EMPLOYEE STANDARD OPERATING PROCEDURES MANUAL

4th Edition

McCORMICK Los Angeles City/County

Revised September 29, 2017

Medical Director's Approval
Joe Nakagawa, MD

This manual is intended to serve as a guide for making decisions during routine and non-routine events or situations. This book is designed to be an addendum to the existing Employee Policy Manual. Please refer to the Employee Policy Manual for all items not specifically covered in this manual. It is difficult to define all possible situations, therefore, these guidelines and procedures have been developed with the assumption that professional judgment should play a significant role in most decision making processes. Whenever there is doubt regarding a decision, a member of management should be contacted for instructions.

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GENERAL PROCEDURES

The Standard Operating Procedures (SOP) Manual has been developed by Westmed Ambulance, Inc. dba *McCORMICK* ("McCORMICK" or the "Company") as a reference and guide for the employee policies in effect at the time of publication. All previously issued handbooks and any previous policy statements or memoranda inconsistent with the policies stated in this manual are hereby superseded.

McCORMICK reserves the right to revise, modify, delete, or add to any and all policies, procedures, work rules, or benefits stated in this manual or in any other Company document, with the exception of the "at-will employment policy expressed in *Employee Policy 1002*. Changes to this manual can only be made in writing with the approval of the Director of Operations or their designee.

It is the responsibility of all *McCORMICK* personnel to know and follow the *McCORMICK* employee SOPs set forth in this manual The *Acknowledgement of Receipt and Understanding* (Form A-105), which states that the manual has been read and the SOPs contained within the manual have been understood, must be signed by each employee and filed in the employee's permanent personnel record. *See Employee Policy 1003*.

Circumstances may arise for which no specific SOPs have been codified in this manual. In these cases, the Management reserves the right to develop and implement SOPs that best serve the interests of the Company.

Notifications will be made of any changes or revisions to the Employee Policy Manual. A current copy of this manual will be available for review at all times in the Human Resources office and available online through the company website, in the *Employee Zone* at http://mccormickambulance.com/.

The SOPs described in this manual are not intended to create any contractual obligations which in any way conflict with *McCORMICK* policy that the employment relationship between *McCORMICK* and employees is "at-will" and can be terminated with or without cause, and with or without notice at any time, at the option of either the Company or the employee. No agreements contrary to this "at-will" policy can be made unless in writing and signed by both the employee and the Director of Operations of *McCORMICK*.

This proprietary manual is the property of *McCORMICK* and must not be copied without consent or distributed to any person or organization not affiliated with the Company.

In the event of a contradiction between two SOPs, the newer of the two SOPs takes precedence. It is the reasonability of the employee to bring any contradictions to the attention of management.

101.01 **SOP Policy Updates**

CAAS 103.01.03

Effective Date: 3-25-2020 *Replaces: 3-1-2019*

Every *McCORMICK* employee is responsible for abiding by the SOPs stated in this manual, including any SOP revisions and/or updates.

SOP revisions and/or updates will be sent out to employee email addresses that are on file, the *Employee Zone* on the company website, http://mccormickambulance.com/ and through QR codes located in strategic locations on company grounds.

In the Human Resources hard copy of the SOP manual, each revision and/or update is assigned a consecutive number. The date of each update and the corresponding update number is recorded in order in the front pocket of the manual.

Every new SOP carries a new SOP number, a title, and the SOP issue date with a replacement date of "Original". New SOPs are accompanied by an updated *Table of Contents* reflecting the policy addition.

Every revised SOP bears the same SOP number and title, a new effective date, and a replacement date reflecting the issue date of the previous version. A solid "update" bar in the right margin identifies the revision, indicating the specific change(s) in the policy's language and/or content.

SAMPLE UPDATE

Example of original policy:

All *Patient Care Reports*, *Incident Reports* and other supporting paperwork must be filled out legibly, in black ballpoint ink.

Crews will be asked to rewrite any paperwork deemed "not legible" and complete any unfinished or missing paperwork.

Example of policy change:

All *Patient Care Reports, Incident Reports* and other supporting paperwork must be filled out legibly, in black ballpoint ink, ***immediately following the call***.

Crews will be asked to rewrite any paperwork deemed "not legible" and complete any unfinished or missing paperwork.

Only completed and legible paperwork will count towards the call bonus.

The first "update bar" indicates a change to the wording of the policy: *"immediately following the call.*"

The second "update bar" indicates an addition to the policy: "*Only completed and legible paperwork will count towards the call bonus*."

101.02 **Memorandum Distribution/Updates**

Effective Date: 3-25-2020 *Replaces: 3-1-2019*

All current memos are sent to the employees email address and posted in the *Employee Zone* on the company website, http://mccormickambulance.com/ and through QR codes located in strategic locations on company grounds.

It is the responsibility of all crews to make sure their email address is current as well as log in and review memos at the beginning of each shift. Employee's returning from vacation or other extended absences must review all past memos.

Each memorandum is assigned a two-digit memo number. The first number indicates the year of issue. The second number represents the sequential order of that memo within that year. For example, 17-05 represents the fifth memo issued in 2017.

In the event of a contradiction between an existing standard operating procedure and a new memorandum, the newer of the two documents takes precedence, however the employee must bring the contradiction to the supervisor's attention.

As new memos are distributed, the Policy, SOP, and Safety Manuals will periodically be updated.

101.03 Acknowledgment of Receipt (Employee Copy A-105)

Effective Date: 3-1-2019 *Replaces: 9-29-2017*

It is the responsibility of all *McCORMICK* employees to familiarize themselves with and abide by the *McCORMICK* employee SOPs established in this manual. Each employee must sign an *Acknowledgment of Receipt* (Form A-105) which affirms that the employee has received, read, and understands the SOPs in the manual.

Below is the text contained in the Acknowledgement of Receipt form.

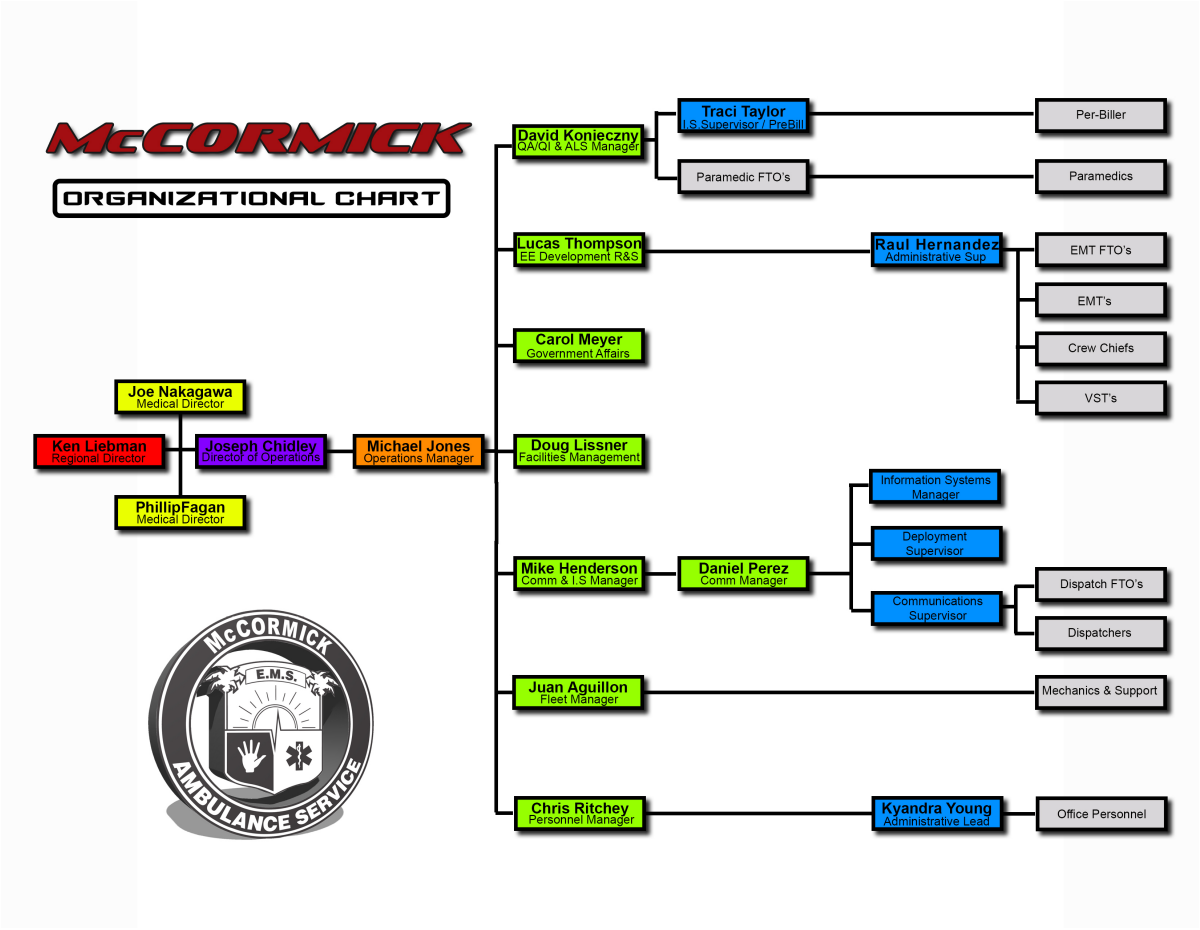
I have been granted online access to the *McCORMICK* Employee SOP manual which can be viewed online through the company website, in the *Employee Zone* at http://mccormickambulance.com/. I understand and agree that it is my responsibility to read, familiarize myself with and abide with the policies and procedures contained in this and all Company handbooks I also understand and agree that the Company does not follow a progressive disciplinary procedure, and nothing in the Employee SOP manual or any other Company document creates, nor is it intended to create, a promise of the Company to follow a progressive discipline procedure.

