injury, gunshot wound, etc.) who requires more manpower during transport than will be available on available EMS vehicles.
4. Exacerbation of Injuries by Ground Transport: Utilization of the helicopter may be in the patient's best interest if the patient's injuries would be aggravated by lengthy transport over unimproved road

surfaces in a ground EMS vehicle (spinal injury in the middle of a cotton field, etc.).

5. Mass Casualty Incident: Number of patients who require immediate transport may exceed the capabilities of all available ground EMS ambulances.

6. Patient Inaccessible by Ground EMS: Timely response by ground EMS may not be possible due to distance of emergency's location from improved road surfaces (isolated drilling rig, etc.).

7. No Ground EMS Readily Available: Distance of emergency's location from nearest available ground EMS ambulance may require use of helicopter as "1st Responder" when initial information received by Comm Center indicates that undue delay could affect patient outcome.

8. Request by Law Enforcement: Helicopter may be specifically requested by area law enforcement officers prior to arrival of ground EMS. Usually, this is a result of the officer's assessment of a patient's critical injuries or is due to the number of seriously injured patients at the scene.

Should the situation appear to meet one or more of the above criteria, UMC Lubbock EMS personnel should also consider the following factors to insure that the utilization of a helicopter air ambulance is actually in the patient's best interest:

A. Confirmed rapid availability of helicopter.

B. Inclement weather which could either delay air transport of the patient(s) or increase the risk to the patient and/or ground EMS personnel at the scene.

C. Availability of extra personnel at the scene to insure safety at the landing zone.

D. Invasive treatment required to be performed on scene prior to transporting via helicopter when treatment could be performed in EMS ambulance during transport.

Should a helicopter land at the scene of an emergency prior to the initiation of an official EMS request for assistance, the senior EMS paramedic at the scene shall determine the most appropriate mode of transportation. If the helicopter has been requested by another public safety agency and lands prior to the arrival of the EMS ambulance, the senior EMS paramedic at the scene shall offer to assist the flight crew while conferring with them about the most advantageous means of transportation for the patient.

All helicopter scene calls will be reviewed by EMS Administration as well as EMS Medical Director to insure appropriateness of Helicopter utilization.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.44

TITLE: Training Affiliation Agreement

APPROVED BY:

EFFECTIVE DATE: May, 1982

REVIEWED: November, 1983

REVIEWED: June, 1987

REVIEWED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy addresses the establishment of official relationships between UMC Health System's Emergency Medical Services department and various EMS training programs, whereby EMS assists students enrolled in these programs gain experience in the prehospital environment as required for the completion of their clinical training requirements.

TEXT:

Only students whose sponsoring training programs have current Affiliation Agreements on file with UMC HEALTH SYSTEM shall be allowed to observe and/or participate in patient care on UMC Lubbock EMS vehicles or during any other UMC Lubbock EMS activities.

Copies of the current Affiliation Agreements between UMC Health System and these sponsoring training programs shall be maintained on file in the Administrative Offices of UMC Health System to verify the currency of said agreements prior to the issuance of approval of an EMS student to ride on UMC Lubbock EMS ambulances.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.45

TITLE: Preventive Education/Public Awareness

APPROVED BY:

EFFECTIVE DATE: May, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVISED: September, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

To insure the accomplishments of the department preventive education mission and emergency medical awareness program.

TEXT:

Lubbock Emergency Medical Service is not involve in any formal patient care education, however UMC Lubbock EMS paramedics are responsible for teaching the general population on how to contact the ambulance in case of an emergency. UMC Lubbock EMS teaches the general population at civic organizations, churches, schools, and through tours of the stations, and the Regional Communication Center.

In general UMC Lubbock EMS paramedics teach the following:

1. How to recognize a medical emergency.
2. Calling EMS.
3. General Emergency Care Rules: What to do until the ambulance arrives.
4. DWI awareness.
5. General preventive guidelines:(gun safety, child restraints, etc.)

Paramedics use their EMS field experiences and medical knowledge to teach the general public. UMC Lubbock EMS DWI Awareness Program uses a slide presentation or video tape to teach about the dangers of drinking and driving. UMC Lubbock EMS does hand out pamphlets approved and written by the Texas Department of State Health Services.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.46

TITLE: SPP Distribution List

APPROVED BY:

EFFECTIVE DATE: September, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVISED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy outlines the method of distributing current EMS policies, procedures, and protocols to the appropriate individuals and agencies who are involved with EMS operations.

TEXT:

OPERATIONS SPP

1. EMS Administrative Office (Original)
2. UMC Health System Administrative Office (Available On-line)
3. UMC Health System Vice President of Compliance (Available On-line)
4. EMS Medical Director (Available On-line)
5. EMS Stations (Available On-line)
6. EMS Communications Center (Available On-line)

MEDICAL PROTOCOLS SPP

Distributed through South Plains EMS

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.47

TITLE: "Do Not Resuscitate" Orders/Procedures

APPROVED BY:

EFFECTIVE DATE: April 19, 1989

REVIEWED: July, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVISED: February, 1997

REVISED: April, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVISED: September, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

The purpose of this policy is to comply with Chapters 672 and 674 of the Texas Health & Safety Code, and Texas Department of State Health Services rule 157.25, which allow patients with terminal conditions to direct health care professionals in the out-of-hospital setting to withhold or withdraw resuscitative efforts.

TEXT: Full resuscitative efforts will be initiated and continued enroute to the receiving hospital on all UMC Lubbock EMS patients in accordance with SPEMS Pre-Hospital Treatment Protocols for EMT-Paramedic, unless one of the following exists.

1. Obvious signs of death are present and confirmed by both of the EMS personnel.

Obvious signs of death include the following:

- a. Decapitation
- b. Decomposition
- c. Rigor mortis
- d. Dependent lividity
- e. Obvious massive injuries conclusively incompatible with life.

EMS personnel should remember that some patients might appear to be dead and not responsive to resuscitative efforts while actually being potential candidates for successful resuscitation. Therefore, if any doubt exists concerning the patient's potential resuscitation by any of the EMS personnel present, resuscitative procedures should be initiated immediately. The following types of patients should receive special consideration for resuscitation since cases have been documented in which these (and other) patients have been successfully resuscitated following the apparent "death" of the patient.

- a. hypothermia
 - b. hypoglycemia
 - c. acute drug overdoses
 - d. poisonings
 - e. pediatric patients
 - f. drowning
 - g. unwitnessed (by trained medical personnel) cardiac and/or respiratory arrest
2. A valid DNR order from the patients attending physician is presented to the EMS personnel upon their arrival.
 3. The patient is wearing the state-approved DNR bracelet and/or necklace bearing the official Out-of-hospital DNR logo.
 4. The patient's attending physician is at the scene of the emergency and orders the EMS personnel to withhold resuscitative procedures.
 5. A signed and witnessed Advance Directive is presented to EMS personnel upon their arrival, and that the Advance Directive states that the patient desires that life sustaining procedures be withheld.
 6. A signed and witnessed Durable Power of Attorney for Healthcare is presented to the EMS personnel upon their arrival, and the designated agent for healthcare decisions is present and request EMS personnel to withhold resuscitative procedures.
 7. If no written order or directive is available, the decision to withhold resuscitative procedures may be made by the Emergency Department physician if requested by two persons of the following list if available, in the following priority
 - a. the patients spouse:
 - b. a majority of the patient's reasonably available adult children
 - c. the patient's parents; or
 - d. the patient's nearest living relative.
 8. The Emergency Department physician at the receiving hospital orders EMS personnel via radio to not initiate or to terminate resuscitative procedures.

In cases involving Advance Directives and/or Durable Power of Attorney, you must contact the Emergency Department physician at the receiving hospital, advise him/her of patient's condition and what documentation you have requesting that resuscitation be withheld. Once it is determined that patient's death is imminent without resuscitative procedures, the Emergency Department physician can issue orders via radio to not initiate or to terminate resuscitative procedures. Documentation of the determination and subsequent orders by the physician, a copy of the Advance Directive and/or Durable Power of Attorney must be included with the patient's EMS record as part of the patient's medical record. In cases involving a request by family members to withhold resuscitation you should also include documentation of the request and of the persons making the request. Documentation should be signed by all EMS personnel present.

NOTE: The patient's private physician, upon learning of EMS' involvement in the potential resuscitation of one of his/her patients, should contact the receiving Emergency Department physician and relay any orders to withhold resuscitative procedures to the Emergency Department physician since EMS cannot accept these "Do Not Resuscitate" orders directly from the private physician via telephone.

If at anytime EMS personnel question the legitimacy of the request to withhold resuscitation or if there are any indications of unnatural or suspicious circumstances, resuscitation procedures should be initiated (but limited to BLS) until such time as Medical Control is contacted and the Emergency Department physician directs otherwise.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.48

TITLE: Outside Employment

APPROVED BY:

EFFECTIVE DATE: September, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVISED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy provides guidelines for EMS employees who elect to hold jobs in addition to their positions with UMC Health System's Emergency Medical Services Department.

TEXT:

All EMS personnel should insure strict compliance with UMC Health System SPP #HR-4, "Conflict of Interest". This policy allows UMC employees to engage in non-conflicting outside employment as long as it does not interfere with their job performance at UMC. The policy does specify, however, that UMC employees may not be engaged in outside employment or activities that involve a conflict of interest with his/her assignment in UMC.

EMS personnel who question the potential "conflict of interest" of their employment with an individual or agency other than UMC EMS should direct their questions to the EMS Administrative Council for clarification.

Since routine operations in Emergency Medical Services involve potentially dangerous situations, it is imperative that the EMS personnel report for duty fully rested and alert to insure their readiness to respond appropriately to these situations.

Therefore, EMS personnel are strongly encouraged to be off duty from any other non-UMC EMS responsibilities for a minimum of eight (8) hours prior to reporting to their EMS job. This includes, but is not necessarily limited to, "moonlighting" jobs in other UMC clinical areas. Similarly, EMS personnel are likewise encouraged to refrain from any other off duty activities that could affect the safety or accuracy of their performance at least eight (8) hours prior to reporting to their EMS job.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.49

TITLE: EMS Narcotic Loss

APPROVED BY:

EFFECTIVE DATE: May 20, 1993

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

It is the purpose of UMC Health System and the Emergency Medical Services Department to control the purchase, storage, and dispensing of controlled substances and insure compliance with all applicable federal and state laws and regulations. All prudent and responsible steps will be taken to monitor and verify appropriate transfer and use of these agents. However, in the event that a loss is discovered, the following procedure must be followed explicitly.

TEXT:

I. Definitions:

A. Minor loss – loss of one dosage unit

B. Significant loss – loss of more than one dosage unit

C. Negative Variance – having fewer doses than the EMS Controlled Substance Daily Shift Inventory Form and the daily inventory requirement indicates

D. Positive Variance – having more doses than the EMS Controlled Substance Daily Shift Inventory Form indicates

II. Procedure:

Upon discovery of a negative variance in the ambulance's narcotic count that cannot be accurately resolved, the staff member making such discovery will immediately notify the on duty Shift Supervisor and complete a Narcotic Loss Report (see attached). The original form will be sent to the Director of Pharmacy, and a copy of the form will be sent to the EMS Administrative Council for further review. The Director of Pharmacy will send a copy of the report to the Chief of Police, TTU-HSC.

If the loss meets the above criteria for “minor”, the Shift Supervisor may correct the count

IF he receives permission from the Director of Pharmacy to do so. They will also determine if further action and investigation are appropriate. If the loss meets the above criteria for “significant”, the Shift Supervisor will immediately contact the TTU-HSC Police Department and the Director of Pharmacy and insure that the area is not disturbed until the vehicle is released from investigation by the TTU-HSC Police Department. The Director of Pharmacy shall notify the Administrator on Duty and the Vice President responsible for pharmacy services. During the investigation all employees and any other persons (students, authorized EMS volunteers, etc.) who potentially had access to the locked narcotic storage compartment must cooperate fully, and they may be required to submit to an appropriate drug test.

A positive variance most likely results when drugs are replaced into the incorrect ambulance. In this event, the Shift Supervisor will question all other personnel and identify the ambulance that should have actually received the replacement medications. If the situation cannot be resolved, the “extra” doses will be returned to the Pharmacy and signed back into stock.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.50

TITLE: Meals Away from the EMS Station

APPROVED BY:

EFFECTIVE DATE: October, 1994

REVIEWED: March, 1996

REVISED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy establishes procedural guidelines that must be followed when on duty personnel stop for meals at local eating establishments.

TEXT:

1. The consumption of meals by on duty field personnel may not be allowed to interfere with the EMS department's emergency operational coverage responsibilities.
2. When eating away from the station the crew will still be considered to be "immediately available" for the assignment of EMS calls during the meal.
3. While dining in local restaurants, no avoidable factors will be considered as "acceptable excuses" for delays enroute to an assigned call. The "daytime hours 30 seconds maximum" enroute time requirement must still be complied with fully while the crew is eating away from their station. The Comm Center EMS dispatcher must also approve, taking into consideration call load, Fox coverage, and location of other EMS Units.
4. Only restaurants that allow for easy/safe access and egress may be visited. The restaurant must be located within the given response sector, and any other factors which would prevent the crew from reaching the destination of an emergency call assignment during a meal in the restaurant will preclude its acceptance as an "authorized" on duty stopping point.
5. Only restaurants, which have granted approval for on duty personnel to either pay when the meal order is initially placed or to pay upon their return to the restaurant (following the interruption of their meal by an EMS call), may be utilized. Standing in line to pay the bill after an EMS call has been assigned to the crew will never be allowed.
6. Maximum allowable time spent at any given restaurant will be 45 minutes.
7. Each particular restaurant will require pre-approval from the Administrative Council before crews are allowed to eat there.

8. Any violations of this policy will result in immediate disciplinary action up to and including termination.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.51

TITLE: QUARTERLY SELF-EVALUATIONS

APPROVED BY:

EFFECTIVE DATE: November 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To improve employee satisfaction with the evaluation process by providing quarterly self-evaluations of performance in order to have more ongoing assessment of each employee's performance. These will be done so that improvements to staff performance can be made if necessary before annual evaluation, on which merit pay rate adjustments are made.

TEXT:

As reflected in the 2006 employee satisfaction survey, an area of dissatisfaction among UMC Lubbock EMS employees is in the performance evaluation process. In an effort to improve the evaluation process, all employees will complete a self-assessment each quarter. Each employee will use the current evaluation tool available on the EMS Web site. All relevant reports used for scoring will be sent out as a memo at the first of each quarter. As part of each evaluation, staff will include three personal goals that will directly improve UMC Lubbock EMS Service. These will be three specific actions that staff can take to improve UMC Lubbock EMS service. These three goals will be developed by each employee. Progress toward achieving these goals will be monitored and discussed at subsequent quarterly evaluations.

Process:

1. Quarterly self-evaluations will be conducted by all UMC Lubbock EMS employees.
2. These will be performed during the months of February, May, August and November.
3. A quarterly evaluation will serve as the annual evaluation if either the self-evaluation occurs in the same month as the annual evaluation or is 30 days or less before the annual evaluation due date. Example: quarterly evaluations will be performed in February. If an employee's annual evaluation is in March, the quarterly evaluation will be postponed and given as the employee's annual evaluation in March. Their next quarterly evaluation will then be in May.
4. Each EMS employee will complete a quarterly self-evaluation using the current evaluation tool available on the EMS web site.
5. The employee will score him/herself in each responsibility / duty on the evaluation tool. Any score of 4 or higher will be justified by comments in the Comments section from the employee on what they have done to justify the higher score.
6. Once completed, the employee will give their self-evaluation to their immediate supervisor for review and signature -
Field: give to FTO, Senior FTO or Assistant Chief;
Dispatch: give to Communications Chief;
Office: give to Chief responsible for your position
7. For field personnel, the evaluation will be forwarded to the Shift Chief for the appropriate shift.

8. Each Chief will meet with the employee from the appropriate shift / Dispatch, and discuss the self-evaluation, goals, areas of strength and those areas needing improvement.
9. Self-evaluations performed since the last annual evaluation will be referred to when completing each employee's upcoming annual evaluation.

Questions on the evaluation process will be directed to the appropriate Chief.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.52

TITLE: Employee Phone Numbers

APPROVED BY:

EFFECTIVE DATE: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

Regulation of release of Emergency Medical Service personnel's private phone numbers.

TEXT:

The EMS communication center will not release employee phone numbers to the general public or to other employees. Several employees have unlisted numbers and do not want their number given out. Do not call the Communication Center for phone numbers. Each Station is given a phone list for your use. There is also an updated phone list on the UMC Lubbock EMS WEB site.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.53

TITLE: EMS Pagers and Portable Radios

APPROVED BY:

EFFECTIVE DATE: October, 1994

REVIEWED: March, 1996

REVISED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: February, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the method in which EMS crews will utilize EMS pagers and portable radios.

TEXT:

All on duty EMS personnel will carry a portable radio and an EMS pager. At least one of the crew will keep a portable radio on their person while at the station to call "page received" after the quick call is activated.

Persons assigned to a fox unit will monitor the radio at all times to be prepared to flex to uncovered sectors.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.54

TITLE: Ride Along Program

APPROVED BY:

EFFECTIVE DATE: October, 1994

REVISED: April, 1995

REVIEWED: March, 1996

REVISED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the requirements of the Ride Along Program at UMC Lubbock EMS. The program is to educate the community about the roles and responsibilities of the paramedic.

TEXT:

People who participate in the UMC Lubbock EMS Ride Along Program must follow these guidelines:

1. Riders must be 18 years of age or have UMC and EMS Administrative approval.
2. Riders must contact the EMS Administrative office, and be placed on the rider schedule 24 hours in advance of the day they wish to ride or contact the Chief on duty for that day.
3. The EMS liability waiver must be signed prior to riding. If the rider is a minor, the legal guardian must sign the waiver.
4. Riders may only sign up to ride one time per month. The EMS Administrative Council must approve any variance.
5. Medical Explorers who wish to ride must follow the above policies, and the City of Lubbock Curfew Ordinance.
6. At no time should persons riding as an EMS observer be allowed to perform any type of patient care regardless of their level of certification, without the expressed permission of the EMS Shift Chief and/or Administrative Council.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICE

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.55

TITLE: No Transport Codes

APPROVED BY:

EFFECTIVE DATE: October, 1994

REVISED: March, 1996

REVISED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVISED: August, 2006

REVISED: September, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the definitions used by UMC Lubbock EMS for classifying calls that do not result in a patient being transported. All "no transports" will be marked on the dispatch card, and the supervisor shall be notified if any problems arise.

TEXT.

1. N-1: Unfounded call, Fake call, No Mechanism of Injury or Illness Present
2. N-2: Duplicate call
3. N-3: Injury noted, but patient refused transport
4. N-4: Patient accepts treatment but refuses transport.
5. N-5: EMS refuses transport
6. N-6: No injuries, but a Mechanism of Injury or Illness is Present
7. TBOM: Transported by other means; should only be used if the patient left **prior** to EMS arrival or is in custody of LPD and is going to jail.
8. N-8: Signal 27, Dead body

All N-3, N-4, or N-5 calls require a supervisor approval. All calls require a written report except assist (211) with city ambulances or C-4 (cancel) calls before Unit is on scene.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICE

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.56

TITLE: Daily Monitor Checks

APPROVED BY:

EFFECTIVE DATE: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the method in which UMC Lubbock EMS employees will check their Heart Monitors daily.

TEXT:

All Heart Monitors will be checked each morning at shift change. The batteries should be changed and leads checked for damage. The time and date must be synchronized with Communication Center each day. Paddles should be free of gel and dirt. Their performance should be tested. Check for paper and run a short test strip to check stylet on recorder and time stamp. If any problems are noted during morning check, the supervisor on duty should be notified.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICE

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.57

TITLE: Restraining Patients

APPROVED BY:

EFFECTIVE DATE: October,1994

REVISED: March, 1996

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the purpose for which UMC Lubbock EMS will restrain violent patients.

TEXT:

EMS will only restrain patients that are at risk to themselves, employees or others.

Also refer to SPP# PC-29 (Patients Rights & Responsibilities) in the UMC policy and procedure manual

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.58

TITLE: Fox Unit Utilization

APPROVED BY:

EFFECTIVE DATE: October, 1994

REVISED: March, 1996

REVISED: March, 1998

REVISED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: November 2005

REVISED: February, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To define the role and responsibilities of the Fox Units.

TEXT:

1. The primary purpose of the Fox Unit is to function as first responder units to decrease response times to emergency calls.
2. Fox units will be posted at strategic points throughout the city to enhance beat coverage and provide rapid response to the highest number of emergency calls. Fox personnel should be clear of their station and posting no later than thirty minutes after reporting on duty.
3. Fox units should not be used to run errands or for other missions not associated with 1st responding. As with the 211 issue there are exceptions to the rule. Those types of decisions are solely left to the discretion of the on-duty chief. It is not appropriate for dispatch and or crew members to routinely call requesting for the chief to make that exception.
4. Fox unit personnel should monitor radio and pager traffic. If they hear a unit being paged out to a call that they feel they are closer to they can and should start responding code-1. They should advise dispatch, as soon as radio traffic allows that they are enroute to the call. Fox personnel are expected to use good judgment in making the decision to start enroute prior to being notified by dispatch. If the dispatcher feels that the Fox response is appropriate they should upgrade them to Code-3 or if they do not feel the Fox response is appropriate they should cancel the Fox response. Keep in mind that a Fox response is solely for reducing response times, and the decision for responding should be based on that goal.

5. Fox units should not be used as 211 units when the Alpha crew is going to need assistance transporting the pt. This takes the fox unit out of service for an extended amount of time and necessitates using another fox unit to transport the crew member back to their unit. Fox units can be sent to assist with on scene care but an additional Alpha unit must be sent to facilitate a 211 transport to the hospital.

As with any issue or guideline, there are exceptions to the rule. If you have no other choice, or if waiting for another Alpha unit will significantly delay transport of an on-scene time sensitive pt, such as major trauma, then of course use the Fox person to assist in transport. It is not, as a matter of routine, appropriate for field personnel to request or for dispatch to send a Fox unit as a 211.

6. Fox personnel and dispatchers are expected to cooperate with each other concerning issues of where to post, when to take meal breaks, and so on. Fox personnel should take in to account call load, unit availability and location when requesting meal and other breaks. The dispatcher should be sympathetic to the needs of the fox personnel and the fact that they spend, at times, many tedious hours sitting posting in the unit and need a break every few hours.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.59

TITLE: Training

APPROVED BY:

EFFECTIVE DATE: January, 1995

REVISED: March, 1996

REVISED: July, 1996

REVISED: March, 1998

REVISED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To define the training requirements of EMS personnel.

TEXT:

Training is a major priority for healthcare professionals. To provide the highest possible standard of patient care it is essential to require that all personnel also have the highest standard of education, training and medical knowledge. In order to work at UMC Lubbock EMS a paramedic must be willing to continually pursue the highest standard or level of care possible. The objectives to be met by all EMS field personnel are as follows:

OBJECTIVES

1. Be the highest level of trained pre-hospital care providers anywhere.
2. To meet or exceed the requirements of the Texas Department of Health State Services.
3. To meet the requirements of UMC Health System, UMC Lubbock EMS Administrative Council, and the Medical Director.
4. Continued support to South Plains College ,and the training program with emphasis on the preceptorship program and teaching classes.
5. To be a leader in prehospital research for Texas Tech University Health Sciences Center and other companies as approved by the medical director.
6. To complete at least 36 hours of approved continuing education per paramedic per year.

7. To meet or exceed the SPEMS Protocol Skill Proficiency.
8. To Document practice and proficiency in advanced skills such as crics, IOs, and chest decompression every 6 months.
9. To exhibit professionalism while representing UMC and attending to patients in sometimes stressful situations.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP#1.60

TITLE: Transportation of Dead Bodies

APPROVED BY:

EFFECTIVE DATE: February, 1995

REVIEWED: March, 1996
REVIEWED: March, 1998
REVIEWED: June, 2000
REVIEWED: June, 2002
REVIEWED: December, 2004
REVISED: February, 2006
REVISED: September, 2006
REVISED: March, 2008

STATEMENT OF PURPOSE:

The purpose of this policy is to insure that Texas Department of Health State Services policies, and UMC Lubbock EMS policies are followed regarding the transport of dead bodies.

TEXT:

UMC Lubbock EMS has limited resources to transport patients needing our service. At times the volume of calls exceeds the number of ambulances on duty. UMC Lubbock EMS will not transport dead bodies under any circumstance unless directed to do so by the supervisor. At no time will a dead body be transported in a FIRST RESPONDER UNIT.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP#1.61

TITLE: Staff Meetings

APPROVED BY:

EFFECTIVE DATE: February, 1995

REVISED: March, 1996

REVISED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

The purpose of this policy is to insure that UMC Lubbock EMS personnel are present for all staff meetings.

TEXT:

UMC Lubbock EMS is an organization that has ambulance stations throughout the city. Information that is important must be given to each person in the organization to make it run efficiently. One way to give this information is at staff meetings. Every staff member will be expected to attend at least 80% of the staff meetings. The employee will be responsible for all information covered at the meeting. Failing to attend at least 80% of staff meetings will result in disciplinary action. Listed below is a sample of valid reasons for an absence from staff meetings.

1. Death in family
2. Illness in family or self
3. Vacation
4. Any other excuses will need to be approved by the supervisor.

II. DEPARTMENTAL MEETING ATTENDANCE:

- A. Employees must physically attend at least 80% of their departmental meetings.
 - B. Department Directors must maintain accurate attendance records.
 - C. Once employees fall out of compliance with the 80% rule, Directors should implement the following disciplinary process:
 - 1. The Director conducts written counseling with the employee and suspends without pay for one day.
 - 2. The Director notes such in the employee's performance evaluation.
 - 3. Any further absences will result in further disciplinary action up to and including termination.
-

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.62

TITLE: Transport of Patient from Airport

APPROVED BY:

EFFECTIVE DATE: June, 1995

REVIEWED: March, 1996

REVIEWED: March, 1998

REVISED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

The purpose of this policy is to insure that continuity of patient care is continued to the receiving facility.

TEXT:

When a patient is airlifted by any fixed wing or helicopter flight service, the flight crew is responsible for all patient care from the time of patient contact at the sending hospital until the patient is delivered to UMC. It is the duty of both the flight paramedic and flight nurse to maintain patient contact until the patient is delivered to the UMC Emergency Center or receiving unit, and patient care is assumed by a UMC nurse or physician.

When any other flight service airlifts a patient to Lubbock, their crew will ride in to UMC with the patient. UMC Lubbock EMS will not accept patients from another flight service unless the flight nurse accompanies the patient to the hospital.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP#1.63

TITLE: Multiple Transports

APPROVED BY:

EFFECTIVE DATE: January, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure the capability of rendering adequate medical care to serious and critical MVA patients.

TEXT:

EMS personnel frequently respond to motor vehicle accidents which involve multiple patients requiring transport. To insure that adequate care is rendered to all patients particularly those in serious or critical condition, the EMS crew should refrain from transporting more than one patient when they are transporting a signal 31 or above MVA victim. There will be times due to unit availability that crews will have no other option but to transport multiple patients regardless of their condition. When multiple patients are transported in the same unit, that include a signal 31 or above patient, the transporting crew should fill out an incident report documenting the circumstances involved in the decision.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.64

TITLE: Emergency Medical Services

APPROVED BY:

EFFECTIVE DATE: June, 1975

REVISED: February, 1996

REVISED: March, 1998

REVISED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To define the relationship between the Hospital, EMS, and the operational responsibilities of EMS.

TEXT:

Creation and Development

In June, 1975, following an authorization from the Commissioners Court of Lubbock County, a county-wide EMS system which included ten (10) fully equipped ambulances with communication capabilities to a central dispatch center was created. This service was placed under the direction of the Lubbock County Hospital District Board of Managers.

Current Operation

Seven (7) ambulances operate within Lubbock city limits. Ambulances are also stationed in Abernathy, Idalou, Slaton, Wolfforth, West Carlisle, and Shallowater.

Personnel and Training

UMC Health System EMS personnel are required to possess the EMT or Paramedic certification as a prerequisite for employment. The EMS personnel must have continuing education each year to qualify for recertification every four years, based upon level of certification.

By particular protocol, the Paramedic may administer intravenous fluid therapy, emergency drug therapy, advanced airway management techniques, monitor cardiac rhythms and deliver electric shock to correct certain cardiac arrhythmia's.

The patient care responsibilities of EMS are transferred to hospital personnel upon arrival at the hospital.

Insurance Coverage

EMS is considered a hospital department. All general liabilities and professional liabilities are covered by UMC Health System. Further, all full time and regular part time EMS employees are considered hospital employees, and as such, are covered by the benefits package to include workers compensation, health, and life insurance.

Quality Assurance

The quality and appropriateness of prehospital care of all patients transported by Emergency Medical Services will be reviewed by the Medical Director on a monthly basis. Problems identified through this review will be forwarded to the EMS Administrative Council for assessment and development of plans for corrective action. The Medical Director may take immediate corrective action through the EMS Administrative Council.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.65

TITLE: Sexual Harassment

APPROVED BY:

EFFECTIVE DATE: May, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

UMC Lubbock EMS and UMC Health System are committed to creating and maintaining a good working environment. UMC Lubbock EMS employees are directed to follow the hospital's sexual harassment policy and the below stated departmental policy. This policy describes sexual harassment and what the employee, student, or visitor should do if sexual harassment occurs.

TEXT:

UMC Lubbock EMS and UMC Health System considers sexual harassment in all its forms to be a serious offense affecting the hospital, and one that is subject to a range of actions up to and including dismissal or suspension. UMC Lubbock EMS does not condone behavior that is likely to undermine the dignity, self-esteem or productivity of any employee, student, visitor, and supports the prevention of such behavior.

Sexual harassment can occur between any two individuals regardless of gender, position or title. Examples of sexual harassment could include but are not limited to unwelcome, repeated or pervasive:

VERBAL COMMENTS

- *sexual teasing, jokes, remarks or questions
- *referring to an adult as "girl", "boy", "honey", etc.
- *sexual innuendoes or stories
- *pressure for dates or sexual favors
- *letters, telephone calls or materials of a sexual nature

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sexual harassment

NON-VERBAL ACTIONS

- *sexual explicit visual materials
(calendars, posters, cards, software)
- *sexual looks or gestures
- *catcalls or whistling in a demeaning manner with sexual overtones

PHYSICAL ACTIONS

- *blocking someone's path with the purpose of making a sexual advance
- *unwelcome physical contact (touching, patting, stroking, rubbing)

WHAT YOU SHOULD DO IF YOU ARE BEING SEXUALLY HARASSED:

* **Say No:** Tell the harasser firmly, clearly and directly that his or her comments or advances are unwelcome. Don't think acts of sexual harassment are your fault.

* **Keep A RECORD:** Keep a record of all dates, times, places, and the types of incidents that have occurred and make a note of any witnesses. This information can be used to support a complaint. Be accurate and thorough. This will help you in reporting the incidents.

* **FILE A COMPLAINT:** Give the complaint to a supervisor. If it continues, report any sexual harassment acts immediately. If the act is against your supervisor, you may take it to the next level of supervision.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.66

TITLE: Customer Service Plan

APPROVED BY:

EFFECTIVE DATE: August, 1997

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: February, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

UMC HEALTH SYSTEM Lubbock EMS believes in delivering good customer service to our patients. This policy describes how UMC Lubbock EMS employees will treat our customers and patients.

TEXT:

1. Our Customers

Lubbock Emergency Medical Service serves as the primary provider of emergency medical care and transportation for ill and injured persons in the prehospital environment. UMC Lubbock EMS serves the City of Lubbock and Lubbock County. The general population or anyone else needing EMS assistance are our customers. Our primary customers are as follows:

- A. Patients
- B. Patient's Family/Friends
- C. Physicians
- D. Hospital Staff
- E. Law Enforcement and other public service employees
- F. Volunteers
- G. Community
- H. Regulating Agencies
- I. EMS Students

2. EMS Personnel

Emergency Medical Service employees shall maintain a professional attitude when on duty. UMC Lubbock EMS expects every employee to treat each person with respect and dignity. EMS expects our employees to be prompt and dressed in a neat and professional manner. Each employee has the responsibility to provide superior customer service. Listed below are opportunities to increase and maintain a high degree of customer satisfaction.

A. Communications: To be sincere and to greet everyone with a smile. To make eye contact and to use pleasant language when speaking. To always listen to our customers and help in anyway we can.

B. Professionalism: To assume appropriate professional responsibility in all situations. For example: When EMS personnel run on a dying or dead patient. EMS personnel shall show warmth and empathy towards the family, friends, or anyone there at the time. EMS personnel shall maintain privacy and confidentiality.

C. Information: EMS personnel shall take the time to stop and offer assistance to patients or visitors who need help when time permits.

D. Teamwork: Offer assistance to co-workers, both within the department as well as those who may work in other departments or organizations. Establishing positive relationships will assist in problem solving and conflict resolution. Increase knowledge and understanding of the role that others play and how it benefits you. Remember that co-workers are customers too.

E. Courtesy: Treat patients, visitors, and co-workers with respect and dignity. Avoid discussions or comments that might offend or hurt. Attempt to resolve conflicts in private, rather than in public areas or in view of other employees. Speak positive of co-workers in public or not at all.

3. Staff Involvement

Many employees already provide excellent customer service. Those needing direction and improvement will receive training in staff meetings. The best tool for teaching customer service is positive example. Supervisory staff will be expected to show by personal desired behavior. The evaluation process will be employed to set personal goals and identify areas of needed improvement. Adjustments to the current job description will be made to focus more effectively on service issues.

4. What can others expect from EMS?

Each day, and in every situation, our customers should expect the same high degree of customer service. Consistency is a key to developing and maintaining a reputation of quality. Customers can expect:

- * A smile and greeting
- * Our employees to identify themselves by name and role (Hello, I'm John a paramedic with EMS)
- * Never to hear "Its not my Job"
- * To have problems identified and corrected rather blame assessed
- * To be polite, and to show professional behavior at all times
- * To be neatly groomed and appropriately dressed
- * For our employees to speak clearly and courteously in person and by phone
- * To speak well of co-workers or not at all
- * To maintain the privacy, safety and dignity of each individual

5. Performance Measures

Supervisory observations and global survey results will measure employee compliance, as well as the effectiveness of this plan. Individuals will be appraised during the annual evaluation process and as needed.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.67

TITLE: Recertification

APPROVED BY:

EFFECTIVE DATE: February, 1998

REVIEWED: March, 1998

REVISED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: March, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To define the process to report Texas Department of State Health Services recertification or re-licenses to the EMS department and UMC Health System Human Resources.

TEXT:

All certified or licensed employees of Emergency Medical Services are required to provide a copy of their new certification card to the EMS office prior to their expiration date. The EMS Administrative Office personnel will check the Texas Department of State Health Services WEB site for renewal updates and forward the results to the UMC Health System Human Resource Department. If we can not verify that you have renewed by the end of your expiration date you will be suspended until such time renewal is verified. All certified or licensed employees are expected to accrue the number of CE hours per year to recertify or re-license according to their State level.

MEMO

To: Adrienne Cozart

From:

Date:

Subject: Licensure Verification

Today I verified via the Internet that _____ license
is good until _____.

If you have any questions regarding this matter, you can contact me at _____.

Thank you.

Cc: Personnel File

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.68

TITLE: Radio Conduct/Procedures

APPROVED BY:

EFFECTIVE DATE: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: March, 2006

REVISED: September, 2006

REVIEWED: March, 2008

REVISED: October, 2008

STATEMENT OF PUPOSE:

The manner in which radio operations are handled is often a measure of the efficiency and professionalism of an EMS department, as well as the attitude and professionalism of its individuals. It is the policy of UMC Lubbock EMS that all radio communications be essential to the conduct of official Emergency Medical Services activities, and that it be of a professional nature at all times.

TEXT:

Radio Conduct

1. Listen before you transmit, make certain that the channel/group is clear.
2. Organize your thoughts before transmitting, keep all transmissions brief and to the point. Avoid long-winded descriptions. Accuracy, brevity and speed are all important however they should be considered in that order.
3. Speak distinctly and pronounce words carefully. Speak at a moderate speed using your conversational tone of voice. Remain calm and cordial, words or voice inflections which reflect an individual's irritation, disgust or sarcasm are not to be used.
4. Avoid transmitting with the windows of the unit open while the sirens are operating, and do not transmit while the air horns are operating.
5. Do not transmit when you are causing feed back from another radio.
6. Use official titles and unit designations. Use full unit number, example 9741, not "41 or 1." First names or nick names for call locations are not to be used.
7. It is prohibitive to transmit superfluous signals, messages of a personnel nature, to use profanity or obscene language, to make unnecessary or unidentified transmissions.
8. Humor and horseplay on the radio will not be tolerated.
9. All EMS personnel should maintain awareness of the need to conserve the use of radio time and make a conscious and positive effort to eliminate unnecessary use of the radio.
10. Stress courtesy by setting the example.