I understand that except for employment at-will status, the Company can change any and all policies or practices at any time. The Company reserves the right to change my hours, wages and working conditions at any time. I understand and agree, that other than the Director of Operations or other executive officer of the Company, no manager, supervisor or representative of the Company has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the Director of Operations or other executive officer of the Company has the authority to make any such agreement and then only in writing signed by the Director of Operations or other executive officer of the Company.

I understand and agree that nothing in the Employee SOP manual creates or is intended to create a promise or representation of continued employment and that employment at *McCORMICK* is at-will; employment may be terminated at the will of either the Company or myself. My signature below certifies that I understand that the foregoing agreement on at-will status is the sole and entire agreement between *McCORMICK* and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings and representations concerning my employment with *McCORMICK*.

101.05 Organizational Chart

CAAS# 103.01.01
Effective Date: 7-1-2020 *Replaces: 9-29-2017*



Los Angeles County EMS functions through a team effort maintained by excellent working relationships among allied agencies, including the Los Angeles County Fire Department and the Los Angeles County Emergency Services Agency. *McCORMICK* Communication Center personnel and ancillary services employees are expected to foster a positive, cooperative relationship with representatives of other agencies at all times. Situations that compromise interagency working relationships are to be reported to supervisory personnel so that they may be resolved as quickly as possible.

It is strictly prohibited for any employee to behave in an unprofessional manor in a public place with other *McCORMICK* employees, members of other agencies, healthcare facility personnel, patients, or community members. Every *McCORMICK* employee is a representative of the Company and is expected to act with the utmost professionalism at all times.

While *McCORMICK's* continued success is due to a combination of many factors, patient care is the most important factor in that success. The appropriate clinical treatment, safe handling techniques and transport, along with a thorough transfer of care are standards that the Company does not compromise. An essential element of appropriate clinical treatment is managing the mental health needs of patients and family members. Treating patients and family members with respect and dignity not only establishes a positive relationship between the patient and the Company, it also serves as part of the continuum of care for patients and families going through a very traumatic experience.

With a focus on patient and family needs, the following professional standards of care have been developed:

Comfort: Every effort should be made to make each patient as comfortable as possible. Crews should inquire about a patient's state of comfort frequently during the course of a run. During all phases of patient care and transport, the patient should have been the center of the crew's concern and attention.

Blanketing: Every patient should be covered with a clean sheet, bath or thermal blanket. Additional blankets should be used as needed to keep the patient comfortable.

Safety: Once initial contact has been made, the crew member in charge of patient care must be in attendance with the patient at all times. The driver, or attendant, must always have at least one (1) hand on a loaded gurney when not in motion. When a loaded gurney is in motion, the driver AND attendant should have a least on hand on the gurney at all times. Before the ambulance is put into motion, the patient must be properly secured on the gurney. Both chest and leg restraints should be securely in place

It is important that the patient is always moved gently and courteously to and from the gurney. To prevent possible injury to and/or discomfort for both the patient and crew in a heavy or awkward lifting situation, ambulance personnel should not hesitate to ask for help from other professionals such as hospital staff. The crew may also call the Communications Center for assistance from another crew.

Gurney Movement: When being moved, the ambulance gurney should be rolled foot-first whenever possible. The gurney wheels should be lifted over seams and other irregularities in the ground surface.

Use of Names: The crew members in attendance must always identify themselves to the patient by name, Company and professional title. Crew members should use the patient's name at initial contact, during the run, and in the course of turnover to the receiving facility. Typically, a patient's last name and title should be used if the patient seems older than the crew. Otherwise, first names are generally acceptable. Labels such as "hon", "dear" or "pal" are considered unprofessional and disrespectful and shouldn't be used.

Relatives of Patients: In general, relatives of patients should be treated as though they are patients too. Family members should receive every measure of care and concern that would be extended to a patient.

Patient Rapport: Crew members should establish a positive rapport with each patient and maintain that rapport throughout the encounter, including:

1. Making a calm approach to the patient during introduction and identification;
2. Not making suggestions as to the necessity of ambulance transport while caring for the patient at the scene;
3. Obtaining patient permission to treat and perform all procedures, whenever possible;
4. Explaining in advance all actions, procedures, functions of medical equipment and assessment findings, whenever possible, and whether or not the patient appears to understand;
5. Paying careful and detailed attention to the patient's comfort in the course of pre-transport preparation;
6. Being gentle and attentive during transport;
7. Ensuring a smooth transfer of responsibility at the receiving facility; and
8. Not requesting or receiving payment from the patient or others for any services rendered while caring for the patient at the scene or while en route to the receiving hospital, unless instructed by supervision Only after the patient is transferred into the care of medical personnel at the receiving hospital, may the crew secure billing information for services provided from the patient, patient's family members and friends, or from other customary sources, as appropriate.

Professional Conduct:

1. Personal information gained during an employee's work related duties must remain private.
2. Employees shall never exchange, for personal use, personal information between themselves and the patient, the patient's family or anyone connected directly or indirectly with a work related emergency call or transfer. Such relationships derived from work transactions is prohibited
3. Making social arrangements at time of service or at the scene of an emergency is considered unprofessional conduct. Such behavior is deemed inappropriate on the part of an employee.

Any employee behaving in any of the above ways shall be subject to disciplinary action up to and including termination.

The Company utilizes Language Line Solutions for its translation needs. If in the process of carrying out company business it becomes necessary for you to obtain translation services, contact the Communications Center immediately.

A good rapport with EMS agencies, healthcare agencies, patients and the community is critical to high quality patient care. Employees are expected to maintain a professional attitude at all times.

McCORMICK responds rapidly to agency problems and makes every attempt to handle problems in a manner that brings resolution for the complainant as soon as possible. Complex complaints are handled by the Operations Manager or their designee. Complaints from a healthcare facility or a patient are handled by the on-duty field or communication supervisor.

Conflict resolution consists of four (5) steps:

1. Documentation
2. Investigation;
3. Resolution;
4. Feedback; and
5. Tracking.

DOCUMENTATION

The supervisor begins the investigation of the complaint by obtaining the facts of the incident and then documenting the incident on the MeRS system Incident Report section.

The information gained will include the following.

- The name, address, and telephone number of the complainant.
- The date and time when complaint was received.
- The name of the employee(s) receiving the complaint.
- The name(s) of the agency/facility and personnel involved.
- The name(s) of the Los Angeles County Dispatch Office personnel involved (if related to Transportation Overflow Agreement).
- Written statements of witnesses.
- Copies of other pertinent reports and documents.
- The names of other supervisors/managers that were notified of the complaint.

INVESTIGATION & RESOLUTION PROCEDURES

The investigating supervisor shall notify the Operations Manager of the investigation status and recommend corrective action within two days of receiving the initial complaint, or earlier depending on the urgency of the matter.

The Operations Manager or his designee, or supervisor shall take the following steps to seek resolution.

- Contact the complainant in order to gain a clear understanding of the complaint.
- Determine what action the complainant is expecting to take place to resolve the issue.
- Determine if the complaint violates standard operating procedure, policy or protocol.
- Where applicable, interview the subject employee and have them present incident reports.
- Make every reasonable effort to resolve the issue to the complainant's satisfaction, If the demands are unreasonable or inappropriate suggest alternative solutions.
- If applicable, counseling, remedial training, and/or discipline shall be carried out to the appropriate employee(s).

When complaints cannot be resolved informally the Operations Manager or his designee, or supervisor shall coordinate and implement both a time deadline and plan for more specific action. This action may include all or part of the following.

- Immediately meet with the agency representative/project manager or personnel in question to specifically determine complaint.
- Counsel the employee and/or re-train on the complaint and incident.
- Administer appropriate discipline of the employee up to termination.
- Seek consultation and advice from the agency and/or Los Angeles County Emergency Medical Services Agency.
- Follow up within 30 business days of final resolution.

Complaints from Los Angeles County Emergency Medical Services Agency regarding the execution of the Transportation Overflow Agreement will require written responses and the status of the investigation(s). Copies of all written responses shall be sent to the County's project manager within 30 business days of mailing to the complainant.

The investigating personnel will take the steps outlined above to seek resolution.

FEEDBACK

After the investigation has been completed, the employee(s) that are involved should be notified of the final resolution. If the employee or employees are found to be in violation of Company policies and procedures, disciplinary action may be warranted. The employee should be encouraged to give written feedback to the investigating supervisor, and/or to the Operations Manager.

TRACKING

The results of the investigation should be tracked and used to identify trends in performance that may not be easily detected by other means. Early identification of problems allows the Company to take steps to give guidance to employee(s) so that the potential for a significant incident is alleviated. For example, if response times to a certain facility are consistently extended, posting of an ambulance to a closer location or establishment of a new station may be warranted. Whether trends are occurring across the Company or only in certain departments, tracking allows training, policy and/or supervisory issues to be proactively identified and addressed.

See also SOP 116: Incident Report, 116.2: Customer Complaint Reporting, 208: Collision Reporting and 208.5: Incident Review Board as well as Safety 4.20: Collision Reporting, 4.40: Reporting of On the Job Injury/Exposure and 4.50: Customer Complaint Reporting.

In responding to a multi-casualty incident (MCI), *ambulances* will, in most cases, be given a staging location by the jurisdictional fire agency. A *McCORMICK* supervisor and/or manager will be concurrently dispatched and on arrival, assume control over the ambulances on scene, staged and/or enroute. Unless otherwise directed, when in the staging area, both *McCORMICK* crew members are to stay with the ambulance awaiting instructions. On incidents involving more than two (2) ambulances, the on scene field supervisor or communication supervisor may assign a tactical frequency to the incident.

It is very important that each crew take only the patient(s) specifically designated for that unit and transport them to the designated facility. The transport of all patients will be carefully tracked to ensure that the MCI process moves as quickly and efficiently as possible.

102.3 Assignment Identification

Effective Date: 9-29-2017 *Replaces: 12-1-2015*

Because of the importance of being able to identify a specific ambulance assignment number on the scene of a call, at its destination or at a post, all shops are to be placarded with their assignment/shift number. It is the ambulance crews responsibility to make sure their shop is placarded appropriately. Magnetic placards are to be placed on the metal plate located to both front sides of Type III (modular) ambulances, or on the metal plate located behind the first flood light on the roof of the Type II (Van) ambulances. On shops without the metal plates or with older version aluminum holders, the placards must be centered on both the driver and passenger side doors. On units assigned permanent placards and displaying the correct background color and assignment number, magnetic placards do not need to be utilized. However, even permanently placarded shops must have two backup placards in the event units are switched out.

If you switch out shops for any reason, you must take your placards and remount them onto the new unit.

If you are missing placards, this must be noted and your supervisor must be advised at the beginning of the shift upon completion of you shop checkout. If your placards become missing during your shift, your supervisor must at that time also be notified.

Placard backgrounds are color coded according to dispatch frequency.

Hawthorne –black with gold numbers
Carson – red with silver numbers
Central –black with silver numbers
Valley – white with black numbers
Santa Monica – white with red numbers

Assignment numbers follow this general format.

- The first digit(s) represent the station number a unit is based.

  11<u>1</u>01 – station 11
  <u>8</u>02 – station 8
  1<u>5</u>01 – station 15.

- The second to last digit represents if that shift is a 24-hour or ≥ 12 hour shift.
  - "0" 24 hour shift or Administrative unit

    14<u>0</u>1 – 24 hour shift Station 14
    3<u>0</u>1 – 24 hour shift Station 3
    1<u>0</u>0 – Administrative unit
  - "1" ≥ 12 shift

    11<u>1</u>2 – ≥ 12 shift Station 11
    1<u>1</u>7 – ≥ 12 shift Station 1

- The last digit represents the first or second 24 hour unit out of a station or the start time/order of ≥ 12 shifts starting with the number "2". The exception is “0”. That number represents an administrative, special event, or extra staffed unit.
  - “0” Administrative unit
    400 – Administrative unit
  - “1” First ≥ 12 or 24 hour unit
    1301 – 24 hour shift Station 13
    1501 – 24 hour shift Station 15
    411 – First ≥ 12 hour shift Station 4
    611 – First ≥ 12 shift district 6
  - “2” First or second ≥ 12 shift on duty or second 24 hour unit
    1112 – First ≥ 12 shift Station 11
    612 – Second ≥ 12 shift district 6
    412 – Second ≥ 12 hour shift Station 4
    1502 – Second 24 hour shift Station 15

Gaps that sometimes occur in the numbering system are due to the fluid change in operational deployment of resources.

Paramedic Units are assigned a number by the County and do not follow this format.

As part of the Los Angeles County Emergency Ambulance Program and as holder of Exclusive Operating Areas (EOAs), *McCORMICK* is obligated to make all preparations for a response to a disaster. Such preparations include maintaining an operational plan, a supply cache, specialized equipment (as specified by the L.A. County DHS) and other emergency resources as necessary.

As a foundation for the Company's *Disaster Plan*, *McCORMICK* has adopted the plan set in place by the County of Los Angeles Fire Department. L.A. County's overall *Disaster Plan* incorporates a number of individual plans. These plans include guidelines for responding to mass casualty and weapons of mass destruction incidents.

DISASTER PLAN POLICY

Whereas natural disasters are seldom predictable, *McCORMICK* takes such actions to ensure that each employee is provided (as much as possible) a safe working environment and a Company infrastructure that is prepared to withstand such a disaster and capable of remaining operational under the most trying circumstances.

Facilities are constructed to meet all current construction codes and ordinances, with redundancy built into all systems wherever possible. In those cases where redundancy is not possible, alternative plans have been drafted to provide a secondary means of service.

McCORMICK's Disaster Plan is reviewed yearly and anytime a new community threat is identified. As part of the review, the Company's Safety Committee examines existing policies and addresses the current threat assessment. Following a thorough analysis of available data, the Safety Committee reports to the Director of Operations with recommendations of specific changes to update the *Disaster Plan*.

The communication supervisor is the primary contact during a disaster. The Communications Center will be notified by the County of Los Angeles of the degree of the disaster and the specific role *McCORMICK* is to play in the overall operation.

INTERNAL DISASTER

Internal incidents which directly impact Company operation and/or inhibit the ability of units to respond to calls including facility damage and infrastructure failure such as the loss of power, water, utilities, communications and/or roadway infrastructure place the employee in a position in which personal safety must come first. Each employee is expected to use common sense and try all means possible to contact the Communications Center and/or his/her Supervisor for further direction. Once a specific facility is found to have become isolated or damaged, a supervisor will be dispatched to assess the status and develop a plan to correct the situation.

PERSONNEL

In times of disaster, there is a tendency to be overwhelmed by the event. It is natural to be concerned about the safety of family and friends. *McCORMICK* supports every employees right to attempt to make contact with loved ones. However, the Company is a provider of emergency services, including emergency services during a disaster. Therefore the expectations are that employees are responsible for carrying out their duties during the disaster. As relief crews become available, every attempt will be made to release those crews with family concerns.

There can be emotional and physical consequences from working during a disaster. As part of the *L.A. County Disaster Plan*, Los Angeles County offers incident stress debriefings and counseling to all agencies involved in the event. *McCORMICK* also has available the services of a mental health firm that can provide additional counseling as needed. In addition, employees are encouraged to seek help when they feel they require it.

SUPPLIES

Each station must maintain a stock of medical supplies. The maintenance of the supply cache is the responsibility of the crew chief who must inspect it regularly.

Headquarters and the Communications Center must maintain further supplies including food and water for the additional staff assigned to those facilities. Headquarters and the Communications Center must have equipment to maintain operations during utility failures. Such equipment includes generators, battery backup power, secondary radio systems and auxiliary lighting.

EARTHQUAKE PROCEDURES

In the event of an earthquake the following actions are to be taken.

- The initial action is to “STOP – DROP – COVER”.
- Once the shaking has ceased, remove yourself from danger and relocate the unit to a safe location.
- Assess the office/station's damage status.
- Initiate contact with the Communications Center.
- Evaluate and inventory usable fuel, water, and supplies and prepare for extended operations.
- Remain in contact with the Communications Center and Supervisors.

FLOOD PROCEDURES

If a flood *alert* (potential for flooding) is announced, crews should prepare for evacuation and the supply cache should be loaded onto the unit along with survival supplies. The crew should remain alert and in close communication with the Communications Center and their supervisors.

If a flood warning (actual flooding taking place) is announced, the crew will be directed to a safe location for staging. It is vital that the crew maintain contact with the Communications Center and their supervisors. If contact is unavailable, the crew should seek higher ground.

Under no condition should anyone stay in a building when flooding is occurring or attempt to cross through or enter rapidly flowing water.

FIRE

All stations are equipped with smoke detectors and fire extinguishers. Employees should use due regard when making the decision to fight a fire within the station. Once an alarm is activated, the first action should be to identify that a fire exists and call 9-1-1 for assistance.

Secondary decision-making should include the decision to fight or flee. This evaluation should be clear and reasonable. Small content fires such as a small trashcan fire may be fought; however, if the effort to extinguish the fire fails, the building should be evacuated.

Under no condition should anyone reenter a building once it has been evacuated. The building should only be reentered when the Fire Department says that it is safe to do so. Once the fire is extinguished, the scene should not be disturbed until both Fire Investigators and a *McCORMICK* manager release the scene. Until such a release is announced, all building contents are considered evidence for an investigation. Removal of anything from the scene are prohibited and could constitute a crime.