Procedures

1. While in-house EMS crews will be notified of an emergency response via the quick-call pager system. The dispatcher will transmit the identification number of the unit/units to respond and the location of the response request. The EMS crew must advise paged received as soon as the page transmission ends. If the EMS crew does not advise paged received within 15 seconds the dispatcher must re-transmit the page.
2. While out of the station the dispatcher will attempt to contact the EMS crew once via the radio and if no response received must activate pagers to advise crew of another assignment.
3. When calling enroute to a call you must repeat the **full** address or location of the call to insure that you are responding to the correct location. Also, use full address when calling out at the scene.
4. Each EMS crew member will wear their station pager at all times while on-duty. All crew members must have a portable radio on their person while at the station to advise page received. While out of the station both crew members must carry a portable radio at all times.
5. When personnel are in their unit and available they should respond with their unit number and location when contacted by the Comm Center.
6. If an EMS crew is aware that they may be closer to an emergency response than the unit which has been dispatched to it, they must advise the Comm. Center of their location and ask if they need to respond to the call.
7. When contacting the Comm. Center you must first transmit your radio designation, (Badge Number, Full Unit Number) allow the dispatcher to acknowledge that transmission **prior** to transmitting the body your message.

800 MHz Group Designations

EMS-1 Radio traffic on EMS-1 should be limited to the dispatch and command and control of city of Lubbock EMS units. Lengthy descriptive transmissions and or traffic that is administrative in nature is prohibitive on this group.

EMS-2 Same as above but for Lubbock County EMS units. This group also has a pre-programmed patch to Med-10

EMS-3 EMS-3 is for administrative radio traffic. Lengthy transmissions such as; directions to a call, and N-3 traffic or recordings. This group also has pre-programmed patches to Med-4 and Med-6

EMS-4 This group is to be used for communications between the communication center and command during special events, extended scenes or MCI operations.

EMS TLK1 To be used for on scene communications between crews and command during special events, extended scenes or MCI operations.

EMS TLK2 To be used for on scene communications between crews operating during special events, extended scenes or MCI operations

UMC ER This group is for contacting UMC Emergency Department when the MED 2 radio is not available or not working.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP#1.69

TITLE: Completion of EMS Reports and Billing Forms

APPROVED BY:

EFFECTIVE DATE: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVISED: February 2006

REVISED: September, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

It is the policy of UMC Lubbock EMS to write a report for each call.

TEXT:

EMS employees will write a report for each call as soon as the call is complete. All reports should be written before any nonproductive time is granted. All reports will be completed and turned in before the employee is allowed to go home at the end of the shift, unless a special situation exists and the on-duty Shift Chief approves you leaving. If the report is not completed before the employee leaves, the supervisor will call the employee back in to complete the report at the EMS offices. Disciplinary action for not completing a report, or changing format of report may be as follows:

- 1st offense –will result in verbal reprimand.
- 2nd offense-will result in a written reprimand.
- 3rd offense-will result in suspension and probation.
- 4th offense-will result in termination.

Assuring that all patient care information is supplied to receiving facilities upon delivery of patients falls under UMC Lubbock EMS completion of EMS reports policy. UMC Lubbock EMS paramedics will give verbal information to the receiving facilities upon arrival. It is the policy of UMC Lubbock EMS to provide a written report as soon as possible upon the completion of the report; this is achieved by leaving a UMC Lubbock EMS ED Report. The report must be completed, including appropriate times from the call, EKG strip attached and signed by the receiving nurse.

If an EKG is performed on the patient a copy of the strips must accompany your report signature page. Billing must also be completed for every transport.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.70

TITLE: Case Review

APPROVED BY:

EFFECTIVE DATE: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVISED: November 2005

REVISED: September, 2006

REVISED: March, 2008

REVISED: November, 2008

STATEMENT OF PURPOSE:

It is the policy of UMC Lubbock EMS to provide excellent medical care to the people of Lubbock. In order to learn from other calls, it is the policy of UMC Lubbock EMS that field personnel will attend at least one (1) case review during each calendar quarter that runs from January to December, totaling a minimum of 4 in the year..

TEXT:

1. Field medics will attend at least one (1) case reviews per quarter.
2. Four case reviews will be with UMC Lubbock EMS.
3. Two case reviews can be video UMC Lubbock EMS case reviews.
4. If an employee does not have four (4) case reviews by the next calendar year, he/she will be suspended until the case reviews are made up. After being suspended, failure to take care of case reviews in a timely manner will result in termination. Case reviews will be checked once a quarter and employees notified via email if they are behind.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 1.71

TITLE: Paramedic/Dispatcher On-Call Status

APPROVED BY:

EFFECTIVE DATE: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: January 2006

REVISED: September, 2006

REVISED: March, 2008

REVISED: November, 2008

STATEMENT OF PURPOSE:

It is the policy of UMC Lubbock EMS to provide quality Care at all times. In order to fill vacancies due to illness and vacation of permanent staff or to meet the demands of call volume, UMC Lubbock EMS shall maintain an on-call roster.

TEXT:

1. Hiring of on-call employees:

On-call employees shall go through the same Field Training as full time or part time employees.

On-call employees must complete general orientation within 30 days of hire date.

On-call employees must meet the **same** standards as full or part time employees.

2. Requirements for maintaining on-call status:

If needed, on-call field personnel are required to work at least 24 hours per month and on-call dispatchers are required to work at least 12 hours per month. Automatic termination may occur if these requirements are not met. (Individual exception may be made by the Administrative Council.)

All on-call employees will sign and adhere to the terms of the On-Call Employee Agreement. (Attachment 1)

UMC Lubbock EMS does not guarantee any set number of hours to on-call employees.

On-call employees are asked to work any of the major holidays that they can.

On-call employees are required to give at least 2-hour prior notice if ill. Once the employee agrees to work, the expectation is that the employee will work. Any self-cancellation will be treated as unscheduled absences and fall under the disciplinary actions as outlined by the UMC Attendance Policy.

On-call employees will be evaluated at the standard intervals (3 months initially and then annually thereafter).

1. The three month evaluation may be postponed until approximately 500 hours have been worked.

2. On-call employees will not be considered for a salary increase unless they work at least 700 hours annually.



On-Call Employee Agreement

UMC Lubbock EMS thanks the efforts of those that assist in an on-call status. Over the last year we have seen changes in operating procedures, which have been passed on to employees through memos and staff meetings. Continuing changes, skills proficiency, continuing education, and quality improvement must be maintained by all UMC Lubbock EMS Staff, full-time to on-call. On-call staff will be held to the same standards as regular employees of UMC Lubbock EMS. The following requirements MUST be met to maintain On-Call Status with UMC Lubbock EMS. Extenuating circumstances will occasionally occur and will be looked at on a case by case basis, when **written** explanation of the situation is submitted to the Administrative Council.

On-Call Annual Requirements

1. Work a minimum of 24 hours per month for field and 12 hours per month for dispatch.
2. Notify Staffing Coordinator of dates and times available for shifts by calendaring on the staffing calendar.
3. Maintain all hospital required education and in-services.
4. Keep current on departmental issues by email and reviewing memo book.
5. Attend 80% of staff meetings a year. Staff meetings are held on Thursday, Friday and the following Saturday.
6. Attend at least one Case Reviews each calendar quarter. (Per SPP 1.70)
7. Maintain skill proficiency by attending skills lab every six months.
8. Maintain TB test, Driver's License, CPR card, ACLS card, and Texas DSHS certification. Make sure that the Training Coordinator receives a copy of all the previously listed certifications and licenses.
9. Maintain continuing education per the SPEMS Protocols. Currently at least 36 hours per year for paramedics, 27 for intermediates, and 18 for basics. Documentation of the CE hours should be turned into the Training Coordinator prior to evaluation time.

I, _____, agree to follow the above requirements on a calendar basis to retain my status of On-Call with Lubbock EMS. I can be terminated from employment with UMC Lubbock EMS by not meeting the above requirements.

Employee Date: _____

Administrative Council Representative Date: _____

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

POLICY AND/OR PROCEDURE

SPP# 1.72

TITLE: Responsibility for E-mail

APPROVED BY:

EFFECTIVE DATE: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: March, 2006

REVISED: September, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

This policy addresses the importance of and procedure for reading memos and E-mail.

TEXT:

UMC Lubbock EMS is a very large organization that has employees in all parts of the city of Lubbock, Texas. It is very important that each employee is aware of any changes or information that may affect their job. Therefore, employees shall check their e-mail account on the station computers each time they work. On call employees shall check their e-mail at least once per week.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP#1.73

TITLE: Controlled Substance Security

APPROVED BY:

EFFECTIVE DATE: January, 1999

REVISED: March, 1999

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: March, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy outlines the procedures for the inspection and control of narcotics.

TEXT:

At the beginning of each shift the control medication should be checked to make sure the correct amount of medication is present. The sign on/off sheet will be signed by both the oncoming crew and the off going crew. If there are any missing medications, the crew will notify the on duty Shift Chief immediately. The control medications should again be checked at 18:00 hours by at least two paramedics to insure that the correct amount of medication is on hand. The sign on/off sheet should be signed at this time. At the end of each month the sign on/off log will be faxed to the Director of Pharmacy.

Lock Box Keys

The crew member who signs for the control medications shall carry the drug keys on their person until the relief paramedic signs for the medication. At no time will the drug keys be left in the ambulance.

Spare Ambulance

The spare ambulance control medication will be placed in a safe at a central location. The medication will be checked daily.

Ambulances Sent to Repair Shop

Ambulances that are going into the shop for repairs shall have the control medications checked and the sign on/off sheet signed. The medication, sign off sheet, and drug slips will then be placed in the drug box of the unit being used.

Changing Ambulances

Anytime a crew changes ambulance, the control medications will be checked and the sign on/off sheet signed.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.74

TITLE: Transport of Psychiatric Patients

APPROVED BY:

EFFECTIVE DATE: June, 1999

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: March, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE

This policy addresses the manor in which UMC Lubbock EMS will transport psychiatric patients from UMC Health System.

TEXT:

UMC Lubbock EMS occasionally transports psychiatric patients from UMC Health System to Sunrise Canyon Hospital. In order to ensure the safety of the crew and the patient UMC Lubbock EMS will transport only one psychiatric patient at a time.

Patients shall be transported by stretcher to the receiving hospital. If the patient refuses the stretcher the on duty Shift Chief shall be notified, and the refusal of the stretcher must be documented in the report.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.75

TITLE: Sunrise Canyon Transfers

APPROVED BY:

EFFECTIVE DATE: February, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: March, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To define procedures to be used during the transfer of patients to Sunrise Canyon Hospital.

TEXT:

When transporting patients to Sunrise Canyon Hospital, crews must accompany the patient inside the facility. All referring facilities paper work should be double checked before leaving the facility. If problems arise with Sunrise accepting the patient immediately, the crew will notify the on duty supervisor.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.76

TITLE: Forcing Entry

APPROVED BY:

EFFECTIVE DATE: February, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: March, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To define procedures to be used when force is required to gain entrance in to a residence.

TEXT:

All field crews will be assisted by Lubbock Fire Department and Lubbock Police Department when forcing entry into locked residences. The communications center will do all that is possible to assist in gaining entry to locked residences while maintaining field crew safety. At no time will the orders from a lifeline service to force entry to a residence be accepted and passed on to the responding crew. The communications center will phone the residence and attempt to contact the caller personally. If no contact can be made with the caller, responding field crews will be notified that a "forced entry" may be needed and that proper authorities have been sent to assist in assessment, entry and re-securing, as needed. EMS will do all in it's power to limit personal damages, but if a patient is viewed, or heard calling for help, that crew will assume "implied consent" to enter the residence. The communication center will concentrate their efforts on confirming a correct, accurate location from all callers, securing the safety of all crew members by keeping them informed of all contacts and notification of proper authorities. Any and all unusual occurrences must be forwarded to the Shift Chief on duty and his decisions will be final.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.77

TITLE: Baby Moses Law

APPROVED BY:

EFFECTIVE DATE: March, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: March, 2006

REVISED: September, 2006

REVIEWED: March, 2008

REVISED: October, 2008

STATEMENT OF PURPOSE:

To define procedures to be used when it is necessary to take possession of a child under House Bill 3423 (Baby Moses Law).

TEXT:

House Bill 3423, or "Baby Moses Law", allows EMS personnel to take custody of a child under certain conditions. EMS personnel may take possession of a child who is 60 days old or younger if the child is voluntarily delivered to the provider by the child's parent and the parent does not express an intent to return for the child. It also requires the provider to perform any act necessary to protect the physical health or safety of a child taken into possession by the provider. The provider is then required to notify the Department of Protective and Regulatory Service. This is to take place no later than the close of the first business day after taking possession of the child. If someone drops off a child at the an EMS station or a child is found during a call, UMC Lubbock EMS will immediately take the child to UMC Health System ER for the doctor to examine. The UMC ER will be responsible for notifying CPS and law enforcement personnel. The crew will also notify the EMS supervisor on duty immediately.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.78

TITLE: EMS Patient Advocate

APPROVED BY:

EFFECTIVE DATE: February, 2007

REVIEWED: March, 2008

REVIEWED:

STATEMENT OF PURPOSE:

To provide for very good care by increasing customer service during stressful situations, to secondary patients on the scene of an emergency.

TEXT:

Patient Advocates are to help secondary patients. Secondary patients are spouses, children, and close friends who need help during an acute medical or trauma call. These patients are normally pushed aside by the responders as they provide care for the victim. EMS Patient Advocates should be mature, people skilled EMS professionals who have some years of EMS experience. They can be those who physically cannot meet the stress of daily shift work, but still have a heart and compassion for EMS and the citizens we serve. While the EMS crews are focusing on the patient, the Patient Advocate takes the family aside, separating them from the immediate scene, informs them of what is being done, obtains information, connects them to the next level of emotional care. This next level is hospital representatives, clergy, friends, or family. The Patient Advocate can also aid in securing a residence for the patient or making phone calls for them. By caring for the families emotional needs, it will aid in increasing customer satisfaction.

1. Uniform: Department issued polo shirt with UMC Lubbock EMS (EMS) logo on the left chest, with name and Patient Advocate on right chest. Shirt will be of a different color than any used by field EMS personnel. Pants can either be black pocket pants or black slacks. Black footwear of any type will be permitted.
2. Vehicle: Patient advocates will use a reserve First Responder unit. The patient advocate will not be used as a First Responder. Code 3 responses to requests of service can only be done with Chief's approval, on a call by call basis.
3. Communication and Documentation: When a Patient Advocate comes on duty, they will report to Station 2 to pick up a radio and First Responder Unit. They will monitor the radio for a call in which it sounds they could be needed, see item 4, or are requested by a crew or dispatch. Radio designation will be Papa 1. A Patient Advocate Contact Sheet must also be completed for each contact. Only complete information that pertains to that contact. It is the responsibility of the Patient Advocate to document their Time Arrived and Time Clear. Also, document beginning and ending mileage if giving a family member a ride to the hospital.

4. **Role of Patient Advocate:** The Patient Advocate will be responsible for interaction with patient's family, obtaining information for the responding crew, securing a residence, waiting with dependants until someone else can take custody, or other needs of the patient. If the family member is unable to drive or find someone to drive them to the hospital, the Patient Advocate may take them to the emergency department.

5. **Patient Advocate Call:** A call with a high likelihood of emotional trauma should be referred to a Patient Advocate. These include, but are not limited to:
 - cardiac arrest
 - death on scene
 - severe trauma
 - MVC with extended extrication (family coming to scene)
 - calls involving children
 - any call which would leave children unattended
 - sexual assault
 - suicide

Patient advocates must be of high integrity, knowledgeable in EMS skills and procedures and clear the scene when not needed.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICE

STANDARD POLICY AND/OR PROCEDURE

SPP#1.79

TITLE: Texas Tech Football

APPROVED BY:

EFFECTIVE DATE: August 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVISED: September, 2006

REVISED: March, 2008

REVISED: August, 2008

STATEMENT OF PURPOSE:

This policy is to define the procedures UMC Lubbock EMS will use at all Texas Tech Football events.

TEXT:

Practice Field

Texas Tech football practice field is located South of Jones AT&T Stadium at 6th Street and University on the Texas Tech University campus. In the event of a call at the practice field EMS personnel should enter 6th Street off University and park on the North side of the practice field where the gate is located. You may also be instructed to enter from Glenna Goodacre on the South side of the practice field.

A trainer and/or Doctor will be allowed to ride in the ambulance if EMS transports the player to the hospital.

Jones AT&T Stadium Game Day

EMS will have two ambulances at all home Texas Tech Football events. One ambulance will park on the NW corner and be available for patients in the stands. This ambulance will arrive 2 and ½ hours before game time. There will be at least 6 medics in the stands, 3 on each side of the stadium. The stand ambulance will not transport and shall advise EMS Command if an ambulance is needed for transport. The stand ambulance shall not leave the game until released by Command.

EMS will have an ambulance for all players located in the SW ramp of Jones AT&T Stadium. If a player is to be transported the training staff will use a gator to transport the player to the ambulance. At no time shall an ambulance be allowed on the field because of sand that is beneath the artificial turf and ruts the heavy ambulance can make. The field ambulance shall arrive no later than 60 minutes before game time. EMS shall have 3 medics on the Texas Tech sidelines on the Northwest end and they shall stage behind the media line. EMS shall also have 3 medics located on the NE corner of the sidelines. The medics shall stage at their assigned spots and not leave unless requested to do so by Texas Tech staff or the EMS supervisor in charge of the game. The medics are allowed at half time to go up to the stands for a break, but must be back before Kickoff.

EMS field supervisor will be in contact with one of the Texas Tech training staff and advised if transport is needed. EMS will not leave the stadium after the game until released by Texas Tech training staff personnel.

Field medics may be asked to check on patients in the stands if they are closer and have better access. Only 2 medics shall be asked for this duty during the game.

Communications:

All EMS radio traffic for the game will be on EMS Talk 1 and Command will be on EMS 4. Command will monitor EMS Talk 1 during the game. Dispatch shall advise EMS Command on EMS 4 if there is a call in the stadium. EMS Command will advise the crew and dispatch if an ambulance is needed. If there is a call on the field EMS Command will advise Field Command using the same procedure. Always use EMS Command for your radio traffic at the games so radio traffic is limited.

South Plains EMS RRAMS Team

The South Plains EMS RRAMS Team will provide emergency medical services staffing for the First Aid room under the West Stadium Building, and provide a First Aid Station with staffing on the East Side of the Stadium at Gate 5. The purpose of the First Aid Stations is to provide on scene treatment and assessment of sick or injured individuals. The secondary role of the RRAMS Team personnel is to respond to emergencies in the Stadium, if they are closer than the UMC Lubbock EMS crew. The overall goal of the RRAMS Team is to provide care so that the individual will be able to stay and enjoy the game.

Requesting Ambulance for Transport

In the event that an ambulance is needed, it will be requested through EMS Operations. EMS Operations will determine the best location for the ambulance to come, depending on location of patient, and relay this information to EMS Dispatch and TTUPD.

Major Incident in the Stadium

In the event of a major incident in the Stadium during a game, both services will work, in a coordinated effort, to manage the medical needs of the incident. Since both services are operating under NIMS during the event, the switch for a major incident will be seamless. Additional resources will be requested through EMS Command as needed.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.80

TITLE: Responsibility Plan

APPROVED BY:

EFFECTIVE DATE: September, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: June, 2006

REVISED: September, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

Assuring that UMC Lubbock EMS complies with Texas Department of State Health Services guidelines for provider license.

TEXT:

UMC Lubbock EMS follows Texas Department of State Health Services rules for ambulance provider license. The following is UMC Lubbock EMS responsibility plan under the current provider rules. Some of the plans are covered under UMC Lubbock EMS and UMC Health System Policy and Procedures. The plans that are not covered fall under this policy.

1. UMC Lubbock EMS has 12 ambulances that are licensed at the MICU level. All ambulances are checked and ready for service 24 hours/365 days a year. All ambulances are serviced at 5000 miles. The ambulances are equipped with the same equipment and checked each morning at shift change. Two (2) paramedics staff the MICU ambulance, and occasionally there might be an EMT with a paramedic. The first responder vehicles, six (6) of them, are staffed by one (1) paramedic. The first responder vehicles are checked every morning and serviced every 4000 miles. The first responder vehicles equipment consist of airway equipment, drugs, bandages, and heart monitor.
2. Monitoring and taking appropriate action regarding the quality of patient care falls under the UMC Lubbock EMS Quality Improvement Plan.
3. Monitoring and taking appropriate action regarding the performance of all personnel and ensuring that all personnel are properly certified falls under the UMC Lubbock EMS Quality Improvement Plan and the Licensure and Certification Verification policy.

4. Assuring that continuing education (CE) training is current in accordance with the rule is the responsibility of the Shift Chiefs and the EMS Training Chief. The EMS Training Chief is responsible for keeping personnel updated on EMS continuing education.
5. Assuring that all personnel when on duty or at a scene are identified by name, certification, and provider level falls under UMC Lubbock EMS dress policy.
6. Maintaining patient confidentiality falls under UMC Lubbock EMS policy.
7. Assuring that all patient care information is supplied to receiving facilities upon delivery of patients falls under UMC Lubbock EMS completion of EMS reports Policy. UMC Lubbock EMS paramedics will give verbal information to the receiving facilities upon arrival. It is the policy of UMC Lubbock EMS to provide a written report as soon as possible upon the completion of the report. It is the goal of UMC Lubbock EMS to provide short response times to the city of Lubbock. Therefore, most EMS reports will be faxed to the receiving facilities upon their completion.
8. All UMC Lubbock EMS reports are made available to the medical director. This falls under UMC Lubbock EMS Quality Improvement Plan.
9. Each vehicle will have a current protocol book with equipment list and supply list available. All ambulance will have a provider license by TDSH rule.
10. Monitoring and enforcing general safety policies are outlined in the UMC Lubbock EMS policy book and UMC Health System policy book.
11. It is the responsibility of the Administrative Council to make sure the terms of the first responder agreements are followed.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.81

TITLE: Enroute Time and Sleep Wear

APPROVED BY:

EFFECTIVE DATE: February, 2002

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure the quick response of UMC Lubbock EMS personnel to all emergencies.

TEXT:

Enroute Time: EMS personnel will have 30 seconds during the day, and 60 seconds at night to be enroute to all emergencies. Day is 7AM until 9PM. Night is 9PM until 7AM.

Sleep Wear: EMS personnel shall **ONLY** take off boots when resting. EMS personnel shall not take off cloths to rest in.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.82

TITLE: Relocation Expenses for EMS

APPROVED BY:

EFFECTIVE DATE: April, 2002

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To provide relocation expenses for EMS employees.

TEXT:

I.

- A. To qualify for a relocation salary advance, a newly hired employee must reside outside Lubbock County at the time they accept employment with UMC Health System or receive Administration's approval if not located outside Lubbock County.
- B. The relocation allowance must be requested within the initial two weeks of employment with UMC. All documentation must be received by the EMS administrative office by Thursday at 5:00 p.m. After processing the Relocation Assistance Contract the EMS administrative office will forward a check request to Payroll.
- C. A separate check will be made available to the employee according to payroll guidelines. Any EMS employee who accepts the relocation expense must agree to remain as a full time employee of UMC for two years, or repay the relocation advance in full.
- D. A relocation reimbursement is paid for by the following guideline:
 - 100 miles or less - \$500.00
 - 100-250 miles - \$1000.00
 - 250-500 miles - \$1500.00

II.

- A. In the event there is a change in status of employment, the amount of bonus dollars received by the employee must be repaid to UMC.
- B. Any employee that changes from full time to part time status will be required to repay the full amount of relocation dollars received. the part time employee may be given the option to utilize payroll deduction for repayment.
- C. Any employee that changes to on-call status will be required to repay the full amount of relocation dollars received.

III. Termination

- A. If repayment is required, the employee shall make such payment in full to UMC within 30 days of the event requiring repayment, without necessity of notice by UMC.
- B. In the event of termination (voluntary or involuntary) of employee's employment prior to completion of the agreed period, employee expressly authorized UMC to withhold all or part of employee's wages as necessary to apply to employee's repayment obligation.
- C. UMC will diligently pursue collection of any repayment obligation. Attempts for collection may include, but are not limited to, contact with the recipient for repayment, withholding of any remaining balance from the final or remaining paychecks, and or referral to a collection agency. If UMC brings legal action to enforce employee's repayment obligation, UMC shall be entitled to recover from employee reasonable attorney's fees in addition to any other relief that may be awarded.

APPLICATION FOR RELOCATION ASSISTANCE
(Payroll Advance)

Employee Name: _____

Address: _____

Home Phone Number: _____

Social Security Number: _____

Cost Center: _____ Department: _____

Employment Date: _____ Job Title: _____

Employee #: _____

I am requesting \$_____ in relocation expenses. This amount does not exceed one months base salary and it is understood that this is a salary advance. In accepting this assistance, I agree to remain a full-time employee of UMC HEALTH SYSTEM for ____ full year(s). If for any reason my employment status changes with UMC HEALTH SYSTEM, I agree to repay the salary advance in full.

If repayment is required, employee shall make such payment in full to UMC within 30 days of event requiring repayment, without necessity of notice by UMC. IN THE EVENT OF TERMINATION OF EMPLOYEE'S EMPLOYMENT PRIOR TO COMPLETION OF THE AGREED PERIOD, EMPLOYEE EXPRESSLY AUTHORIZED UMC TO WITHHOLD ALL OR PART OF EMPLOYEE'S WAGES AS NECESSARY TO APPLY TO EMPLOYEE'S REPAYMENT OBLIGATION.

UMC will diligently pursue collection of any repayment obligation. Attempts for collection may include, but are not limited to, contact with the recipient for repayment, withholding of any remaining balance from the final or remaining paychecks, and or referral to a collection agency. If UMC brings legal action to enforce employee's repayment obligation, UMC shall be entitled to recover from employee reasonable attorney's fees in addition to any other relief that may be awarded.

Date of Payment: _____

Applicant's Signature

Date

EMS Representative

Date

Vice President

Date

**UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES**

STANDARD POLICY AND/ OR PROCEDURE

SPP# 1.83

TITLE: PROCEDURE FOR TRANSFERRING INTO A NON-PROMOTIONAL
POSITION

APPROVED BY:

EFFECTIVE DATE: July 2008

REVISED:

STATEMENT OF PURPOSE:

To outline the procedure for a transfer of UMC Lubbock EMS personnel from one position to a non-promotional position.

TEXT:

The following procedure will be used in all cases of personnel transfers to a non-promotional position:

1. If the staffing pattern changes at a station, those currently at that station have priority for that station.

2. Seniority, based on full-time service, will be used in the determination. (Years of service will be rounded to the nearest $\frac{1}{4}$ of a year.)

- a. 1 point for each year of full-time service
- b. $\frac{1}{2}$ point for each year of part-time service
- c. On-call employees will receive points dependent on the hours worked in previous year(s):
 - 1) 1 point for 2,184 or more hours in a year
 - 2) $\frac{1}{2}$ point for 1,092 to 2,183 hours a year
 - 3) $\frac{1}{4}$ point for 360 to 1,091 hours a year
 - 4) 0 points for less than 360 hours a year

3. If you have been on probation within the last three years, you lose one year of service point for each probation period during that time.

4. If you are currently on probation, you are not eligible for transfer.

5. If you have made a transfer within the last six months, the number of points used to obtain the current position will be subtracted from your total for the current transfer request. (Employee A had 22 points. Next employee to him/her had 17 points. Employee A would only have 4.75 points to use for next six months for a transfer.)

**UMC Lubbock EMS
Transfer to Non-Promotional Position
Point Score Sheet**

Name: _____ Date: _____

Position: _____

	Number	Point Value	Total Points
Full-Time Service		1	
Part-Time Service		1/2	
On-Call Service			
2,920 or more hours		1	
1,460 to 2,919 hours		1/2	
360 to 1,459 hours		1/4	
Less than 359 hours		0	
Sub-Total			
Deductions			
Probation Periods in last 3 years		1	()
Points used to obtain transfer in last 6 mnth	-	-	()
TOTAL POINTS			

Completed by: _____

Date: _____

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.84

TITLE: Promotional Positions

APPROVED BY:

EFFECTIVE DATE: June, 2003

REVIEWED: December, 2004

REVIEWED: June, 2006

REVISED: October, 2006

REVIEWED: March, 2008

REVISED: September 2008

STATEMENT OF PURPOSE:

To outline the qualifications expected and the procedure required applying for the position of Field Training Officer (FTO), Senior Training Officer (SFTO), and Assistant Chief for UMC Lubbock EMS.

TEXT:

Qualifications:

See following Job Descriptions for Qualifications.

Hiring Procedure:

Applicant must submit a letter of interest and resume. Review candidates to insure they meet minimum job requirements. Interview with Chiefs, followed by peer interview. (See Selection Grid for peer group composition). FTO and SFTO candidates must pass a written protocol exam, closed book.

Selection Grid

Selection grid is to be used as a tool in the final selection of the candidate, along with Chief's overall impression. If the grid selection was different from the final selection, reasons must be documented.

**Field Training Officer, Senior Field Training Officer,
And Assistant Shift Chief Selection Grid**

Step	FTO	Sr. FTO	Asst. Shift Chief
1. Submit Letter of Interest and Resume Timely	X	X	X
2. Confirm Applicants Meet Minimum Requirements	X	X	X
3. Chief Interviews	X	X	X
4. Peer Interviews (Two Different ones)	X (a) Training Staff and (b) Normal Peer Group	X (a) Training Staff, Assistant Chiefs and (b) Normal Peer Group	X (a) Sr. FTOs, Assistant Shift Chiefs, and (b) Normal Peer Group
5. Protocol Test (Closed Book)	X	X	
6. Score Candidates on Job Performance and Above Items (See Following Sheet for Example.)			
a. Chief Interview Ranking (Rank in Descending Order Based on Number of Applicants) (Weighted three times)	X	X	X
b. Peer Interview Ranking (Rank in Descending Order Based on Number of Applicants) (Weighted twice)	X	X	X
c. Protocol Test Score (Score Rank of Score on Test)	X	X	
d. Annual Evaluation Scores (Enter Average of Actual Percentage Raise Received for Years) (Weighted Twice)	X Last 2 Years	X Last 3 Years	X Last 4 Years
e. Run Form Completion Percentage for Last 12 Months (Score Averaged for 12 Months)	X	X	X
f. Case Reviews Attended Last 12 Months (Score Based on Value From Evaluations)	X	X	X
g. Staff Meeting Attendance (Score Based on Value From Evaluations)	X	X	X
h. Number of Late Reports (Ranking by Number of Actual Late Reports for Year, Descending)	X	X	X
i. Timely Completion of All Required In-	X	X	X

Services (Yes = 3 No = 0)			
j. Current on All Certifications (Yes = 3 No = 0)	X	X	X
j. Years of Service (Ranking from Longest) (Weighted twice)	X	X	X
k. Overall Attitude (1-5 As on Evaluation) (Weighted three times)	X	X	X
l. Ranking of all Staff	X	X	X
8. Chiefs Make Final Decision	X	X	X

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UMC HEALTH SYSTEM

PERFORMANCE MANAGEMENT PROGRAM
JOB DESCRIPTION/PERFORMANCE APPRAISAL FORM

PART I - GENERAL JOB/PERFORMANCE INFORMATION

Employee Name:	
Job Title: Paramedic – Field Training Officer	
Position Reports To: Shift Chief/Training Coordinator	
Department: Emergency Medical Services	Exempt/Non-Exempt: Non-Exempt
Job Description Effective Date: Revised – October 2006	
Performance Appraisal Period:	

JOB SUMMARY:

Serves as the primary provider of emergency medical care and transportation for ill and injured persons in the pre-hospital environment. Safely and expeditiously responds to the scene of the request for EMS assistance, evaluates the patient(s), communicates the patients illness or injury according to established medical protocols and pre-hospital standards of care, safely transports the patient to the receiving facility, and accurately completes all related documentation. Insures that all equipment and supplies are present and in working order at the assigned station and/or EMS vehicle. Functions as a sole First Responder paramedic and/or as an integral member of an EMS ambulance crew while filling a 24 hour shift position, as determined by the needs of the department and the employees previously demonstrated level of competence. The Field Training Officer will be responsible for recognizing and identifying patient care, professional performance, and departmental protocols which fail to confirm to the established standards in the EMS department. The Field Training Officer will also assist in the training of all new employees by evaluating their performance. The FTO will assist the Senior FTO in continuing education for their assign shift. Perform ride-a-long evaluations with personnel throughout the year and report findings to the Senior FTO. Write a continuing education article every other month for posting on the EMS website. Through your attitude, behavior, courtesy, and respect shown to others; you are recognized as a Leader of UMC Lubbock EMS. As a leader you must set an example for all to follow by excelling in the Standards of Excellence.

EDUCATION AND EXPERIENCE:

High school diploma or its equivalent (GED) is required. College level courses in human anatomy and physiology, psychology, and sociology are desirable. Have at least two (2) years of experience at Lubbock EMS. Graduation from an accredited paramedic school is required. Teaching and/or instructor certifications in related field is desirable. Last evaluation a 4% or above, preferably, with no written reprimands within the last 90 days.

REQUIRED LICENSURES/CERTIFICATIONS/REGISTRATIONS:

Certification or license by the Texas Department of Health as an Emergency Medical Technician-Paramedic and by the American Heart Association as a Basic Life Support Provider and Advanced Cardiac Life Support Provider are required. Class C driving permit by the Texas Department of Public

Safety with no driving while intoxicated (DWI) convictions or any other factors which would preclude insurability is required.

PHYSICAL CAPABILITIES:

Frequently exerts a medium amount of force to lift, carry, push, pull and move patients or objects. Frequently work involves standing, walking, bending, stooping, crouching and kneeling. Occasionally work involves sitting, running, climbing stairs, climbing ladders and crawling.

SKILLS AND ABILITIES

High degree of knowledge and skill in pre-hospital patient care is essential. Must demonstrate effective verbal communication and writing skills. Practical knowledge of medicolegal aspects of pre-hospital patient care is essential. Knowledge of data collection is required. The ability to teach in different environmental conditions is essential. Comprehensive geographical knowledge of Lubbock County with particular emphasis on the cities of Lubbock and, utilizing available maps, the cities of Abernathy, Idalou, Slaton, Wolfforth, and Shallowater is essential.

ENVIRONMENTAL/WORKING CONDITIONS

Emergency Medical Services provides crew quarters which are well lighted and ventilated. This position is subject to adverse weather and working conditions. The Paramedic – Field Training Officer is frequently exposed to blood, and other infectious agents. Occasionally work involves the employee to be outdoors, in confined spaces, heights, underground, wet, and dry environment with a wide range of temperatures. Frequently work involves a noisy environment, and unusual lighting.

INTERACTION WITH OTHER DEPARTMENTS AND OTHER RELATIONSHIPS:

The Paramedic- Field Training Officer must respond in a helpful and considerate manner to the needs of patients, family members, other health care providers, public safety and law enforcement personnel, EMS students, volunteers, and fellow employees.

NOTE: This job description/performance appraisal form does not describe all job responsibilities that may be assigned to this job. Job responsibilities may change from time-to-time.

UMC HEALTH SYSTEM

PERFORMANCE MANAGEMENT PROGRAM
JOB DESCRIPTION/PERFORMANCE APPRAISAL FORM

PART I - GENERAL JOB/PERFORMANCE INFORMATION

Employee Name:	
Job Title: Paramedic – Senior Field Training Officer	
Position Reports To: Shift Chief/Training Coordinator	
Department: Emergency Medical Services	Exempt/Non-Exempt: Non-Exempt
Job Description Effective Date: Revised – September 2008	
Performance Appraisal Period:	

JOB SUMMARY:

Serves as the primary provider of emergency medical care and transportation for ill and injured persons in the pre-hospital environment. Safely and expeditiously responds to the scene of the request for EMS assistance, evaluates the patient(s), communicates the patient's illness or injury according to established medical protocols and pre-hospital standards of care, safely transports the patient to the receiving facility, and accurately completes all related documentation. Insures that all equipment and supplies are present and in working order at the assigned station and/or EMS vehicle. Functions as a sole First Responder paramedic and/or as an integral member of an EMS ambulance crew while filling a shift position, as determined by the needs of the department and the employees previously demonstrated level of competence. The Senior Field Training Officer will be responsible for recognizing and identifying patient care, professional performance, and departmental protocols which fail to conform to the established standards of the EMS department by evaluating the employee several times a year. The Senior Field Training Officer will assist in the training of all new employees by evaluating their performance, and assist with annual evaluations of current field staff members. The Senior FTO will keep up with their assigned personnel certifications, licenses, continue education hours, in-service dates, and notify the employee and supervisor of expiration dates. The Senior FTO will be responsible for their shifts continuing education hours. Write a continuing education article, with post test, to be posted on the EMS website at least quarterly. Perform ride-a-long evaluations with personnel throughout the year and report findings to the Shift Chief. Prepare continuing education as requested to be presented after case review. Assist in presenting video case review each month. Assist the Training Coordinator in quality improvement reviews as directed. Substitute for Assistant Shift Chief or Shift Chief in their absence. The Senior FTO must meet the standards, as detailed in the Job Responsibility and Departmental SPP's, for case reviews, meeting attendance, late reports, and certifications. Through your attitude, behavior, courtesy, and respect shown to others; you are recognized as a Leader of UMC Lubbock EMS. As a leader you must set an example for all to follow by excelling in the Standards of Excellence.