CIVIL UNREST

Occasions may arise when the community becomes violent and has the potential to cause personal injury and/or property damage. The risk to crews becomes even greater as civil unrest events unfold. In past incidents, emergency crews, both public and private, have become both targets and victims of violence. On some occasions, advanced planning for civil unrest is possible. For example, when a high profile jury decision is imminent. However, many civil disturbances have erupted spontaneously. Frequently, those follow police actions that are viewed as unfair by the public. It is in civil disturbances of this type that crews can be caught in the middle. The safety of the crew is *McCORMICK's* primary concern and no obligation to endanger crews in order to provide emergency services is expected. The following procedures should be followed.

- Always remain in contact with the Communications Center. The Communications Center has access to a vast array of timely information on local current affairs.
- The crew should leave the area of civil unrest and contact the Communications Center for further instructions.
- If unable to leave the area of unrest, crews should remain in the unit as it provides some protection. However, if the unit is the target of violence, such as fire, the crew must abandon it.

Crews should not reenter areas of unrest until the police have declared that it is safe.

TERRORIST ISSUES

The New York City terrorist attack of September 11th, 2001 changed Emergency Medical Services and the way EMS providers do business. It can take just a few seconds for the rescuer to become a victim or for an entire response team to be incapacitated. Planning, communications, and observation can all aid in reducing exposure to danger.

TERRORIST ATTACK WITH LOCALIZED COMMON WEAPONS

The use of tear gases, assault weapons, pipe bombs and other personnel type weapons can cause localized destruction and extensive injuries. Crews will not be dispatched into dangerous areas until law enforcement has secured the scene. When danger erupts on scene, the crew should use all resources to effect an immediate departure from the area and quickly establish contact with the Communications Center. If a crew does encounter a situation of this type and cannot leave, the best action is to take appropriate steps to protect themselves.

TERRORIST ATTACK WITH WEAPONS OF MASS DESTRUCTION

In the event of a WMD attack, resources will be taxed to the highest level and there will be the risk of exposure to chemical and biological agents and radiation, if the attack is a nuclear one. The *L.A. County Disaster Plan* contains procedures for dealing with a WMD attack. The plan includes "Hot Zones", decontamination procedures, and medication therapy.

COMMUNICATIONS CENTER RESPONSIBILITIES DURING A DISASTER

The Communications Center is the single source of disaster information for all Company entities. Supervisors and crews must be kept fully apprised of any situation and the potential for expansion of the involved area. The Communications Center receives and disseminates information directly from law enforcement agencies, fire departments and local media. The Communications Center must remain actively aware of alternative routes and the status of hospitals.

When a disaster occurs that effects the Communication Center, the center must communicate with the L.A. County Fire Department Communication Center immediately. This is to ensure that all dispatching can be switched over to the backup system and handled without service interruption.

In the unlikely event that the Communications Center is not operational, limited dispatching can take place via radio communication between Los Angeles County and *McCORMICK* units. Under those circumstances, all crews would be directed to deploy in their units and use the unit's radio and/or Nextel phone for communications. Communications Center staff would use the battery powered self contained backup mobile radios or be deployed in the mobile communications trailer or in an available unit with mobile radios and/or Nextel phones. (In the case of Redondo Beach Fire/Torrance Fire/Compton Fire, a supervisor would be sent to their Communication Center to communicate with crews.)

DISASTER RECOVERY

McCORMICK has access to a full complement of contractors, suppliers and resources which can be called upon to restore services and structures to speed the return to normal operational service following a disaster.

See also: Disaster Management in Chapter 10 of the Safety Manual.

102.6 **Disaster Simulations Management**

Effective Date: 9-29-2017 *Replaces: 4-7-2014*

McCORMICK **participates in disaster simulations at least twice a year. These are known as multi-company drills. These drills are conducted with as much detail as possible to ensure an realistic recreation of the incident being simulated.**

Each drill includes an oversight team, consisting of least a manager, supervisor and a field employee. They are charged with the initial planning, setup and coordination of the drill.

The oversight team leads the units and personnel in an after drill critique. This will include the teams review and input on the part of the participating employees.

The team must also prepare a detailed report with the following data included;

1. **Purpose of the drill.**
2. **Detail of the scenario.**
3. **Units and personnel involved.**
4. **Timeline of the drill progression.**
5. **Overall review of the drill including successes and failures.**
6. **Recommendations.**

This report is then reviewed by the operations manager and once approved, will be made available to all employees and to any outside agencies that assisted or took part in the drill.

Copies of this report along with the planning documents shall be maintained in a disaster simulations file under the control of the risk and safety manager.

McCORMICK's Communications Center is responsible for the prompt, efficient provision of ambulance responses. Timely service delivery requires a total team effort involving management, the Communications Center, and operations personnel.

*C*rews are required to respond to calls in an expeditious manner, meeting the guidelines detailed herein.

DEFINITIONS

Priority 1: Emergency private responses requiring an immediate Code 3 response.

Priority 2: Emergency private response requiring an immediate Code 2 response.

Priority 3: Private non-emergency response requiring an expedient Code 2 response.

Priority 4: Private non-emergency prescheduled Code 2 response.

On Air: Both EMTs are in the ambulance, on the radio, and prepared to respond to a call.

Partially Available: The unit is at the final destination and has transferred care of the patient.

*Available/ *Clear:* The crew has finished all procedures necessary to complete a call and becomes "in service" for the next call.

Direct Admit: A patient who is admitted directly to a hospital unit rather than through the emergency room.

Dispatcher: The individual who assigns units to calls and receives all incoming requests for services.

Move Up: The process of deploying resources to a predetermined station or post in the event response district(s) become depleted.

TIME REQUIREMENTS

Telephone/Landline: When A.I.Q. or otherwise available by telephone, the crew has a maximum of 10 seconds to a answer an incoming notification of call or move-up. The crewmember must answer the incoming telephone call with his/her assignment and name.

Nextel: When a crew is off the air on Nextel, the "direct connect" alert must be answered immediately. *See SOP 109.7, Direct Connect*

Pager: You are not allowed to go off the air with just a pager. However, in the event that you are alerted of a call on Pager before receiving your "direct connect" alert or telephone notification, you must go "On Air" immediately. *See SOP 109.5, Pager*

**Clear* *is Torrance Fire terminology.*

Response Time: L.A. County Fire Department contracted response time criteria for private ambulance providers is 8:59 or less in urban areas, and 20:59 in rural areas.

Torrance Fire Department contracted response time criteria is 8 minutes or less code 2.

Redondo Beach Fire Department contracted response time criteria is 15 minutes or less code 2.

The clock starts when the Communication Center receives the call and freezes when the crew arrives "on-scene," as defined below. These response time requirements do not supersede Company standard operating procedures on safe and prudent driving practices. Crews are responsible for getting on scene as soon and as safe as they can.

Dispatchers must "Move Up" resources to predetermined stations and posts to facilitate response time compliance.

Priority 2 and 3 calls have a response time criteria of 20 minutes or less. For prescheduled priority 4 transports, we are to arrive on scene 10 to 15 minutes prior to the scheduled pickup time and be at the nurses station/bedside 5 minutes in advance of the pickup time.

If for any reason the expected ETA will be greater than the response time requirement, or if at any time, a crew becomes aware that a unit will be late for a prescheduled pickup (priority 4), the Communications Center must be immediately notified with an updated ETA and given the circumstances creating the delay.

On-Scene: The crew responding to a call freezes the response clock by stating they are "on-scene." "On-Scene" is defined by the following criteria –

- Visual confirmation of address or cross street.
- Within 100 yards of other first responders already on the scene.
- Within 100 yards of visual contact with bystanders/informants.
- At a staging location.
- At the scene of a general location, such as a mall or trailer park, even though the patient may not been positively located.

Crews will not jump the clock and go "on-scene" before one or more of these criteria have been met.

On-Scene Time: When on a private non 9-1-1 transport, the crew has a maximum of fifteen (15) minutes from the time they arrive on-scene to the time they go on follow-up. If the time on-scene is expected to be greater than fifteen (15) minutes, the Communications Center must be immediately notified. Although *McCORMICK* does not have an on-scene time

policy for private non 9-1-1 calls, in order to ensure continuous coverage of all service areas, it is critical that the Communications Center be notified if a crew expects to be on-scene for an extended amount of time.

Destination Time: The crew has a maximum of fifteen (15) minutes from arrival at final destination (e.g. hospital ER) to being "in service." If the drop-off time is expected to be greater than fifteen (15) minutes, the Communications Center must be immediately notified.

Clearing for Calls: The Communications Center must be notified immediately that a patient will be a "Direct Admit" prior to arrival at the final destination.

The crew must become available after the patient has been transported to the destination. If the crew still has paperwork or other details to conduct, the Communications Center should be advised that the unit is "Partially Available". If after fifteen (15) minutes, the crew is still not "Partially Available" or "Available," the Communications Center must be notified. If delays continue, the Communications Center must be informed of the unit's status every fifteen (15) minutes.