EDUCATION AND EXPERIENCE:

High school diploma or its equivalent (GED) is required. A college degree or college level classes would be helpful. Have at least three (3) years of experience at UMC Lubbock EMS. Receive,

preferably, a 4 or higher in last evaluation and no reprimands in past year. Graduation from an accredited paramedic school is required. Background in teaching or supervisory position is desirable.

REQUIRED LICENSURES/CERTIFICATIONS/REGISTRATIONS:

Certified or licensed by the Texas Department of State Health Services as an Emergency Medical Technician-Paramedic, Instructor Certification by the Texas Department of State Health Services or Methods of Teaching Course and the American Heart Association as a Basic Life Support Provider and Advanced Cardiac Life Support Provider are required. Instructor certifications in PALS and PHTLS are desired. Class C driving permit by the Texas Department of Public Safety with no driving while intoxicated (DWI) tickets or any other factors, which would preclude insurability, is required.

PHYSICAL CAPABILITIES:

Frequently exerts a medium amount of force to lift, carry, push, pull and move patients or objects. Frequently work involves standing, walking, bending, stooping, crouching and kneeling. Occasionally work involves sitting, running, climbing stairs, climbing ladders and crawling.

SKILLS AND ABILITIES

High degree of knowledge and skill in pre-hospital patient care is essential. Must demonstrate effective verbal communication and writing skills. Practical knowledge of medicolegal aspects of pre-hospital patient care is essential. Knowledge of data collection is required. The ability to teach in different environmental conditions is essential. Comprehensive geographical knowledge of Lubbock County with particular emphasis on the cities of Lubbock and, utilizing available maps, the cities of Abernathy, Idalou, Slaton, Wolfforth, and Shallowater is essential. Exhibits leadership skills required for supervising EMS employees.

ENVIRONMENTAL/WORKING CONDITIONS

Emergency Medical Services provides crew quarters which are well lighted and ventilated. This position is subject to adverse weather and working conditions. The Senior Field Training Officer is frequently exposed to blood, and other infectious agents. Occasionally work involves the Senior Field Training Officer to be outdoors, in confined spaces, heights, underground, wet, and dry environment with a wide range of temperatures. Frequently work involves a noisy environment, and unusual lighting.

INTERACTION WITH OTHER DEPARTMENTS AND OTHER RELATIONSHIPS:

The Senior Field Training Officer must respond in a helpful and considerate manner to the needs of patients, family members, other health care providers, public safety and law enforcement personnel, EMS students, volunteers, and fellow employees.

NOTE:

This job description/performance appraisal form does not describe all job responsibilities that may be assigned to this job. Job responsibilities may change from time-to-time.

UMC HEALTH SYSTEM

PERFORMANCE MANAGEMENT PROGRAM
JOB DESCRIPTION/PERFORMANCE APPRAISAL FORM

PART I - GENERAL JOB/PERFORMANCE INFORMATION

Employee Name:

Job Title: Assistant Shift Chief/Paramedic

Position Reports To: Shift Chief

Department: Emergency Medical Services

Exempt/Non-Exempt: Non Exempt

Job Description Effective Date: Revised - September 2008

Performance Appraisal Period:

JOB SUMMARY:

Functions as the immediate supervisor of all EMS employees in the absence of the Shift Chief. Assists Shift Chief with daily supervision of the shift. Coordinates the safe and efficient management of all EMS calls, the completion of routine duties by his shifts crews, the distribution of supplies, the readiness of crews and equipment, and the timely completion of patient reports by his shift. Restocks the EMS supply cage weekly and checks the Central Receiving each weekday for incoming packages. Routinely functions as a field paramedic as determined by the staffing needs of the department. Performs other duties as needed by the Department. Through your attitude, behavior, courtesy, and respect shown to others; you are recognized as a Leader of UMC Lubbock EMS. As a leader you must set an example for all to follow by excelling in the Standards of Excellence.

EDUCATION AND EXPERIENCE:

High school diploma or its equivalent (GED) is required. College level courses in human anatomy and physiology, psychology, and sociology are desirable. Graduation from an accredited paramedic school is required. Receive, preferably, a 4 or higher in last evaluation and no reprimands in past year. A minimum of four (4) years experience as a full time EMS field paramedic at UMC Lubbock EMS is required.

REQUIRED LICENSURES/CERTIFICATIONS/REGISTRATIONS:

Certification or license by the Texas Department of Health as an Emergency Medical Technician-Paramedic and by the American Heart Association as a Basic Life Support Provider and Advanced Cardiac Life Support Provider are required. Class C driving permit by the Texas Department of Public Safety with no driving while intoxicated (DWI) citations or any other factors which would preclude insurability is required.

PHYSICAL CAPABILITIES:

Frequently exerts a medium amount of force to lift, carry, push, pull and move patients or objects. Frequently work involves standing, walking, bending, stooping, crouching and kneeling. Occasionally work involves sitting, running, climbing stairs, climbing ladders and crawling.

SKILLS AND ABILITIES

High degree of knowledge and skill in pre-hospital patient care is essential. Must demonstrate effective verbal communication and writing skills. Practical knowledge of medicolegal aspects of pre-hospital patient care is essential. Comprehensive geographical knowledge of Lubbock County with particular emphasis on the cities of Lubbock and, utilizing available maps, the cities of Abernathy, Idalou, Slaton, Wolfforth, and Shallowater is essential. Leadership skills necessary to supervise EMS personnel..

ENVIRONMENTAL/WORKING CONDITIONS

Emergency Medical Services provides crew quarters which are well lighted and ventilated. This position is subject to adverse weather and working conditions. The paramedic is frequently exposed to blood, and other infectious agents. Occasionally work involves the paramedic to be outdoors, in confined spaces, heights, underground, wet, and dry environment with a wide range of temperatures. Frequently work involves a noisy environment, and unusual lighting.

INTERACTION WITH OTHER DEPARTMENTS AND OTHER RELATIONSHIPS:

Must respond in a helpful and considerate manner to the needs of patients, family members, other health care providers, public safety and law enforcement personnel, EMS students, volunteers, and fellow employees.

NOTE: This job description/performance appraisal form does not describe all job responsibilities that may be assigned to this job. Job responsibilities may change from time-to-time.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 1.85

TITLE: Sign On Bonus for Paramedics and EMT's

APPROVED BY:

EFFECTIVE DATE: October, 2003

REVISED: November, 2003

REVIEWED: December, 2004

REVIEWED: January, 2007

REVISED: March, 2008

STATEMENT OF PURPOSE:

To provide incentive for employment as a Paramedic for Lubbock EMS.

TEXT:

- I. To qualify for a Sign-On Bonus, a full-time Paramedic must sign a contract to remain a full time employee for the specified period of time. Any paramedic changing status from on-call to full-time will be eligible for the bonus, in the event a bonus had not been received previously.
 - A. Any Paramedic/EMT will be eligible for \$1500.00 and must remain a full-time employee for 2 years.
 - B. The payment for the sign on bonus will be paid according to the following schedule.

1st payment - \$500.00
Completed Processing
Sign-On Bonus Contract Signed

2nd payment - \$500.00
90 Day Evaluation Completed

3rd payment - \$500.00
1 Year Evaluation Completed

Payment will be included in the employee's regular paycheck following approval by the Shift Chief. Payment of the bonus may be stopped if the employee's initial probationary period is extended or in the event an employee is placed on probation.

II. Repayment Obligation

- A. If repayment is required, the employee shall make such payment in full to UMC within 30 days of the event requiring repayment, without necessity of notice by UMC.
- B. **IN THE EVENT OF TERMINATION OF EMPLOYMENT (VOLUNTARY OR INVOLUNTARY) PRIOR TO COMPLETION OF THE AGREED PERIOD, EMPLOYEE EXPRESSLY AUTHORIZES UMC TO WITHHOLD ALL OR PART OF EMPLOYEE'S WAGES AS NECESSARY TO APPLY TO EMPLOYEE'S REPAYMENT OBLIGATION.**
- C. If the repayment is not made in full within 30 days, the principal balance plus the current interest rate charged by the retained collection agency will be paid by applicant.
- D. UMC will diligently pursue collection of any repayment obligation. Attempts for collection may include, but are not limited to contact with the recipient for repayment, withholding of any remaining balance from the final or remaining paychecks, and/or referral to a collection agency. If UMC brings legal action to enforce employee's repayment obligation, UMC shall be entitled to recover from employee, reasonable attorney's fees in addition to any other relief that may be awarded.

III. Eligibility for Rehire and Sign on Bonus:

- A. Any employee that has previously received a sign-on bonus will not be eligible for further sign-on bonuses in the event of re-employment.
- B. To be considered for a sign on bonus upon re-employment a Paramedic must have been terminated from the hospital for at least 1 year.

APPLICATION FOR SIGN-ON BONUS – PARAMEDIC
(Payroll Advance)

Employee Name: _____

Address: _____

Home Phone Number: _____

Social Security Number: _____

Cost Center: _____

Department: _____

Employment Date: _____

Job Title: _____

Employee #: _____

Date Contract Completed: _____

I am requesting \$1500.00 in sign-on bonus. It is understood that this is a salary advance. In accepting this bonus, I agree to remain a full-time employee of UMC HEALTH SYSTEM-Emergency Medical Services for **two (2)** full years. If for any reason my employment status changes with UMC HEALTH SYSTEM-Emergency Medical Services, I agree to repay the salary advance in full.

In the event the applicant fails to honor this agreement and repayment is required, employee shall make such payment in full to UMC within 30 days of event requiring repayment, without necessity of notice by UMC. In the event of termination of employee's employment prior to completion of the agreed period, employee expressly authorizes UMC to withhold all or part of employee's wages as necessary to apply to employee's repayment obligation. If repayment is not made in full within 30 days, the principal balance plus the current interest rate charged by the retained collection agency will be paid by applicant.

UMC will diligently pursue collection of any repayment obligation. Attempts for collection may include, but are not limited to, contact with the recipient for repayment, withholding of any remaining balance from the final or remaining paychecks, and/or referral to a collection agency. If UMC brings legal action to enforce employee's repayment obligation, UMC shall be entitled to recover from the employee reasonable attorney's fees in addition to any other relief that may be awarded.

Amounts of Payments:

_____ \$500.00 _____

_____ \$500.00 _____

_____ \$500.00 _____

Date of Payment

_____ (1st pay period)

_____ (90 day evaluation)

_____ (1 year anniversary)

Applicant's signature

Date

Shift Chief

Date

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/ OR PROCEDURE

SPP# 1.86

TITLE: EMS HIRING PROCESS

APPROVED BY:

EFFECTIVE DATE: February 2004

REVISED: October 2005

REVISED: March 2006

REVISED: August 2006

REVISED: November 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To outline the procedure for the hiring process that will take place with UMC Lubbock EMS and UMC Health System Health Systems.

TEXT:

A potential applicant for UMC Lubbock EMS shall pass all sections of the hiring process to be considered for a position with UMC Lubbock EMS. Any section that is failed or incomplete will result in the applicant not being hired. The following list is the order in which all field medics will proceed through.

1. Employment Application: All applications shall go through the UMC Health System Human Resource Department. A criminal background check is done at this time.
2. Applications will be reviewed by the Administrative Council and Training Staff. Chosen applicants shall be interviewed by at least two (2) members of the Administrative Council. Appropriate applicants will then proceed through the process.
3. A reference check will be completed.
4. A Motor Vehicle Record (MVR) will be processed. Refer to SPP 2.19 "EMS Driver Standards".
5. Applicant shall be interview by a group of peers. (Peer Interview)
6. Applicant shall take UMC Lubbock EMS written and skill test. Applicant must pass written test with a score of 75 or above. If applicant fails he/she may retest no earlier than 30 days. If applicant fails a second time he/she may retest no earlier than 6 months.
7. If a job offer is made, all required paper work will be completed for drug testing and processing through Human Resources.
8. Applicant shall take UMC drug test. After approval of test results is received by Human Resources, applicant will be contacted for the next processing date and time.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/ OR PROCEDURE

SPP# 1.87

TITLE: RULES FOR HIRING FIELD EMPLOYEES
BELOW THE LEVEL OF PARAMEDIC

APPROVED BY:

EFFECTIVE DATE: September 2007

REVISED: March 2008

STATEMENT OF PURPOSE:

To outline the procedure for hiring of Emergency Medical Technicians and Emergency Medical Technician–Intermediate level personnel. The hiring of these levels of personnel is on a temporary level, with the expectation of them obtaining paramedic certification through the State of Texas.

TEXT:

Policy regarding the hiring of EMT and EMT-I personnel for field positions are as follows:

1. Pass the UMC Lubbock EMS EMT written and basic skills tests, if EMT-Intermediate must also pass Intermediate skills.
2. Must have completed semester that just ended, or only have clinical and/or field rotations remaining. All classroom work must be completed, must be able to work 24 hour shifts.
3. Must obtain certification within six(6) months of Course Completion date, or one (1) year from date of course final, whichever is reached first. Copy of Course Completion must be turned into the UMC Lubbock EMS office. Course Completion must be received within timeframe as set out by the South Plains College EMS Training Program. All dates will be verified by SPCETP.
4. Failure to obtain certification as set out above will result in termination. Reason for termination will reflect that you will be eligible for rehire upon obtaining paramedic certification, unless other factors are also present.
5. To be moved into a paramedic field position, you must pass the UMC Lubbock EMS written and skills tests for paramedics.
6. May retest after 30 days as set out in UMC Lubbock EMS SPP 1.86. The employee will remain as EMT until both written and skills are passed. If the second retest is not passed the Administrative Council will determine appropriate course of action.



EMT Hiring Agreement

I, _____, acknowledge my understand of the guidelines set out in SPP 1.87 of the UMC Lubbock EMS policy manual. I further understand the consequences set out in that policy up to and including termination for failing to meet the requirements as set out.

Signed on _____, 20____

Employee

Administrative Council Member

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UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP#2.01

TITLE: General Safety and Environment of Care

APPROVED BY:

EFFECTIVE DATE: April, 1990

REVISED: June, 1991

REVISED: November, 1992

REVIEWED: October, 1994

REVISED: April, 1996

REVISED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

STATEMENT OF PURPOSE:

This policy describes general safety guidelines to EMS personnel to insure their safety during routine duties, and to support the mission, vision and strategic plan of UMC Health System.

The Environment of Care Program will include safety, security, hazardous material, life safety, medical equipment, utility management., and emergency preparedness plan.

All employees will be provided education regarding each management plan, and department specific guidelines. All employees will be given a performance measure yearly.

TEXT:

1. Safety Management Plan

The EMS department complies with all general guidelines as established by the UMC Health System Safety Management Plan which includes the provision of orientation and annual in-service education.

2. Security Management Plan

The EMS department complies with all general guidelines as established by the UMC Health System Security Management Plan.

3. Hazardous Materials Management Plan

The EMS department complies with all general guidelines as established by the UMC Health System Hazardous

Materials Management Plan.
SPP#2.01 cont.

4. Life Safety Management Plan

The EMS department complies with all general guidelines as established by the UMC Health System Life Safety Management Plan.

5. Medical Equipment Management Plan

The EMS department complies with all general guidelines as established by the UMC Health System Life Safety Management Plan.

6. Utility Management Plan

The EMS department complies with all general guidelines as established by the UMC Health System Utility Management Plan.

7. Emergency Preparedness Management Plan

The EMS department complies with all general guidelines as established by the UMC Health System Emergency Preparedness Management Plan.

Departmental Specific Guidelines:

1. Body Mechanics:

The EMS department lifts their patients on cots, and many other devices on a daily basis. Therefore, proper body mechanics is essential to avoid injury. Keeping the spine straight and lifting with the legs will reduce the chance of injury to the lower spine.

2. Severe Weather:

The EMS department currently operates four separate stations within the geographic confines of the City of Lubbock. Each station has garage bays which enable EMS vehicles to be protected from hail, blowing sand, and most other forms of severe weather. The fifth station does not have garage bays, but the employees are instructed to move their vehicle(s) under the UMC Health System Emergency Department driveway when notified of severe weather which could damage the vehicle(s).

In the event of a tornado which is reported to be on a collision path with an EMS station, the station's occupants should immediately relocate themselves and their vehicle(s) to a place of safety.

Depart. Specific Guidelines cont.

No age specific issues related to the EMS Department Severe Weather Plan.

3. Equipment Management:

The EMS Department complies with the "minimum required ambulance equipment" standards of the Texas Department of Health's EMS Rules.

Preventive maintenance inspections are routinely performed on all electronic equipment utilized by the EMS Department in direct patient care procedures. These inspections are performed by the UMC

Health System Bio-Med Electronics Department or otherwise coordinated by that same department for inspections/repair by outside vendors. All maintenance-related documentation of these inspections/repairs is maintained by the Bio-Med Electronics Department.

Varying types of pediatric-sized equipment(pediatric traction splint, laryngoscope blades, and blood pressure cuffs, etc.) are required to be maintained on all EMS MICU ambulances by the Texas Department of Health.

4. Hazardous Materials and Chemical Safety:

All field employees in the EMS Department are required to complete annual refresher training on EMS Operations Within a Hazardous Materials Environment(HAZMAT).

No age specific issues related to the EMS Department's Hazardous Materials and Chemical Safety Plan.

5. Disaster Plan:

The EMS Department's primary role during a local/regional disaster will involve operations outside the confines of the hospital although EMS may be requested to assist in the movement of hospitalized patients from one hospital to another during a disaster. In the event that request is received to assist in interhospital transfers during a disaster, EMS will comply with those request so long as doing so will not jeopardize the EMS department's ability to complete its primary emergency prehospital mission.

The EMS Department's role in most disaster situations is primarily addressed in the South Plains EMS "MULTI CASUALTY PLAN". All EMS employees are required to complete annual refresher training on this plan and its various components. The EMS Department also participates in one or more disaster drills annually(frequently in coordination with local hospital's JCAHO-required drills.)

Should an actual disaster affect the EMS Department's ability to perform its entire mission, priority will be given to the prehospital emergency needs of the local(Lubbock) community. Nonemergency transfers, hospital/physician telephone coordination with other local or regional hospitals, and direct assistance to other regional EMS providers will be placed into secondary priority level below that assigned to the emergency prehospital needs of the local community.

No age specific issues related to the EMS Department's Disaster Plan.

6. Infection Control and Employee Health:

The EMS Department complies with the majority of the standards described in the OSHA Bloodborne Pathogen Rule. The primary exception to this compliance relates to UMC Health System's decision for the EMS Department to not follow OSHA's standard related to the utilization of Personal Protective Equipment during all procedures in which high potential for exposure to body fluids exist(during most EMS calls). EMS employees do utilize protective equipment(gloves, eye/face shields, etc.) during specific procedures such as prehospital emergency childbirth and certain airway management procedures.

The lack of an affordable, fluid proof "every day" uniform has resulted in the decision to defer compliance with this particular standard until a suitable alternative can be identified. Until this particular issue can be resolved, all field personnel are strongly encouraged to practice Total Body Substance Isolation practices as much as possible. When these efforts still result in gross contamination of the employee's uniform by body fluids, that crew is allowed to go "out of service"

until the contaminated employee can shower and change uniforms, etc.

No age specific issues related to the Department's Infection Control and Employee Health Policy.

7. Electrical Safety:

Access to the department's 911 Electrical Equipment Room is limited. All other electrical panels in the remaining EMS operational areas are to be accessed or serviced by authorized personnel only. Electrical wiring repairs on all EMS vehicles are to be performed only by authorized maintenance personnel.

No age specific issues related to the department's Electrical Safety policies.

8. General and Office Safety:

The EMS Department specifically addresses general and office safety issues by asking each member of the department to assume personal responsibility for the safety of himself, his/her partner, and any of their patients during both emergency and routine operations. Each member of the department is also asked to assume personal responsibility for the identification and reporting of any general safety concerns during EMS operations and/or in any EMS operational area.

No age specific issues related to the department's General and Office Safety policies.

9. Miscellaneous Emergency Codes and Security:

In the event of any situation involving actual or potential hazards to EMS employees during an EMS call, the appropriate personnel and agencies should be notified immediately. If it is believed that "plain talk" will exacerbate the situation, standard EMS radio codes should be utilized ("Signal 21", "Signal 13", etc.).

All EMS personnel must take personal responsibility for the security of their assigned duty stations, vehicles, and EMS or personal property located within them. Stations should remain locked during the absence of the EMS crew and during sleeping hours.

No age specific issues related to the department's Emergency Codes and Security.

10. Fire Safety:

In the event of a fire in any operational area, the RACE (Rescue, Alarm, Control, and Extinguish/Evacuate) plan will be immediately implemented. During a fire involving any EMS vehicle, the safety of any patients on board should receive the highest possible priority.

No age specific issues relate to the department's Fire Safety Practices.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 2.02

TITLE: Reporting of Safety-Related Issues

APPROVED BY:

EFFECTIVE DATE: April, 1990

REVIEWED: June, 1991

REVISED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVISED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy establishes a formal mechanism for the reporting and follow up of any incidents and/or other issues which could adversely affect the safety of EMS employees, their patients, or others during EMS operations.

TEXT:

Safety awareness is the responsibility of every EMS employee. Therefore, it is essential that EMS personnel maintain constant awareness of their environment in order to anticipate and avoid situations which could result in injuries to themselves or to others.

When EMS employees become aware of any situation which is an actual or potential safety issue, they must immediately bring the situation to the attention of the on duty Shift Chief. They should also document the situation on an EMS After Action Form and forward the form to the EMS Administrative Offices prior to the end of the shift for appropriate follow up.

Safety-related After Action Forms shall be maintained in a permanent file in the EMS Administrative Offices along with documentation of the follow up on each issue. The previous month's safety-related incidents shall be discussed at the EMS Administrative Council meeting and EMS Staff meeting.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP # 2.03

TITLE: Safety Training

APPROVED BY:

EFFECTIVE DATE: April, 1990

REVISED: June, 1991

REVISED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

STATEMENT OF PURPOSE:

To insure that all EMS personnel are made aware of major issues which could affect their safety and the safety of their patients and to insure that mandatory refresher training is completed on a regular basis.

TEXT:

Initial employee orientation for all EMS department personnel shall cover the following safety-related areas:

1. Fire Prevention and Safety
2. Disaster Procedures (Hospital and Departmental)
3. Infection Control
4. HazMat Incident Procedures

Additionally, each "field" EMS employee shall demonstrate clinical competence on the safe use of the department's portable cardiac monitor/defibrillator equipment during the initial field orientation training program.

Successful completion of annual refresher training on each of the above safety areas shall be required prior to the annual employee evaluation meeting. Fulfilling the annual SPEMS Medical Protocol requirement for cardiac defibrillation may be substituted in place of a formal refresher training course regarding the safe use of cardiac monitor/defibrillator equipment.

Additionally, all EMS field employees are encouraged to participate in the EMS Emergency Driving Course at least once every three years.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 2.04

TITLE: Equipment Safety Inspections

APPROVED BY:

EFFECTIVE DATE: April, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure the safety of all electronic and mechanical equipment which is utilized by EMS during the delivery of patient care.

TEXT:

Each piece of electronic and mechanical equipment which is utilized by the EMS department's personnel during the delivery of patient care shall be inspected on a regular basis. Documentation of the inspections, along with actions taken as a result of the inspections (repairs, etc.) shall be maintained in an orderly file in either the EMS Administrative Offices or by the UMC Health System BioMedical Electronics office, as appropriate.

EMS equipment requiring routine inspections includes, but is not necessarily limited to the following:

- (1) Cardiac monitor/defibrillators (quarterly inspections performed by UMC Health System's BioMed Electronics Department).
- (2) EMS ambulances (daily inspections of all portable medical equipment, and vehicle hoses, fluid levels, tire pressure, etc. performed by EMS personnel; routine mechanical inspections and preventive maintenance performed by qualified mechanics when mileage figures indicate "due" unless performed sooner due to actual reports of apparent or possible mechanical problems).
- (3) Pneumatic Anti Shock Garment (MAST suit) inspected monthly for integrity of inflatable compartments. Individual compartments replaced as needed.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 2.05

TITLE: Expired Medications and IV Solutions

APPROVED BY:

EFFECTIVE DATE: April, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVISED: December, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure the safety of all EMS patients by inspecting all medications and IV solutions in the EMS ambulances in a timely and systematic manner to verify the currency and integrity of these medications and solutions.

TEXT:

All medications and IV solutions in each EMS vehicle shall be inspected on a daily basis to insure the presence of sufficient inventory levels to adequately care for the anticipated patient volume during that day.

On the first Monday of each month, the EMS paramedic assigned to each ambulance on that day shall be responsible for the removal of every medication and IV solution which indicates an expiration date in the current month. Each of these medications and IV solutions will then be given to the EMS Shift Chief and taken to the UMC Health System Pharmacy Department.

All medications and IV solutions shall be checked for expiration dates at the following times:

1. As they are placed into the inventory of each ambulance.
2. During each daily inventory inspection of each ambulance.
3. When the medication or IV solution is pulled from the inventory prior to preparing it for administration to a patient.
4. Immediately prior to administering it to the patient (after it has been prepared for administration).

Any medication or IV solution which is cloudy, out of date, appears to have been tampered with, or in any other way appears to be questionable shall not be administered to any patient. Medications and IV solutions whose expiration dates are not legible shall be considered to have expired.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 2.06

TITLE: EMS Crew Safety

APPROVED BY:

EFFECTIVE DATE: April, 1990

REVIEWED: June, 1991

REVISED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure the safety of EMS crews during hazardous situations.

TEXT:

EMS personnel should refrain from entering any area in which the release of hazardous materials is either suspected or known. If patients are known or suspected to be within a HAZMAT area, the EMS personnel should wait a safe distance away from the incident site and begin the patients' treatment after the patient has been decontaminated and brought to them.

Similarly, EMS field personnel should not enter into an area that is known or suspected to contain hostile persons. If they arrive at such an area prior to notification from the responding law enforcement agency, they should notify the EMS Comm Center that they are "in the area". Then, they should remain a safe distance away from the specific location until told by the law enforcement officers that the scene is safe to enter.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND PROCEDURE

SPP #2.07

TITLE: EMS Fire Safety Plan

APPROVED BY:

EFFECTIVE DATE: June, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the guidelines to be followed in the event of a fire in an EMS operational area.

TEXT:

In the event of a fire in one of the EMS operational areas (EMS Communications Center, EMS station, or EMS ambulance), the R.A.C.E. plan should be followed:

R - RESCUE - Rescue anyone from the immediate area of danger. This would include the removal of any patients from the ambulance in the event of a fire involving the vehicle.

A - ALARM - Report location of the fire to appropriate authorities. If the fire is located at an EMS station or in an ambulance, it should be reported by contacting the EMS Comm Center and instructing them to contact the Fire Department on the direct line.

If the fire is located in the Comm Center, a CODE RED should be activated by calling the hospital operator and reporting the location of the fire and activating the nearest Fire Alarm Manual Pull Station. If, for some reason, the hospital operator does not answer immediately, the Lubbock Fire Department should be contacted on the direct telephone line.

C - CONTROL - Reduce draft by closing any doors and windows to slow the spread of smoke, gases, and flames.

E - EXTINGUISH or EVACUATE - as required. Fight the fire by pointing the extinguisher's nozzle at the base of the flames. Do not reenter the affected area to retrieve equipment or personal belongings. Equipment can be replaced. Personnel cannot.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #2.08

TITLE: Use of Seatbelts

APPROVED BY:

EFFECTIVE DATE: JUNE, 1983

REVIEWED: June, 1987

REVISED: April, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

Texas Motor Vehicle law mandates that all occupants of a motor vehicle utilize seat belts and shoulder straps when occupying the front seat of the vehicle as either the driver or passenger. Due to the extreme hazards involved in the operation of an emergency vehicle, every possible effort must be made to attempt to minimize the potential for injuries to the occupants of UMC Lubbock EMS' ambulances should one of them become involved in a motor vehicle accident.

TEXT:

All occupants of UMC Lubbock EMS vehicles shall be required to utilize the vehicle's lap and shoulder restraint devices in the front cab of the vehicle and the lap belts in the rear patient compartment of ambulances when the vehicle is in motion. The only authorized exception to this policy shall apply to personnel in the rear patient compartment of ambulances during the delivery of patient care. During those circumstances, the lap belt may be temporarily removed to allow the attendant(s) to move about in the rear of the ambulance; but, the belt should be resecured as soon as the attendant returns to his/her seat.

This policy shall apply to all routine operations of the vehicle, as well as during emergency responses. It shall be the responsibility of the driver of the vehicle to insure that all occupants comply with this policy unless an EMS employee is in the rear of the ambulance when it is in motion. In this event, it shall become the responsibility of the EMS employee in the ambulance's rear patient compartment to insure that all other personnel in the patient compartment comply with this policy.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #2.09

TITLE: EMS Vehicle Emergency Driving

APPROVED BY:

EFFECTIVE DATE: February, 1976

REVIEWED: June, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVISED: July, 1997

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure the safety of EMS personnel, their patients, and other motorists during EMS emergency operations.

TEXT:

EMS responds to all emergency requests for EMS assistance with all emergency warning equipment operating (Code 3). The emergency lights and sirens serve as warning devices to other motorists; but, they do not give emergency personnel the legal right to drive recklessly, aggressively, or in any other manner which could endanger lives and/or property.

During both emergency and nonemergency ambulance operations, the vehicle's speed shall be controlled so that the EMS driver will be able to avoid collisions with other vehicles and/or objects that may enter the path of the EMS vehicle. As road conditions change which could affect the stopping distance and other control factors of the EMS vehicle, the vehicle's speed must be adjusted accordingly.

Since Texas Motor Vehicle Law requires that all vehicles pull to the right when an emergency vehicle approaches with its warning devices operational, EMS vehicles should be driven in the far left-hand lane during emergency operations as much as possible. When entering both controlled and uncontrolled intersections, the EMS vehicle should slow to a speed which would allow it to stop quickly and avoid collision with any other vehicles which are also entering the intersection.

Occasionally, the EMS vehicle may be requested to approach the scene of a reported emergency without the use of its emergency equipment. Examples of legitimate requests for these "silent"

approaches include, but are not limited to, psychiatric patients, hostage or other law enforcement related situations, and some occasions in which it is in the best interest of both the patient and the EMS employees to attract as little attention as possible to the fact that an EMS ambulance is entering a neighborhood. In these situations, all emergency equipment (lights and siren) should be turned off an appropriate distance from the reported scene of the emergency since "Code 2" driving is not authorized in the UMC Lubbock EMS operational area.

EMS transports all patients either "Code 1" (obeying all posted speed limits and utilizing neither emergency warning lights nor siren) or "Code 3" (utilizing warning lights and siren). "Code 2" is not an authorized driving procedure.

(See attached " EMERGENCY VEHICLE OPERATIONS" procedures.)

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #2.10

TITLE: Hostile Crowds, Individuals, or Conditions

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: June, 1984

REVIEWED: June, 1987

REVISED: June, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVISED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy establishes guidelines for EMS procedures in the event of potentially hostile situations.

TEXT:

The primary medical duty of Emergency Medical Services personnel involves treatment and transportation of the ill and injured. When crowds, individuals, or conditions interfere with the timely and thorough completion of EMS employees' duties, the EMS employees should make every possible effort to explain the reason for these duties to the individual(s) who may be interfering. The EMS employees should not argue with the individual(s) and/or place themselves or the patient in danger.

Should such actions become warranted, the EMS employees should retreat to a place of safety and allow law enforcement officials to insure their safety before they attempt to enter the area again. EMS personnel should not enter areas involving fires, building collapse, snipers, hazardous materials release, riots, or other potentially dangerous situations unless appropriate public safety personnel have indicated that the situation has been brought under control and is no longer a threat.

The EMS employee has the right to use reasonable force to protect himself from physical harm by combative patients or others at the scene of the emergency. Additionally, the EMS employee may physically restrain patients who appear to be a threat to either themselves or to others after verbal attempts to calm the patient have failed. Whenever possible, the assistance of law enforcement personnel should be requested in these circumstances to attempt to insure the safety of all involved parties. The use of force by the EMS employee which is viewed as excessive or retaliatory will not be condoned and will result in disciplinary actions against the offending employee.

The EMS field employees shall immediately notify the EMS Comm Center of any situations involving hostile crowds, individuals, and/or other conditions which could jeopardize the safety of the EMS

personnel. The EMS Comm Center shall then immediately notify appropriate public safety agencies as needed and the on-duty Shift Chief to insure the safety of the EMS personnel, patients, and other involved parties.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #2.11

TITLE: EMS Station and Ambulance Security

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: June, 1984

REVIEWED: June, 1987

REVIEWED: April, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

To insure that adequate procedures are followed to protect EMS property and personal property inside EMS vehicles, stations, and other operational areas.

TEXT:

The EMS employee assumes full responsibility for securing the door upon his departure from the EMS station or any other operational area. Any damage or theft resulting to these areas or to the property included inside these areas will become the responsibility of the EMS employee(s) who failed to lock the doors as he was leaving.

EMS employees shall insure that any necessary precautions for preventing damage or loss of equipment and supplies to the EMS vehicle are taken. Should any such damages or losses occur, the EMS employees should inform the EMS Shift Chief on duty of the incident as soon as they realize that the damage and/or loss occurred. EMS vehicles which are parked at stations which have no locking garage facilities should be left with all of their doors locked if they are not in use as the "first up" ambulance for that station.

Emergency Medical Services and/or UMC Health System neither assume nor accept any financial responsibility for the loss of personal property belonging to EMS employees, students, volunteers, or other visitors at EMS operational areas. Therefore, it is essential that EMS personnel insure that their personal property is kept secured at all times while they are in EMS operational areas. Likewise, it is strongly recommended that personal property not be left at EMS stations or in other operational areas overnight or at other times when the individual employee is unable to personally insure the security of that personal property.

There shall be no pets of any kind in any operational area of EMS.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #2.12

TITLE: EMS Patient Property and Patient Searches

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: September, 1983

REVIEWED: June, 1987

REVISED: April, 1990

REVIEWED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVISED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure the safety of EMS personnel during their transportation of patients and to provide a mechanism for the disposition of EMS patients' property.

TEXT:

Should an EMS employee have reason to suspect that an EMS patient is carrying any type of weapon, the EMS employee should ask the nearest law enforcement official to search the patient for weapons prior to placing the patient into the ambulance, as time permits. Should the EMS employee note the possible outline of a weapon or have any other reason to believe that a patient has a weapon after the patient has already been placed into the back of the ambulance, law enforcement assistance should be requested.

If law enforcement assistance is not readily available, the EMS employee attending the patient should ask the EMS employee driving the ambulance to assist him with the patient instead of attempting to disarm the patient by himself. The assistance of law enforcement should be immediately requested should weapons be either seen or suspected.

Any property found inside an EMS ambulance which cannot be traced to one particular patient should be taken directly to the Emergency Department at UMC Health System for storage and/or disposition.

LUBBOCK EMS

PATIENT PROPERTY FORM

Pt. Name (if known): _____

Date: ___/___/___ Receiving Hospital: _____

Description of Property: _____

Disposition of Property: _____

Rec'd By: _____ EMS Name: _____

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #2.13

TITLE: Conflicting Orders by Law Enforcement Officers

APPROVED BY:

EFFECTIVE DATE: June, 1979

REVIEWED: June, 1984

REVIEWED: June, 1987

REVISED: April, 1990

REVISED: June, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy outlines procedures to be taken by EMS employees when they are given orders by law enforcement officers which conflict with standard EMS practices.

TEXT:

If a law enforcement officer orders an EMS employee or vehicle to take action contrary to EMS regulations or standard procedures, the EMS employee will inform said officer that such actions conflict with EMS standard practices.

If the law enforcement officer persists, the EMS employee will comply with the law enforcement officer's orders so long as doing so will not place the EMS employee in danger of physical harm and/or will not adversely affect the patient.

The EMS employee shall immediately notify the EMS Shift Chief on duty of the situation. The EMS Shift Chief shall initiate an investigation into the circumstances surrounding the incident and then report the incident and the results of his investigation to the EMS Administrative Council for appropriate follow up with the law enforcement officer's superiors, if needed.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #2.14

TITLE: Backing of EMS Ambulances

APPROVED BY:

EFFECTIVE DATE: July, 1991

REVIEWED: November, 1992

REVIEWED: October, 1994

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy shall serve as a guideline when conditions require backing of an EMS ambulance.