In the event a crew fails to arrive On-Scene of a 9-1-1 LA County Fire or Torrance Fire call within the response time criteria, the Communications Center will notify the crew at the completion of the call. In most instances, the crew will be asked to fill out a delayed response explanation on an *Incident Report Form* (C-125).

COMMUNICATIONS CENTER AUTHORITY

The Communications Center plays an integral role in the successful completion of an ambulance call. The coordination of time frame, available resources and crew cooperation determines whether or not the ambulance arrives and completes the transport process in a timely, effective manner. Because all three (3) factors very seldom coincide, the dispatcher's job can be very complex and demanding.

The Communications Center maintains the authority to determine the best utilization of "In-service" units. Field personnel must bear in mind that the Communications Center has all the pertinent information to determine the best utilization of all available resources.

Questions about judgment of call distribution should be directed to a supervisor at the first appropriate opportunity but only after a call has been run and completed.

COMMUNICATIONS CENTER CONTACT NUMBERS

(888) 349-8944 or
(310) 349-8900

103.01 Out-of-Chute Time

Effective Date: 9-29-2017 *Replaces: 12-3-2014*

Out-of-Chute Time: Upon notification by the Communications Center of a call or "Move-up," all ambulance crews have a set time in which to go "On-Air" and start moving.

All day cars or non-24 hr shifts have a maximum of one (1) minute to go "on air" and an additional 30 seconds in which the unit must be moving, for the entirety of their shift.

24 hour shifts between 0700 and 2200 have a maximum of one (1) minute to go "On-Air" and an additional 30 seconds in which the unit must be moving.

24 hour shifts have a maximum of one (1) minute, 30 seconds to go "On-Air" and an additional 30 seconds in which the unit must be moving between 2201 and end of watch.

The "Out-Of-Chute" time begins when the crew is notified of their call or move-up by way of telephone, Nextel, or pager and ends when the ambulance starts physically moving towards the call.

If radio reception is weak or non-existent, the crew may utilize their Nextels as back-up communication to confirm response. If the Nextel fails and you are responding from a station, the crew will make one (1) attempt to contact dispatch via landline. In the event a landline is unavailable or unsuccessful, the crew should begin responding to the call or "Move-Up" immediately. While en-route to the call or "Move-Up" the attendant should continue to attempt contact via radio and Nextel until the transmission goes through and you receive a verbal acknowledgment from the Communications Center.

If for any reason the crew is unable to make it's "Out-Of-Chute" time where the ambulance is physically moving within the allotted time frame, the Communications Center must be immediately notified and informed of the circumstances creating the delay.

Due to stringent response time obligations, dispatchers will “Move-Up” ambulances to predetermined stations and posts to facilitate response time compliance. Crews will be required to go “On-Air” within the same required time frames as an emergency call. All “Move-Ups” will be code 2 unless the Communications Center specifies otherwise.

The following are the do’s and don’ts of posting.

Do:

- Drive directly to your assigned post.
- Advise the Communications Center when you have arrived at your assigned post.
- Park in a location or manner which allows you to leave your post rapidly and safely.
- Park in public parking areas away from residential areas or in any areas where you may interfere with merchants conducting business.
- Attempt to be as inconspicuous as possible.
- Park at the exact posting location you are assigned unless the Communication Center clears you to do otherwise.
- Stay on the air unless the Communications Center allows you to do otherwise. If you are allowed to go off the air, do not wander far from the ambulance and stay with your partner.

Don’t:

- Park in red zones, handicap spaces, fire lanes or any other spaces/lanes you would not otherwise park your private vehicle.
- Separate from your partner.
- Smoke/Vape.
- Do anything unprofessional such as playing the stereo loud or putting feet up on the dash or out the window.
- Do anything to jeopardize your “Out-Of-Chute” time such as going through a drive through, working out at a gym or having a sit down meal.

If the Communications Center has you “Move-Up” to a district/city verses a specific station or post, try to post as close to the middle of the response area as possible.

Cover crews will at no time be allowed to post at Stations 4 and 19.

While available at any post, you are encouraged to double check paperwork, wipe down the exterior of your ambulance and make sure your ambulance is response ready.

Every ambulance we have on duty is in the “McCormick rotation.” This means that you are expected to move around and run calls as needed. In dispatch we try our best to be fair while keeping the operation running smoothly.

If you are at a station with multiple ambulances you will be used as needed in the fairest manner possible, there is no territory. This means if you are “next up” you will be expected to Post-Move-Up, Move-Up and/or respond to a call regardless of the location.

The Communications Center maintains authority to determine the best utilization of units in order to have a safe and timely response.

103.5 **Ambulance Staffing Requirements**

Effective Date: 9-29-2017 *Replaces: 12-15-2008*

McCORMICK staffs ambulances in accordance with local and state protocols. Minimum staffing requirements are as follows.

BLS Ambulance:	Two (2) L.A. County certified EMTs.
Paramedic Ambulance:	Two (2) L.A. County accredited Paramedics.
One & One Staffing:	One (1) L.A. County-certified EMT and one L.A. County accredited paramedic
Critical Care Ambulance:	Two (2) L.A. County certified EMTs and one (1) licensed Registered Nurse certified in CCT transports.

In any situation where there is reason to suspect child or elder abuse, crews should adhere to the following procedures.

1. Contact your field supervisor.
2. Make a reasonable effort to transport the patient to a receiving hospital for evaluation.
3. Immediately inform hospital staff of the suspected abuse.
4. If for any reason the patient cannot be transported, immediately notify the jurisdictional law enforcement agency that abuse is suspected and remain on the scene until law enforcement personnel arrive.
5. Document observations relevant to the suspected abuse, including the physical condition of the patient, the date and the time, in the incident report section of MeRS.
6. Suspected Child Abuse – In addition to the above, in the presence of your supervisor, you must also call Los Angeles County Child Abuse reporting hotline at (800) 540-4000 and report the suspected abuse. In addition, you must also complete the online *SCAR report* (SS 8572 Form) which is located at: http://lacdcfs.org/contactus/childabuse.html
7. Suspected Elder Abuse – In addition to steps 1-5, you must also complete the online *Physical Abuse form* (SOC 241) and *Financial form* (SOC 242) which is located at:
   http//www.211a.org/apsintake

Child or elder abuse forms may also be obtained at any receiving hospital. Your supervisor will submit the form to the County.

McCORMICK is dedicated to abiding by the various jurisdictional protocols mandated by local, county and state governmental agencies. Each employee is required to familiarize themselves and remain current with the jurisdictional protocols and policies of their service areas.

Prehospital patient care must be conducted in accordance with County of Los Angeles, Department of Health Services, Emergency Medical Services Agency and State of California Guidelines for Prehospital Care as outlined in the *Medical Guidelines Manual* and pursuant to *Title 22* of the *California Code of Regulations*.

County of Los Angeles, Department of Health Services, Prehospital Care Policy Manual

http://dhs.lacounty.gov/wps/portal/dhs/ems/prehospitalcaremanual

The following is the table of contents for the LA County Pre Hospital Care Manual as of June 1, 2017. Please review the LA County website for the most up-to-date information.

Prehospital patient care must be conducted in accordance with County of Los Angeles, Department of Health Services, Emergency Medical Services Agency and State of California Guidelines for Prehospital Care as outlined in the *Medical Guidelines Manual* and pursuant to *Title 22* of the *California Code of Regulations*.

McCORMICK utilizes contracted medical supply vendors. The materials coordinator and designated field supervisor is responsible for the inventory, ordering and receiving of all medical supplies.

INVENTORY

The field supervisors requisition medical stock from Compton Station 1 based on each crew chief's written request on the station supplies section of MeRS.

SUPPLY CACHE

As directed in *SOP 102.5: Disaster Management*, each station must maintain a supply cache of medical supplies. The supply cache must be regularly inspected and maintained by the station crew chief.

INVOICES

Invoices/packaging slips are checked and initialed by the materials coordinator upon delivery of supplies in order to confirm that proper supplies and quantities have been received.

ORDER REQUESTS

A field supervisor/Paramedic Coordinator is responsible for ordering all advanced life support supplies and equipment.

The Materials Coordinator is responsible for ordering all other medical supplies and equipment.

McCORMICK will procure, store and distribute medical supplies and pharmaceuticals identified in the ALS Unit Inventory (Ref. No. 703) that require specific physician authorization utilizing the following policies:

DEFINITION: Restricted Drugs and Devices: Drugs and devices bearing the symbol statement "Rx Only"; legend statements, "Caution, federal law prohibits dispensing without prescription," or "Federal law restricts this device to sale by or on the order of a physician," or words of similar import.

I. McCormick has a mechanism to procure, store and distribute its own restricted drugs and devices under the license and supervision of a physician who meets the following criteria:

A. "A Provider Agency Medical Director, must meet the requirements specified in Ref. No. 411, Provider Agency Medical Director."

B. Provider agency shall furnish the EMS Agency with a completed Ref. No. 701.1, Physician Confirmation of Agreement to Purchase Drugs and Medical Supplies indicating that the respective physician will assume responsibility for providing medical authorization for procuring restricted drugs and devices.