TEXT:

Although backing of EMS ambulances is not a technically difficult procedure for most EMS employees, it can result in damaged equipment or injury if performed improperly.

The damages involved due to improperly backing EMS vehicles can be minimized with caution and an understanding of a few basic principles.

The following principles should be considered before backing of EMS ambulances.

- A. Plan Ahead. Try to always position the ambulance for straight ahead departure, and strive to avoid backing.
- B. The major contributing factor in backing accidents is lack of good visibility. Always position the ambulance so that your pre-plan will allow the use of side mirrors for departure. REMEMBER: visibility out of any side mirror(s) is very limited, so do not rely on these completely.
- C. In the pre-plan, backing of the ambulance should be avoided. However, if backing is required you should calculate your pivot points for turning action and know the variables of sharpness in your turning radius plan.
- D. If backing is required use all of the recommended principles and be sure the "back-up alarm" is activated and audible.
- E. Use a spotter when you can.
- F. Do not talk on cell phone when backing.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICE

STANDARD POLICY AND/OR PROCEDURE

SPP #2.15

TITLE: Parking of EMS Vehicles

APPROVED BY:

EFFECTIVE DATE: July, 1995

REVIEWED: March, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

This policy describes how EMS vehicles shall park during emergency calls.

TEXT:

When parking during an emergency call, EMS vehicles shall have their emergency warning lights on at all times unless a law enforcement agency orders you to turn them off. An EMS vehicle must obey all traffic laws when the emergency warning lights are not used. EMS vehicles shall not pull into drive ways for any reason unless directed to do so by law enforcement personnel. Do not park in fire lane unless on emergency call and emergency lights are activated.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICE

STANDARD POLICY AND/OR PROCEDURE

SPP# 2.16

TITLE: Weapons

APPROVED BY:

EFFECTIVE DATE: January, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy outlines procedures to be taken by EMS employees when they come across a patient with a weapon.

TEXT:

The new concealed weapon law, effective January, 1996, is a concern we should all be aware of. EMS employees shall not let a patient or rider bring a weapon upon the EMS vehicle. If a patient has weapon law enforcement personnel shall be contacted immediately to take control of the weapon.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #2.17

TITLE: Vehicle Electrical System Procedure

APPROVED BY:

EFFECTIVE DATE: February 7, 1997

REVIEWED: March, 1998

REVISED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the guidelines to EMS personnel on taking care of the vehicle electrical system.

TEXT:

The following procedure shall take place on all EMS ambulances and First Responders.

Ambulances:

1. When the ambulance is at the station it shall be plugged in at all times.
2. If you are on the scene with the emergency lights on, the automatic idler shall be used.
3. After driving Code 3, the automatic idler shall be used for at least 5 minutes.
4. Turn off all lights in patient compartment.
5. Make sure all doors are closed in patient compartment and the climate control unit is plugged in.

First Responders:

1. The employee shall use the automatic idler on the scene of an emergency.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURES

SPP# 2.18

TITLE: Ambulance Oxygen Tank Replacement

APPROVED BY:

EFFECTIVE DATE: February 7, 1997

REVIEWED: March, 1998

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: January, 2006

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes when the employee shall change out the medical oxygen tank on the ambulance.

TEXT:

The employee shall change out the ambulance oxygen tank (H or M) at 500lbs.

The small (D) cylinders shall be changed at 500lbs.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICE

STANDARD POLICY AND/OR PROCEDURE

SPP# 2.19

TITLE: EMS DRIVER STANDARDS

APPROVED BY:

EFFECTIVE DATE: July 26, 2000

REVISED: August 2001

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: March, 2005

REVIEWED: June, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes the standards that all EMS personnel must meet to drive an EMS vehicle.

TEXT:

1. Drivers must have a valid Class C Texas driver's license.
2. Completion of the EMS driving program as such is given.
3. No physical disabilities that would contribute to inability to safely operate an emergency vehicle.
4. Driver shall be 21 years old or older to drive.
5. Driver's 21-24 years old shall have a completely clean record. No exceptions.
6. Driver must have experience of at least 5 years driving any type of motor vehicle.
7. Have successfully completed a documented road test.

Major Disqualification's:

1. No DWI's within the last 5 years.
2. No drug related incidents within the last five years.
3. No careless or reckless driving tickets within the last five years.
4. No at fault accidents where a felony was involved within the last five years.
5. No involvement in an asleep at the wheel accident within the last five years.
6. No hit and run involvement within the last five years.
7. No vehicular felony involvement within the last five years.
8. Drivers 25 years and older will go by a point system. Three points will lead to suspension of driving an EMS vehicle. The following points will be awarded:

2 points for at fault accident*

1 point for not at fault accident*

1 point for moving violations i. e. speeding, red lights, etc.*

***On-duty and Off-duty violations and accidents will be included in the point system.**

Post Accident Testing:

UMC Lubbock EMS follows UMC Health System's Drug and Breath Alcohol testing on post accident testing.

Driving Standards:

The EMS department shall check employee driver's record on an annual basis.

New Employee:

All new field paramedics shall meet the requirements of this policy.

Current Employee:

All current field paramedics shall meet the requirements of this policy or they will be suspended or terminated until driving record is clear.

UMC HEALTH SYSTEM HEALTH SYSTEMS
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 2.20

TITLE: Helmet Use Policy

APPROVED BY:

EFFECTIVE DATE: April, 2005

REVIEWED: June, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy describes when it is mandatory to wear the department provided helmet.

TEXT:

UMC Lubbock EMS has provided a helmet for every person while on duty. The helmets will be shared between shifts. Each individual has been issued a front sweat band for the helmet. In the morning the off going crew will take out their sweatband, then the oncoming crew will put their sweatband in place. The first sweatband will be provided by the department. Sweatbands are washable. Any needed replacements will be the responsibility of the employee, unless it is damaged during use.

Helmets will be worn on the following types of calls:

1. Motor vehicle collisions where extrication equipment is being used by fire department. All personnel on this type of scene must wear a helmet.
2. Any call where there is extrication being done from overhead.
3. On construction sites.
4. Confined space incidents.

Failure to wear the helmet on required types of calls can result in the following actions:

First time, verbal reprimand.

Second time, written reprimand.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 2.21

TITLE: EMS Transport of Pre-Hospital Patients Under Law Enforcement Custody

APPROVED BY:

EFFECTIVE DATE: February, 2006

REVIEWED: June, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To insure the safety of EMS crews during transport of patients under custody of Law Enforcement

TEXT:

To insure the safety of EMS personnel and patients under the care of UMC Lubbock EMS, all patients under the custody of any Law Enforcement agency should be transported only under the following conditions.

1. All patients under custody should have handcuffs in place and, if needed, shackles, if appropriate.
 - a. Handcuff may be removed only at the request of the lead medic after consulting with the arresting officer.
 - b. Handcuffs may be removed only to facilitate patient care
 - c. All incidences of removal must be documented in the patient care report.
2. All patients under custody should be accompanied by an officer who is physically in the EMS unit during transport.
 - a. The officer will take responsibility for securing the patient to prevent flight and providing security for EMS personnel.
 - b. There may be times that it is unsafe for the officer to leave their vehicle at the scene. Under those circumstances you should coordinate with the officer on moving to a more secure location prior to the officer boarding your unit.
3. EMS will not provide transport of a psychiatric patient under custody of Law Enforcement unless the patient is being transported to a local EC.
 - a. At no time will an EMS unit be utilized solely as a means of secure transport for any person under custody who does not require transport to an EC or does not require medical care during transport.

All incidents of EMS refusal to transport because of violation of above guidelines must be documented in the Run Report for that response and referred to the on-duty Shift Chief for review.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 2.22

TITLE: EMS Taser/ Stun Device Patients

APPROVED BY:

EFFECTIVE DATE: February, 2006

REVIEWED: June, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

Law enforcement officers are now using more non-lethal means of apprehending people, but these devices can still cause harm. The text below describes the procedure for UMC Lubbock EMS Paramedics.

TEXT:

Definitions:

Taser Device – means any device which is powered by electrical charging units, such as batteries, and which fires one or several barbs attached to a length of wire and which, upon hitting a human, can send out a current capable of disrupting person's neuromuscular control and the ability to perform coordinated action for the duration of the impulse.

Stun Device – means any weapon or other device (except taser devices), which emits an electrical charge or current, intended to temporarily disable a person.

1. All Taser Device patients that have been evaluated by UMC Lubbock EMS Paramedics and still has barb(s) in place after Law Enforcement attempt to remove, shall be transported to the most appropriate hospital for barb removal and further medical evaluation as needed.
2. Any Stun Device patient that has been shocked in any "core" area (i. e. head, neck, thorax, or abdomen) should be transported to the most appropriate hospital for further medical evaluation to rule out any underlying serious medical conditions.
3. Leave the barb(s) in place (the wire between the taser device and the patient may be cut to allow for ease of movement and/or treatment.
4. For situations where a law enforcement officer request a field medical evaluation for a taser/stun patient, the officer shall be advised of this policy by UMC Lubbock EMS Paramedics and Medical Control shall be contacted if further assistance is required.
5. For patients that are under arrest, a law enforcement officer must accompany the patient to the hospital. (Refer to EMS SPP# 2.21 EMS Transport of Pre-Hospital Patients Under Law Enforcement Custody

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 2.23

TITLE: Patient Safety

APPROVED BY:

EFFECTIVE DATE: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy refers to UMC Health System Policy and Procedure #AO-25.1, "Performance Improvement and Patient Safety Plan" for use in ensuring that patient safety is accomplished during EMS operations.

TEXT:

It is the policy of the department of Emergency Medical Services to refer to UMC Health System Policy and Procedure # AO-25.1 on issues involving patient safety.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #3.01

TITLE: Exposure Control for Emergency Medical Services

APPROVED BY:

EFFECTIVE DATE: June, 1992

REVISED: October, 1994

REVISED: April, 1996

REVISED: March, 1998

REVISED: July, 1998

REVISED: April, 1999

REVIEWED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVIEWED: June, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

To provide a safe environment and limit occupational exposure to blood, body fluids, and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death.

TEXT:

The Emergency Medical Services department is considered, in general, to be a "high risk" area in terms of its field employees potential for exposure to pathogens. This policy covers all employees who are "reasonably anticipated" to be at risk for becoming infected with pathogens either through blood, body fluids, tissue, or any other contaminating sources.

PROCEDURE:

A. EMS Station Environment

1. There shall be no storage, decontamination, or disposal of biohazard materials at the EMS stations. All decontamination or disposal shall take place at the receiving hospital decontamination area.
2. Red plastics bags and sharps boxes will be provided for biohazard waste. Material Safety Data Sheets(MSDS) books will be in designated areas at the EMS stations. All full sharps boxes will be sealed appropriately and placed in the BIO HAZARD disposal area of UMC Health System.
3. All contaminated materials will be stored in leak proof containers prior to the cleaning/disposal of that particular item. Contaminated laundry items brought to UMC for cleaning and decontamination must be placed in red leak proof bags. Contaminated disposable

items which were utilized during cleaning procedures or during patient care must also be placed in red leak proof bags. If outside contamination of a disposal bag is a possibility, a second bag with identical markings will be placed over the first.

4. All work uniforms will be decontaminated at the EMS stations. Under no circumstance will contaminated work cloths be taken home by field employees. This will help protect employees families from both infectious and chemical contamination. Employees will be given opportunity to decontaminate prior to responding to additional calls.

B. Personal Protective Equipment

1. Emergency response is often unpredictable and uncontrollable. In this uncontrolled prehospital environment, UMC Lubbock EMS will follow hospital SPP# PC-37.1, "Standard Precautions."

2. Facial protection will be used in any situation where splash contact with the face is possible. Facial protection may be afforded by using both a face mask and eye protection. When treating a patient with a suspected or known airborne transmissible disease face masks should be used, the ambulance's windows should be opened if weather conditions permit, and the ambulance's exhaust fan system be utilized. The first choice is to mask the patient, but if this is not feasible mask the employee(s).

C. Scene Operations

1. Eating, drinking, smoking, tobacco, "dipping" or chewing, handling contact lenses, or applying cosmetics or lip balm is prohibited at the scene of operations or in the EMS vehicle at any time. If a suitable "uncontaminated storage" compartment can be identified, approved, and subsequently labeled on the specific EMS vehicle to which the employee is assigned then food or beverages may be temporarily stored in that area while the employee is enroute back to the EMS station. Otherwise, this practice is strictly prohibited.

2. Disposable resuscitation equipment will be used on all EMS calls. The portable airway management kit shall be carried into the scene of all calls in which the patient is more than a few feet from the employee's EMS vehicle.

3. Patients with suspected airborne communicable diseases will be transported wearing a face mask or particulate respirator whenever possible. Ambulance windows will be open and ventilation systems, including the exhaust fan, turn on full whenever possible.

4. Personal protective equipment will be removed as soon possible if contaminated. PPE which does not comprise part of the standard uniform will be removed prior to leaving the work area. After use, all PPE will be placed in leak proof bags, color coded and marked as a biohazard, and transported back to the appropriate location for proper disposal or disinfection.

5. At the conclusion of on-scene operations, all potentially contaminated patient care equipment will be removed for appropriate disposal or decontamination and reuse.

D. Post Response

1. Upon completion of the call, contaminated equipment will be removed and discarded or will be thoroughly decontaminated as appropriate for that individual equipment. At no time shall EMS decontaminate equipment at the EMS stations.
2. Eating, drinking, smoking, tobacco use, handling contact lenses, or applying cosmetics or lip balm is prohibited during cleaning or decontamination procedures.
3. Disinfection will be performed with a hospital-approved quaternary and phenolic based disinfectant cleaners.
4. Any damaged equipment will be cleaned and disinfected before being sent out for repair.
5. Contaminated boots will be brush-scrubbed with a hot solution of soapy water, rinsed with clean water, and allowed to air dry.
6. Contaminated uniforms will be removed and exchanged for clean uniforms. The employee will shower if body fluids were in contact with skin under the uniform.
7. Contaminated uniforms will be laundered at the stations. Obviously contaminated areas should be pretreated with the appropriate germicidal solution prior to washing the entire uniform. Under no circumstances will contaminated uniforms be laundered at home by any employee.
8. Infectious waste generated during cleaning and decontamination operations will be properly bagged and placed in the biohazard disposal area of the receiving hospital or UMC.

E. Post-Exposure Protocols

1. Any employee exposed to potentially infectious material will follow hospital SPP# HR-27. "Occupational Exposure to Bloodborne Pathogens."

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #3.02

TITLE: Food/Beverages in EMS Ambulance

APPROVED BY:

EFFECTIVE DATE: JUNE, 1979

REVIEWED: June, 1984
REVIEWED: June, 1987
REVISED: June, 1990
REVISED: June, 1991
REVISED: November, 1992
REVIEWED: October, 1994
REVIEWED: March, 1996
REVIEWED: March, 1998
REVIEWED: June, 2000
REVIEWED: June, 2002
REVIEWED: December, 2004
REVIEWED: June, 2006
REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy governs the consumption of food and beverages inside the EMS ambulances.

TEXT:

The operation of an EMS vehicle can change from "routine or nonemergency" to "emergency" driving conditions within a matter of seconds. Safe emergency driving requires the full attention of both the driver and his front seat EMS partner. The consumption of food and/or beverages can unquestionably distract the EMS driver and his EMS partner, especially during emergency responses. Additionally, spilled food and/or beverages can damage or destroy the sophisticated electronic communication equipment in the EMS vehicles.

The consumption of food and/or beverages inside an EMS vehicle has also been identified as an infection control concern by the Center for Disease Control and by the Occupational Health and Safety Administration's (OSHA) Bloodborne Pathogen Rule.

Therefore, EMS personnel shall not consume any food and/or beverages in the EMS vehicle at any time nor shall they allow any other personnel aboard the EMS vehicle to consume these items. Both the front cab and the rear patient compartments are considered as parts of the EMS vehicle in regards to this policy.

Similarly, food and beverages may be transported to the EMS station for later consumption ONLY in the front cab of the EMS vehicle since the patient compartment is considered as a potentially "contaminated" area by the OSHA Bloodborne Pathogen Rule.

UMC HEALTH SYSTEM HEALTH SYSTEMS
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP# 3.03

TITLE: Testing for Accidental Exposure

APPROVED BY:

EFFECTIVE DATE: July, 2005

REVIEWED: June, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy outlines the procedure to use in case of accidental exposure to blood or other body fluids of a person who dies at the scene of an emergency or during emergency transport.

TEXT:

This policy amends Texas Health and Safety Code Chapter 81. If a UMC Lubbock EMS employee is accidentally exposed to blood or other body fluids of a person who dies at the scene of an emergency or during emergency transport UMC Lubbock EMS shall take reasonable steps to test the deceased person. Blood test shall include at minimum Hepatitis B, C, and HIV. UMC Health System's Employee Health Department will pay for the testing and consent of the deceased's family is not required. The following procedure shall be used for exposure testing involving a deceased source patient.

On Scene of Emergency (Signal 27/28):

1. EMS employee shall notify supervisor of possible accidental exposure.
2. EMS employee and supervisor shall obtain consent from local law enforcement, and have Medical Examiner Personnel to draw blood for communicable diseases.
3. EMS employee or Supervisor shall request from Medical Examiner they draw 7ml of blood into a Tiger tube or Red Top blood tube, and immediately label the tube then give to EMS supervisor to take to Employee Health at UMC Health System or give to the House Supervisor at UMC. UMC shall then proceed to Lab with sample of deceased blood for testing.
4. Employee Health or the House Supervisor shall fill out the proper paper work and send to the Texas Department of State Health Services or the local health department.

5. UMC Health System's Employee Health department shall report the results back to the Emergency Medical Service personnel as permitted by statute.

During Emergency transport:

1. If there is an exposure during patient transport to the hospital the EMS personnel shall immediately notify the supervisor on duty.
2. The supervisor shall immediately notify the Infection Control Department, or House Supervisor of an accidental exposure and the need to test the deacease for Hepatitis B, C, and HIV.
3. If EMS is at another hospital other than UMC the EMS supervisor shall ask the Emergency Room Physician to draw blood for communicable diseases and have the results reported to the Department of State Health Services or local health department. EMS shall pay for the Hepatitis B, C, and HIV tests only.
4. The health department will report the results to the EMS personnel and other persons as permitted by statute.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

SPP #4.01

TITLE: EMS Quality Improvement Plan

APPROVED BY:

EFFECTIVE DATE: December, 1989

REVISED: April, 1990

REVISED: June, 1991

REVISED: November, 1992

REVISED: October, 1994

REVISED: February, 1996

REVISED: July, 1996

REVISED: March, 1998

REVISED: June, 2000

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

The purpose of this policy is to insure that EMS patients receive the best possible prehospital care available and that this care will be delivered while maintaining the highest standards of safety for the medical crew and the patient. The EMS quality improvement program will utilize the processes of problem identification, objectives and goals, implementation, and evaluation in order to maintain such standards.