C. *McCORMICK* will utilize the following method of primary procurement:

1. Procurement of restricted drugs and devices through another legally authorized source, including but not limited to, a pharmaceutical distributor or wholesaler.
2. In the event that procurement will be made from a hospital, it will be from a hospital that determines it has the legal authority to resell pharmaceuticals and supplies to a provider agency.

D. The Paramedic Coordinator will be responsible for the oversight of ALS supply process and will work directly with the Materials Coordinator whom is directly responsible for placing the orders with approved vendors.

1. Determination of reasonable quantities of supplies and pharmaceuticals that must be maintained to resupply ALS units between deliveries by the distributor will be completed by the Paramedic Coordinator and based on historical usage, seasonal demands and known distributor shortages.

2. Maintenance of copies of all drug orders, invoices, and logs associated with restricted drugs and devices will be completed for a minimum of three years by the Materials Coordinator.

105.57

E. Monthly Inventory Process:

1. All ALS stations are required to conduct an inventory inspection of the station ALS supplies and pharmaceuticals and submit the documented inventory to the Paramedic Coordinator by the 15th of each month using the "Station ALS Supply Inventory Form."

2. All medications are to be stored in their original packaging until expected use or administration.

3. All supplies and pharmaceuticals will be checked for expiration dates and should be used or exchanged prior to expiration.

   To exchange expired medications and/or resupply, the request will be made in writing using the electronic "ALS Supply Request Form" in the MeRS system.

4. Proper disposal of expired medications will be performed by the Paramedic Coordinator utilizing the company's bio-hazard waste system.

II. Pharmaceutical Recall

The Paramedic Coordinator and Materials Coordinator will be responsible for monitoring all reasonable resources for information regarding a recall of a specific medication and/or device.

A. In the event that *McCORMICK* has obtained medication or supplies that are being recalled, the Paramedic Coordinator and Materials Coordinator will be responsible for the following:

1. Immediate removal of all recalled items from the ambulances.

2. Immediate removal of all recalled items from the storage or supply area.

3. Immediate return of all recalled items to the distributor.

4. Notification to the Operations Manager of all activities performed along with any shortages the recall may have caused.

III. Storage of Drugs (not carried on the ALS unit itself)

A. All drugs and supplies are to be stored in the designated lockable cabinets located in each ALS station.

B. The cabinets will be secured with a numerical padlock device and the code will not be shared with any personnel not licensed as a Paramedic.

C. Drugs will not be stored on the floor at any time.

D. Antiseptics and disinfectants will be stored separately from internal and/or injectable medications.

E. Flammable substances will be stored in accordance with local fire codes.

F. The supply cabinets will be stored inside of the building and away from any heat or cold sources.

G. The cabinets will be located out of direct sunlight exposure.

H. Each cabinet will have a mounted digital thermometer that records the high and low temperature. The temperature for the storage cabinets will be maintained between 59°F and 86°F.

In the event the drugs or supplies are exposed to temperatures outside the acceptable range, the Paramedic Coordinator must be contacted immediately.

IV. Controlled Drugs Carried on ALS Units

The policy specific to Controlled Drugs Carried on ALS Units can be found in the "Controlled Medication Compliance Policy" and meets all requirements set forth in Ref. No. 702.

V. Pharmaceutical Shortages

A. Notification

1. Pharmaceutical recalls, shortages and other pharmaceutical-related concerns are identified through notifications from:

a. The Food and Drug Administration (FDA)

b. Public and private provider agencies.

2. Once notification is received, FDA is contacted to verify report and retrieve an expected recovery date.

3. If notification content is expected to impact the Los Angeles County EMS System, all ALS providers will be formally notified by the EMS Agency's Medical Director.

B. Mitigation Strategies

The following actions may be implemented to address non-controlled substance pharmaceutical shortages:

1. Inventory Reduction:

   a. The Medical Director of the EMS Agency may temporarily reduce the minimum inventory par levels.

b. *McCORMICK* may request to temporarily reduce their drug inventory by contacting the EMS Agency's Medical Director.

c. *McCORMICK* may redistribute its current inventory amongst its own ALS units, from low volume to high volume utilizers.

d. *McCORMICK* will work with provider agencies (public and private) that are low volume utilizers and may redistribute a portion of its current inventory to other provider agencies that are high volume utilizers.

2. *McCORMICK* will attempt procurement from other pharmaceutical vendor resources as soon as a delay or shortage is known.

3. The EMS Agency may elect to contact the County-operated pharmacies to seek assistance in replenishing current pharmaceutical stock.

4. The EMS Agency may deploy available pharmaceuticals from the disaster preparedness pharmaceutical cache to provider agencies in most need.

C. Recovery Phase

Once it has been identified that the current pharmaceutical shortage has resolved and provider agencies have received back-ordered medications, the following shall take place:

1. All ALS units shall return to the minimum inventory amounts, as outlined in appropriate unit inventory lists.

2. Pharmaceuticals acquired from the EMS Agency or other provider agencies (private and public) are to be equally replenished by the acquiring agency.

105.57

The purpose of this policy is to provide guidance to all *McCORMICK* Ambulance employees regarding the purpose, use, proper operating procedures with regards to the temperature control units inside the ambulances. As you may know, certain medications are more sensitive than others to the extreme changes in temperatures. These changes can have a profound effect on the efficacy of the medications which in turn can affect our ability as health care professionals to improve the outcomes for the patients in our care. These temperature control devices, or TCD's, can not only monitor the temperature of its surrounding area but can also notify the crew when the surrounding area's temperature reached a threshold deemed unsafe for the medications.

Medications and intravenous (IV) fluids requiring room temperature storage are housed in storage cabinets and drug boxes in the stations and the ambulances. To avoid damage to medications and IV fluids from extreme temperatures the storage facilities are climate controlled. When temperatures outside can reach extreme status, the ambulance crews shall run the air conditioner in the patient compartment where the supplies are stored to keep the medications and IV fluids temperate and prevent damage. When circumstances arise that the ambulance is left not running in extreme temperatures, the medications and IV fluids shall be removed from the vehicle and placed in a climate-controlled facility. This includes units parked at the deployment centers as well as outlying stations.

AMBULANCES LEFT UNATTENDED ARE TO BE LOCKED AT ALL TIMES TO SECURE THE MEDICATIONS AND IV FLUIDS.

Please review the procedures below for operational guidance for the TCD's.

Storage:

- Medications are to be stored in a climate-controlled environment that is consistent with manufacture's guidelines for temperature storage. If uncontrolled medications are exposed to temperatures in excess of the manufacture' s guidelines, the designated Supervisor will dispose of the uncontrolled medications and notify the Paramedic Coordinator.
- Uncontrolled medications will be locked in a storage area with limited access.
- Uncontrolled medications that are stored on emergency vehicles in appropriate medical kits and shall remain secured, when not within immediate access of the personnel assigned to the unit.

Temperature Thresholds:

- Uncontrolled medications stored in medical kits on ambulances and/or emergency vehicles shall be removed from the vehicle and placed in a climate-controlled environment when the vehicle cannot be positioned to prevent exposure to extreme temperatures or temperatures in excess of manufactures guidelines.

- Based on the United States Pharmacopeia-National Formulary (USP-NF) chapter for Emergency Medical Services Vehicles and Ambulances-Storage of Preparations, the company should monitor and verify temperature profiles to compare with established limits, especially in the hot summer and cold winter.

- All medications should be protected from extreme heat (+40°C/104°F). Environmentally sensitive medications should not be stored on EMS vehicle when the storage cabinet is not temperature controlled or individual time-temperature indicators are not attached to each medication package.

- The USP-NF defines controlled room temperature as: "A temperature maintained thermostatically that encompasses the usual and customary working environment of 20°-25°C (68°-77°F); that results in a mean kinetic temperature calculated to be not more than 25°C; and that allows for excursions between 15°-30°C (59°-86°F) that are experienced in pharmacies, hospitals and warehouses. Provided the mean kinetic temperature remains in the allowed range, transient spikes up to 40°C (104°F) are permitted, if they do not exceed 24 hours.

- As the majority of our medications have a recommended storage temperature range of 59°-86° F and a percentage with the range of 68°-77° F, we will set the parameters of the sensors to the low-end 59°F and the high-end 86°F for a period of time not to exceed four hours.

Temperature Exposure:

- In the event that uncontrolled medications are exposed to temperatures in excess of the manufacture's guidelines, the employees assigned to the unit shall notify their Supervisor and report, detailing the circumstances of the exposure. The Supervisor will investigate the exposure and notify the Paramedic Coordinator. The designated Supervisor/Manager will dispose of the medications if warranted and ensure the replacement of the required medications for the unit.

105.61

105.65 **Glucometer**
Effective Date: 2-20-2018 *Replaces: Original*

McCORMICK Ambulance uses the Precision Xtra Glucose Monitor by Abbott on all of its ALS equipped ambulances. The device does not require coding or calibration, however the manufacturer recommends calibration testing on each new device and anytime a new box of testing strips will be used. As part of their regular duties, paramedics are required to perform the test with both the Hi and Low control solutions on the 1st of each month and each time a new box of test strips will be used. The documentation of this testing occurs in the Operative IQ system, specifically within the "RA PATIENT COMPARTMENT" inventory questionnaire.

In the event that the glucometer does not pass the HI/LO check, the device must be immediately removed from service and the Paramedic Coordinator contacted via phone.

Failure to comply with this mandatory equipment testing and related documentation will result in disciplinary action.

105.7 Performance Standards/Quality Improvement Plan

CAAS# 201.06.01
Effective Date: 3-1-2019 *Replaces: 9-29-2017*

McCORMICK Ambulance adopts the standards of care as outlined in the Los Angeles County Pre-hospital Care Manual as the basis for all patient care provided by its employees. Using these clearly defined rules and expectations, we will be able to qualitatively measure and evaluate our performance. In addition, the standards of care may be expanded upon in an effort to deliver the highest level of patient care while maintaining patient safety. These internal standards of care will never exceed the scope of practiced allowed by the State and/or County EMS agencies.

The McCormick Ambulance Quality Assurance/Quality Improvement Plan is a system designed to gather patient care data, analyze and review the data, provide educational and operational feedback to medical personnel and continually audit our performance to ensure quality patient care and full compliance with all applicable rules and regulations. The Plan has been designed to support the Los Angeles County EMS Medical Directors quality assurance objectives as well as to allow extensive internal objectives to be reviewed.

106 **Patient Refusal of Care**
Effective Date: 9-29-2017 *Replaces: 4-7-2014*

Patients have a right to refuse medical care as outlined in the Los County policy number 834 located at http://file.lacounty.gov/SDSInter/dhs/206350_Ref83409-01-15.pdf. Please review this County document for any questions related to patient refusal of care.

RELEASE FORMS

Unless the patient has arrived at their destination, if a patient chooses neither to be treated nor to be transported, the patient, or the individual responsible for the patient, must sign the AMA field in the mobile Patient Care Report signature section. If the patient refuses treatment and transport on scene of a 9-1-1 call, it is the Fire Department's responsibility to obtain an AMA signature. In the event that the Fire Department fails to do so, you should attempt to obtain an AMA signature.

For the purpose of AMA, once the ambulance's wheels are physically on the hospital property, the patient has arrived at their destination, and the patient becomes the responsibility of the hospital or ER. Therefore, if you are transporting a patient and the ambulance is physically on the hospital's property, you cannot obtain an AMA from the patient. If you encounter this situation you must inform the Charge RN of the ER what has occurred. You would inform the Charge RN that you were transporting a patient that had called 911 and upon arrival at the facility, the patient chose to leave the ambulance and not be evaluated in the ER. You then would need to document in detail what happened in the Patient Care Report narrative along with the name of the RN with whom you spoke. If the Charge RN or any RN from the ER directs you to obtain an AMA from a patient that has been transported to their facility, simply inform them that you are not able to do so and that they can contact a McCormick supervisor.

If the patient refuses care and transport between the time you leave the scene and reach the hospital, you must obtain an AMA signature. (The only time you can obtain an AMA from a patient in which transport has already been initiated is before the ambulance is physically on the hospital's property.)

Do not obtain an AMA signature from a patient if you are inside and/or on the destination facilities property.

Document any refusal of medical care. The best defense against a lawsuit is the careful documentation of a patient's physical and mental status. Also be sure to document any efforts made to educate the patient about the risks of refusal and any encouragement offered the patient to seek medical assistance.

REFUSAL OF CARE PRIORITIES

- Educate the patient about the need for further medical treatment.
- Encourage the patient to seek further medical treatment.
- Document extensively the facts and circumstances surrounding the patient's refusal and any efforts to convince the patient of the need for follow-up care.

107 **Patient Destination**

DHS L.A.C. Ref #502

Effective Date: 9-29-2017 *Replaces: 12-1-2016*

Please see Los Angeles County's policy 502 regarding any questions about patient destination.

LAC 502 is located at http://file.lacounty.gov/SDSInter/dhs/206229_50210-01-15.pdf

TRANSPORT ON A 9-1-1 CALL

9-1-1 patients are to be transported to the facility requested by the jurisdictional ALS provider, Los Angeles County Fire, Redondo Beach Fire, etc. The facility will be determined by the on scene ALS unit or FD captain in consultation with the patient and documented on the fire department EMS report. Any request for patient diversion will be discussed with the on scene ALS unit or FD captain prior to beginning transport. If a patient's condition changes during transport or if a patient request a different and reasonable facility after the transport has begun, the Communications Center must be immediately notified of the change. The diversion must be documented on the electronic *Crew Upgrade/Diversion* Report. Any crew found transporting to a location other then the one documented on the fire EMS report without immediately reporting it to the Communications Center will be subject to disciplinary action.

TRANSPORT NURSING HOME TO HOSPITAL

On interfacility transports (IFT) *McCORMICK* honors the request of a patient's physician and health plan to have a patient transported to the most appropriate health facility.

The most appropriate facility is generally that health facility which is affiliated with the patient's private physician or insurance. This ensures that the patient can be treated by a personal physician and/or under the individual's personal health plan. It is extremely advantageous to the patient to be transported to a predetermined facility where the patient's history and condition are known, and the patient's medical records are readily available.

Usually a transfer from a nursing home to a hospital is ordered by a physician. The request to pick up the patient for transport to the most appropriate facility is by physician's order. If a *McCORMICK* crew decides to divert the patient from the most appropriate facility to a closer facility, it must be because the patient's condition has deteriorated to the point of being life threatening.

In case of a diversion against the physician's order, the Communications Center must be **immediately** notified that the patient is being diverted to a different facility and why. In addition, the diversion must be documented on the electronic *Crew Upgrade/Diversion* Report through MeRS.

Regardless of the reason for a diversion, several notifications must be made.

9-1-1 DIVERSION NOTIFICATION

When a patient is diverted from the facility requested by the jurisdictional ALS provider, Los Angeles County Fire, Redondo Beach Fire, etc, the following procedures must be followed.

1. Immediately advise the Communications Center of the diversion and the reason for it.
2. The Communications Center will notify the jurisdictional provider of the reroute and contact the new receiving facility and provide notification of the incoming transport.
3. Upon completion of the call, the crew must document the diversion on the electronic *Crew Upgrade/Diversion* Report through MeRS.

PRIVATE DIVERSION NOTIFICATION

When a patient is diverted from the facility ordered by their Physician, the following procedures must be followed.

1. Immediately advise the Communications Center of the diversion and the reason for it.
2. Upon completion of the call, the crew must:
    - Contact the ordering physician or on-call physician. If they are not available, have them paged. Advise the contacted physician of the diversion. Be prepared to justify your decisions to the physician and explain why the *Physician's Order* was not followed.
    - Contact the original receiving hospital and advise them of the diversion. Request that the hospital notify any family members who might be at the hospital of the diversion and the location of the patient.
    - Contact the facility where the patient was picked up. Advise them that the ordering physician has already been informed of the diversion and describe to them the details of the diversion. Be prepared to justify your decisions to the facility.
    - Contact the Communications Center and confirm that the above notifications have been made.
    - Upon completion of the call, the crew must document the diversion on the electronic *Crew Upgrade/Diversion* Report through MeRS.

All diversions, Code 3 follow-ups and 9-1-1 activations undergo a Quality Assurance Review to assess the incident and determine the appropriateness of the decisions.

SOP 116.6 describes the procedure for completing the Crew Upgrade/Diversion Report.

ACTIVATING 9-1-1 ON A PRIVATE CALL

In rare and life threatening circumstances it may become necessary to activate 9-1-1 on a private transport. Life-Threatening Medical Condition: An acute medical condition that, without immediate medical attention, could reasonably be expected to result in serious jeopardy to the health of an individual (in the case of a pregnant woman, the health of the woman or her unborn child) or serious impairment or dysfunction of any bodily organ or part.

Conditions that might warrant activating 9-1-1 on a full code patient include but not limited to:

- Full cardiac arrest
- Respiratory arrest
- Severe acute shock
- A patient meeting trauma criteria

The decision to activate 9-1-1 must be made immediately after a quick patient assessment and facilitated through the most appropriate means. Be sure the Communications Center is notified as soon as is practical and do your best to have the patient ready for transport as soon as the 9-1-1 provider arrives.

If EMT personnel encounter a life-threatening situation, they should exercise their clinical judgment as to whether it is in the patient's best interest to transport the patient prior to the arrival of an ALS unit if their estimated time of arrival (ETA) exceeds the ETA to the MAR. The rationale for the decision to transport shall be documented on an EMS patient care record.

EMT personnel may immediately transport hypotensive patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the most accessible receiving (MAR), when the transport time is less than the estimated time of ALS arrival. The transporting unit should make every effort to contact the receiving trauma center.

The 9-1-1 activation must be documented on the electronic *Crew Upgrade/Diversion* Report.