TEXT:

OBJECTIVES

1. To evaluate patient care from dispatch to the arrival of the patient at the appropriate medical facility. This evaluation will be accomplished through monthly monitoring of dispatch tapes and other specific monitors.
2. From the results of this evaluation, individual and/or organizational changes may be implemented for the betterment of patient care.
3. Ongoing review of all monitors of quality improvement to insure that they comply with the policies and procedures of EMS and UMC Health System.
4. Utilization of quality improvement monitors to identify potential safety problems not only for the patient, but for the staff as well.
5. Utilization of quality improvement monitors to identify educational needs of the staff and implement continuing education as these needs arise.

ORGANIZATION

1. The EMS Administrative Council is administratively responsible for all facets of patient care delivered by the prehospital emergency crew, as well as the conduct of that crew. The EMS Administrative Council will be answerable to Hospital Administration and to the UMC Board of Managers. The EMS Administrative Council shall delegate responsibility for all quality improvement activities to the EMS Training Chief/Quality Improvement Coordinator. The EMS Administrative Council shall provide the necessary administrative support and assistance for the implementation and continuation of the quality improvement program's activities.

2. The EMS Medical Director is responsible for all facets of medical care delivered to prehospital emergency patients while under the direct care of the transport crew. A set of written medical protocols has been established and approved by the EMS Medical Director. The EMS crew will be responsible for following these protocols; and, if deviation is necessary, will establish radio contact with the receiving medical facility and/or with Medical Control at UMC Health System. EMS crews will have a monthly case review with the EMS Medical Director to discuss the previous month's EMS calls and any medical protocol problems which have arisen.

3. The EMS Training Chief/Quality Improvement Coordinator shall be responsible for reviewing, analyzing, and interpreting all patient care and other quality improvement related data. This data will be reported on a quarterly basis to the EMS Administrative Council, EMS Medical Director, and the Emergency Center Committee.

4. The prehospital EMS staff will be responsible for recognizing and identifying patient care, professional performance, and departmental protocols which fail to conform to the established standards in the EMS department. The EMS staff will be responsible for assisting, as needed, in the evaluation of problems identified using pre-established criteria and offering suggestions for methods to improve or resolve the problems in an efficient manner.

5. The EMS staff shall use the following reporting mechanisms:
- a. investigative reports
 - b. direct verbal or written reports

PROCEDURES

1. All aspects of the prehospital emergency transport of patients will be closely monitored and evaluated to insure excellence in care as well as safety provided by EMS personnel. A systematic approach will be used in collecting data to be monitored. The data to be monitored will consist of predetermined criteria. The criteria shall assist in the identification of problems whose resolutions will enhance the quality of patient care provided by departmental employees.

2. When assessing and evaluating criteria the following shall be utilized:
- a. EMS Policy and Procedure Manual
 - b. SPEMS Medical Protocols
 - c. Infection Control Policy and Procedure Manual
 - d. Texas Department State Health Services EMS Rules and Regulations

3. Various sources are used to identify and monitor the problems listed. Some of these sources shall include the following:

- a. After Action Forms
- b. EMS Transportation Records
- c. EMS Medical Director responses and recommendations
- d. Patient complaints
- e. Complaints/recommendations from other medical professionals
- f. Case Review minutes
- g. Staff Meeting minutes
- h. QI reports

4. Information and data will be collected as follows:

- a. Each prehospital emergency medical crew will report any problem which is detected during the course of an EMS call, while doing routine equipment checks, or while performing any other duties which relate (either directly or indirectly) to the safety of the crew or delivery of patient care. The problem should be reported on the EMS After Action Form. This form will be turned in at the same time as the EMS Transportation Record if the problem relates to a routine patient care issue. Other, more urgent problems, should be reported more quickly by giving the After Action Form directly to the EMS Shift Chief on duty, the EMS Training Chief/Quality Improvement Coordinator, or to any other appropriate EMS supervisory personnel. EMS Communications Center-related issues should be reported to either the Communications Center Supervisor or the EMS Shift Chief on duty.
- b. The EMS Shift Chief and Training Chief will review medical run reports on a quarterly basis while documenting this review on the Run Report Audit form. Documentation errors, protocol problems, or any other patient care problems will be pulled for medical review with the EMS Medical Director during case review.
- c. The EMS Training Chief/Quality Improvement Coordinator will compile all data on a quarterly basis for review by the Administrative Council, Medical Director, EMS Director or Emergency Center Committee if requested.
- d. Quarterly reports for all quality improvement activities in the EMS Department shall be maintained by the EMS Quality Improvement Coordinator. All evaluation can be done with our database computer. All information is logged in by way of the numbers on the dispatch cards which are placed there by the dispatchers.

1. Guidelines:

Case Review: On a monthly basis various topics are reviewed by the medical direction with the staff. Patient care and or treatment are assessed. If a problem is identified, actions will be taken to resolve the problem and to prevent its recurrence. Minutes are taken at each case review. Minutes from these case reviews are available for review by the Administrative Council, EMS Director, Medical Direction and Emergency Center Committee if requested.

On Scene Times: The goals for on scene trauma is 10 minutes or less. This can not be stressed enough. The best care for trauma is surgery. The faster and more efficient our people can move off the scene with trauma, the better the chances of survival the patient has. There are several factors that have to be accounted for that may not allow a crew to achieve this goal. They are multiple patients, lengthy extrication, distance from the vehicle, and availability of units as needed for multiple transports. By severity, all calls over 10 minutes will be reviewed on a monthly basis.

Quarterly Reports: Each quarter all intubations will be reviewed to identify possible problems or concern which might require reeducation or be a source of data towards various studies. This report can be available for review by the Administrative Council, EMS Director, or Medical Direction.

5. When significant patient care problems or other opportunities to improve patient care are identified, actions shall be taken to resolve the problems and to prevent their recurrence. The effectiveness of these actions shall be evaluated following the problems' resolutions on a routine basis.

6. The action taken to resolve problems, to improve patient care, and the results of these actions shall be documented, and as needed, shall be reported to the Administrative Council , Medical Director or EMS Director.

EMS Transportation Record Audit Criteria

EMS Transportation Records in which any of the following conditions exist can be reviewed by the EMS Training Chief to insure completeness documentation and compliance with commonly accepted standards of patient care. As additional areas of interest and/or concern arise, the EMS Administrative Council, EMS Training Chief/Quality Improvement Coordinator and the EMS Medical Director reserve the right to modify, add, and/or delete from this list.

1. Cardiac and/or respiratory arrest patients.
2. Dead on the scene/"do not resuscitate" patients.
3. Trauma patients in which the paramedics spent more than 10 minutes on the scene (excluding prolonged extrication situations, etc.).
4. Medical patients in which the paramedics spent more than 20 minutes on the scene.
5. Documentation which indicates EMS paramedics' perceptions of "inappropriate orders" from the Emergency Department physician.
6. Documentation which indicates EMS paramedics' perceptions of "no orders" for prehospital definitive therapy from the Emergency Department physician when the paramedics believed that the patient would have benefited from such orders.
7. Patients in whom the current EMS/SPEMS Protocols appear to be either inadequate or confusing.
8. Cases involving complaints or recommendations from patients, family members, or other medical personnel.
9. Incomplete EMS Transportation Records in which all pertinent patient information (vital signs, receiving ER physician's name, etc.) is not documented.
10. Cases in which the patient refused to allow EMS to treat and/or transport the patient to a local Emergency Center (review for description of illness/injury, documentation of paramedic's attempts to convince patient to allow EMS to transport when indicated, and signature of patient and witnesses, etc.).

11. Cases in which invasive procedures were performed (or indicated but not performed) which have a higher potential requirement for refresher training (i.e., pleural decompression, intra osseous infusion, cricothyroidotomy, and endotracheal or nasotracheal intubation, etc.).
12. Cases in which aeromedical helicopter assistance was utilized.
13. Cases in which paralytics are asked for or used.

911 QI

Approximately thirty (30) 911 calls are pulled on a random basis monthly for review. That review consists of looking at the priority code and category assigned to each call and to insure that the proper questions were used to make that determination. Insuring that a proper phone assessment is performed utilizing the vital point questions as set out in the APCO dispatch guide cards. Also identifying if pre-arrival instructions were given when necessary and if those instructions were appropriated and given in the correct manner. The call is also reviewed to assess if the proper directions were obtained as to the patients location to facilitate rapid access to patient, and to insure that the call was handled in a professional manner. Each review is documented and that documentation is returned back to the dispatcher with written feed back on their performance as well as a tape of the 911 call for their review. On a quarterly basis a report is generated covering the number of calls, and types of calls reviewed as well as any trends identified during the review.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICE

STANDARD POLICY AND/OR PROCEDURE

SPP #4.02

TITLE: Scope of Service

APPROVED BY:

EFFECTIVE DATE: February, 1996

REVIEWED: March, 1998

REVIEWED: June, 2000

REVISED: August, 2001

REVISED: October 12, 2001

REVIEWED: June, 2002

REVIEWED: December, 2004

REVISED: July, 2005

REVIEWED: January, 2006

REVISED: March, 2008

STATEMENT OF PURPOSE:

It is the goal of Emergency Medical Service to provide high quality pre-hospital care in a cost effective manner.

TEXT:

The department of Emergency Medical Services operates seven Mobile Intensive Care Unit Ambulances in the City of Lubbock. Each ambulance is staffed by two paramedics. The ambulances are licensed by the Texas Department of State Health Services. The EMS Department also operates several first responder units that have advance life support capabilities. The EMS Department treats patients of all ages from birth to death. Service is provided by EMT's/Paramedics who are certified or licensed by the Texas Department of State Health Services.

The EMS Department is operational 24 hours a day, seven days a week.

The majority of our services is listed below, but is not limited to them:

- *Stabilization of the critically ill or injured patient.
- *Rapid response to the scene of a call for help.
- *Rapid transport of those patients needing surgery.
- *Delivery of appropriate medications.
- *Intravenous therapy.
- *Rapid Sequence Intubations
- *Cardiac Monitoring including 12 lead EKG
- *Extrication of entrapped victims.
- *Immobilization of fractures and possible fractures.
- *Bandaging of wounds.

- *Educators of the public on safety and health issues.
- *Social help to the public.
- *Work side by side with other Emergency Agencies for betterment of the public.
- *Communicate with other health care professionals on our patient treatment and conditions.

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICE

STANDARD POLICY AND/OR PROCEDURE

SPP #4.03

TITLE: Field Personnel Field Evaluation and First Responder Proficiency

APPROVED BY:

EFFECTIVE DATE: April, 2005

REVIEWED: June, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy defines the process by which Senior Field Training Officers may use to evaluate employees in the field. This includes ambulance and first responder personnel. It also defines requirements for ambulance experience for First Responder personnel.

TEXT:

In order to facilitate evaluation of employees by Senior FTOs the following guidelines may be used. The Senior FTO should evaluate each paramedic at least twice a year. Also, in order to help First Responder personnel maintain proficiency they may be required to meet minimum requirements of time on an ambulance. In order for First Responder personnel to maintain proficiency they will be required to follow the policy below.

Ambulance Personnel

1. The Senior FTO will trade with one paramedic on the ambulance for a twenty four hour shift.
2. The Senior FTO may ride as third man out on the ambulance.

First Responder Personnel

1. The Senior FTO will have the First Responder ride a shift or portion of their shift on the ambulance with him.
2. If the First Responder has been on the scene for a few minutes before the arrival of the ambulance, and the Senior FTO is on the responding ambulance, the First Responder can be asked to take the patient through to the ED.

First Responder Personnel Proficiency

- A. First Responders with less than ten (10) years of EMS Field experience must obtain the following time on the ambulance:
 - a. Weekday Fox Personnel – 20 hours per month
 - b. Weekend Fox Personnel – 10 hours per month

B. First Responders with ten (10) or more years of EMS Field experience may be required to ride on the ambulance as needs arise through evaluation of Senior FTO or Chief

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICE

STANDARD POLICY AND/OR PROCEDURE

SPP #4.04

TITLE: Documentation Guidelines

APPROVED BY:

EFFECTIVE DATE: March, 2005

REVIEWED: June, 2006

REVISED: September, 2006

REVIEWED: March, 2008

STATEMENT OF PURPOSE:

This policy defines the minimum requirements for documentation on EMS reports. It outlines these requirements in the narrative for each type of call encountered by UMC Lubbock EMS. These guidelines are used in our Quality Improvement Program chart review.

TEXT:

All appropriate boxes must be completed on all reports.

1. N-1: Date, Address, and Description of what you were dispatched to, and what was found.
2. N-2: Service number of duplicate call
3. N-3: Age, gender, injury/illness presenting with, vitals, risks of not seeking treatment, reasons the patient is not wanting transport, include details of what you told the patient, name of person clearing refusal (if applicable), and position or relation to patient
4. N-4: All the information required for a N-3 and the treatment given with results of the treatment
5. N-5: Detail reason why EMS is refusing transport and name of Supervisor and/or doctor approving refusal
6. N-6: Number of potential patients, describe the incident, state that no injury or illness exists
7. TBOM: Document how the patient was transported.
8. N-8: Age, gender, describe scene and how patient found, any movement of patient by you, medical history, mechanism of injury (if appropriate), list of medications, doctors name (if available)

9. Transports: Age, gender, mental status, nature of the incident, chief complaint, findings of assessment (positive and negative), allergies, medications, vital signs (TWO SETS MUST BE DOCUMENTED ON ALL TRANSPORTS, in flow chart and in the initial and at ED boxes), treatment, results of treatment, transport signal and code, destination, sending facility (if transfer), medical reason for ambulance (if transfer).

Guidelines for writing narrative.

Patient Information: (S)

 Patient's weight in kilograms

 Patient's age and gender

Past Medical History: (S)

 Patient's history if known

 Patient's family history if it pertains to the patient

 Risk Factors

Chief Complaint: (S)

Observations: (O)

 An expanded detailed version of the chief complaint

 How the patient presents to you **What you see!**

Review of Systems: (A)

 HEENT-Head, Eyes, Ears, Nose, Throat

 Neck

 Chest/Respiratory

 Abdomen

 Back

 Extremities

 Neurologic

 Vital Signs times two (2). Do not palpate both sets of BP's.

Treatment: (P)

 What protocol or protocols you are working under.

 What treatment was provided for the patient and by whom, name not badge number.

 Results of the treatment:

 Did the patient improve or deteriorate with your treatment?

 Vitals every 5-15 minutes or with any change of status

 Vitals taken before and after medication administered

 Blood pressure to be auscultated unless in a life threatening situation

 Document pain scale before and after each action to make patient comfortable

 Documentation of end results of all advanced airway procedures

Transport:

 How you transported the patient (Signal and Code)

 Where patient was transported to

Signature is required.

Other mandatory information if applicable:

 Endotracheal intubation: Lung sounds, seeing the tube pass the cords, depth of the tube at the teeth, and oral grading system

 Endtidal CO₂ reading after intubation and with every movement of the patient including arrival at the emergency department

 Trauma on-scene times: Acceptable reasons for delay in transport greater than ten (10) minutes (LPD questioning the patient is not an acceptable reason)

 Pain Management: What you gave or requested, and if patient's pain level decreased or remained the same

Documentation of monitor (Lead II) vs diagnostic mode (12 Lead) for the heart monitor
The 12 Lead interpretation if obtained
Make sure all times, patient's weight in kilograms and doses match throughout the entire report.
List all persons on the scene by name, do not use Badge Numbers.

Non-Emergency Transfer Documentation

You should document if the patient's physical condition is such that they are confined to supine or reclined position, or unable to sit up unrestrained without assistance for the duration of the transport; or the patient requires medical care or supervision by trained personnel.

When unclear as to whether a patient is truly bed confined or not, do not be afraid to use terms like: Patient appears...; Patient states...; Records indicate...; Patient seems...; or Nurse reports...

Just because a patient can sit in a wheelchair does not necessarily mean they can be transported in a wheelchair van. You have to consider:

- Does the patient have the strength to hold himself up over bumps, turns or hard stops?
- If the patient's oxygen fell off, would he be able to put it back on properly?
- Is there a wound or injury that may be worsened or complicated by sitting?
- Are there other factors that would put the patient at risk if left unattended during transport?

If you document that patient could sit unattended, you must document very clearly why the patient required ambulance transport.

NET Documentation Guidelines

- A. **From/To:** Document name of each facility or location and specify what type it is.
- B. **Admit Date:**
- C. **Chief Complaint:** Reason for admission.
- D. **Diagnosis:** Be specific.
- E. **Treatment:** Brief summary of treatment given at facility.
- F. **Pt Location:** Bed, chair, wheelchair, with or without restraints.
- G. **Pt Position:** Position found.
- H. **Patient Condition:** Objective assessment.
 - a. **Level of Consciousness:** Be specific.
 - b. **External Appliances/Attachments:** O2, IV/INT, etc.
 - c. **Immobilization Devices:** Cast, brace, etc.
 - d. **Physical Abnormalities:** Contractures, amputations, fractures, wounds/ulcers, obesity (document weight), frail, emaciated, paralysis, hemi plegia, hemi paresis, and weakness.
 - e. **Special Handling Required:** In restraints, and why; isolation precautions, special positioning.
- I. **Mobility Status:** Functional ability.
- J. **To Cot Via:** How was the patient moved to the cot.
- K. **Physical Exam:** Pupils, lung sounds, skin color/temp, other pertinent body systems.
- L. **Vital Signs:** Blood pressure, pulse, and respirations taken at least twice. SpO2.
- M. **Medical Treatment Required During Transport:**
- N. **Unusual Occurrence or Transport Uneventful:**
- O. **Final Disposition:** How pt was moved and to where, and who was the Pt left with.

Billing

Patient's Name

Home Address

Date of Birth

Social Security Number

Insurance Information

Turn in Face Sheet with Report

Write Service Number on all Supporting Documents

**Proof Read All Reports Prior to Turning in to the Office.
These Reports are Legal Documents.**

UMC HEALTH SYSTEM
EMERGENCY MEDICAL SERVICES

STANDARD POLICY AND/OR PROCEDURE

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