On a skilled nursing home to hospital transfer, usually the ordering physician has been tracking a patient's condition over a period of time and is well aware of the patient's status. A condition that appears acute to the EMT may have been going on for months and may even be the patient's normal status. The request to transport with a prescribed level of care to the most appropriate facility is by physician's order. By activating 9-1-1, not only is the patient not receiving the prescribed level of care but the patient may also get diverted from the most appropriate facility to a closer facility that does not have the patient's medical records, does not have the patient's physician on staff, does not know the patient's condition and was not expecting that patient.

SOP 116.6 describes the procedure for completing the Crew Upgrade/Diversion Report.

107.3 **Scope of Practice**

DHS L.A.C. Ref #517.1
Effective Date: 9-29-2017 *Replaces: 12-15-2008*

Los Angeles County policy 802 and 803 sets forth the scope of practice for EMT's and paramedics. For any question related to scope of practice please see the following links:

EMT scope of practice:

http://file.lacounty.gov/SDSInter/dhs/206315_802.pdf

Paramedic scope of practice:

http://file.lacounty.gov/SDSInter/dhs/206315_803.pdf

107.5 **Application of Patient Restraints**

DHS L.A.C. Ref #838

Effective Date: 9-29-2017 *Replaces: 2-12-2014*

Los Angeles County policy 838 provides guidelines for the use of restraints in the field during the transport of patients.

Please review the County's restraint policy located at:

http://file.lacounty.gov/SDSInter/dhs/1028376_838.pdf

McCORMICK transports patients from Los Angeles County to destinations outside the county on a prescheduled (Priority 4) basis according to the following procedures.

REQUESTS FOR OUT-OF-TOWN TRIPS

The Communications Center refers the caller to either a Supervisor or the billing office for verification of:

1. The patient's medical condition; and
2. Payment.

The Supervisor determines which vehicle will be used.

CREW

An appropriate crew is called in by the Communications Center.

The crew is given medical information, destination, directions, funds and local maps prior to departure.

PATIENT CONDITION DURING TRIP

If a patient's condition deteriorates en route, the crew is to:

- Maintain the appropriate level of care; and
- Transport the patient to the closest suitable medical facility.

POST-TRANSPORT PROCEDURES

- Upon arrival at the destination, the crew should immediately call the Communications Center to report arrival time, any problems and mileage.
- Credit cards and receipts (when applicable) and all paperwork must be returned to the Communications Center.
- The vehicle used must be fueled, washed and stored before the crew is considered finished with the transport.

McCORMICK maintains an effective communications system as a vital link in the provision of quality prehospital care. The *McCORMICK* communications system utilizes pagers, radios and Nextel phones with several primary as well as backup frequencies.

Proper care of communications equipment is imperative. The negligent use or malicious destruction of any communications equipment will not be tolerated. Any communications equipment damage caused by employee negligence or malice may be cause for disciplinary action.

BASIC RADIO RULES

- Keep radio traffic to a minimum.
- All transmissions will be professional and to the point. Speak clearly and distinctly. Express no emotion when speaking on the two-way radio.
- When the attendant is in the passenger seat, he/she will be responsible for all radio and Nextel use.
- You must use the two-way radio to receive and transmit call information and status updates. In areas of bad reception, the Nextel may be used only as a last resort.
- Hold the microphone one (1) to two (2) inches from the mouth while speaking.
- Do not pull or stretch the microphone chord. The microphone must remain in the front compartment. The microphone must remain in the microphone clip when not in use.
- Each ambulance is equipped with two radios and two radio microphones. One will be attached to the *McCORMICK* Radio and the other will be attached to the Tac radio. If your ambulance does not have two microphones which are plugged into their proper receptacles, and two microphone clips, you must notify your supervisor at the start of your shift. Both microphones must remain plugged in at all times and seated in their clips when not in use.
- Any unplugged or unseated (lose) microphone will be seen as tampering with Company equipment.
- Ensure the radio is on and loud enough to hear at all times.
- Do not argue, make unnecessary statements or use improper language on the radio.
- Unit-to-unit communication on the two-way radios should be kept to an absolute minimum and limited to Company matters.
- Be aware that the Communications Center may be extremely busy and unable to immediately respond to your call.
- If the primary dispatch radio channel fails or if the unit is in an area with poor reception, utilize the Nextel direct connect to contact the Communications Center.
- When dispatch calls you, automatically give your location (major cross street).
- When dispatched on a call, read back the call information to verify you have received the proper information.

DEFINITIONS

Air: Term used to indicate you are monitoring the mobile or portable radio.

Base: Fixed site, such as the Communications Center.

Base radio: The radio located at the base, fixed site.

Call sign: Radio/unit identifiers.

Handy talky (H-T): A hand-held, two-way radio also called a portable radio.

Mobile radio: A two-way radio secured in a fixed location, e.g., the ambulance.

Trunking: A radio system in which all the radios within a system or systems share a group of channels.

RADIO CODES

McCORMICK uses select radio codes and "clear text" for the Company's radio traffic, allowing large amounts of information to be efficiently transmitted over the radio clearly and quickly.

Code 2: Non-emergency call

Code 3: Emergency call, use lights and siren

Code 4: No further assistance needed, under control

Code 7: Food/coffee break

10-99: Respond Sheriff/PD to our location code 3

Partially Available: At final destination, and has transferred care of the patient.

Priority 1: Emergency private response requiring an immediate Code 3 response

Priority 2: Emergency private response requiring an immediate Code 2 response

Priority 3: Private non-emergency response requiring an expedient Code 2 response

Priority 4: Private non-emergency prescheduled Code 2 response

CLEAR TEXT

Clear text works on the same principles as the radio number codes, with day-to-day operations not covered by 9-codes or 10-codes simplified to specific buzz words.

Advise: Inform

Affirmative: Yes

A-I-Q: Available in quarters

Arrived: Arrived at final destination. (Torrance Fire clear text)

Available: Available following call

Break: Dispatcher is ending his connection to the addressed unit and is now addressing a different unit without un-keying the microphone.

Cancel: Cancel call

Clear: Available following call. (Torrance Fire clear text)
Contact: Call
Copy/Roger: Acknowledge
Destination: Arrived at final destination
Disregard: Disregard last transmission
En route: Respond/en route to …
E-T-A: Estimated time of arrival
Expedite: Hurry. (Never to be interpreted as a request to bypass safety and/or due regard.)
Land Line: Telephone
Post move-up: Go to post …
Location: Your location
Monitor: Listen to or for
Move-up: Go to station or district
Negative : No
On Air: On the radio
On Post: Arrived at post
On Scene: Arrived at pickup point (incident/hospital)
Partially Available: The unit is at the final destination and has transferred care of the patient
PMA: 9-1-1 term for Paramedics on board ("negative" indicating no paramedic)
Repeat: Send message again
Return: Return/en route to assigned quarters
Roger/Copy: Acknowledge
Staged/ Staging: Arrived at predetermined location a safe distance from incident until scene is stabilized.
Standby: Wait for clearance/wait at radio
Standby for Response/ County/Redondo/ Torrance, etc.: Standby to receive call information.
Traffic: Message
Stepped On/ Covered: Interference with transmission
Transporting: Departing scene with patient on board

Field crews are not to invent or utilize “Buzzwords” for locations (streets, posts, or areas) without the prior approval of the Communications Manager.

PHONETIC ALPHABET

The phonetic alphabet is used to avoid misunderstandings when using letters, as when spelling out a name or designating a room or apartment. The phonetic alphabet assigns a name to every letter of the alphabet to avoid confusion.

A – Alpha	F – Foxtrot	K – Kilo	P – Papa	U – Uniform	Z – Zulu
B – Bravo	G – Golf	L – Lima	Q – Quebec	V – Victor	
C – Charlie	H – Hotel	M – Mike	R – Romeo	W – Whiskey	
D – Delta	I – India	N – November	S – Sierra	X – X-Ray	
E – Echo	J – Juliet	O – Oscar	T – Tango	Y – Yankee	

RADIO CALL SIGNS

McCORMICK's base (terminal) radio call signs are the names "Central", "Hawthorne", "Carson", "Valley", and "Santa Monica". The call signs indicate the geographic area (division) as well as serving as a local identifier for both mobile and base station transmissions.

- The mobile radio call sign for Managers is the prefix "Medical" followed by the number assigned to that individual.
  - 21: The Communications Center Supervisor
  - 22: Supervisor of Administration
  - 23: Joe Chidley
  - 24: Mike Jones
  - 26: Mike Henderson
  - 27: Brian Shishido
  - 28: Dave Konieczny
  - 29: Lucas Thompson
  - 41: Hawthorne Supervisor
  - 51: Valley Supervisor
  - 61: Carson Supervisor

RADIO PROCEDURES

For radio transmissions originating from both base (Communications Center) and mobile points (ambulances/Supervisors), first state who is being called and then, secondly, state who is calling.

- Examples of proper use:
  - *Mobile calling base*: "Central, 617" or;
  - *Base calling a Mobile*: "617, Central."
  - *Mobile to Mobile (617 calling Medical 51):* "Medical 51, 601" or;
  - *Mobile to Mobile (Medical 51 acknowledging 617)*: "601, Medical 51."

- Examples of improper use:
  - *Mobile calling base:* "Hawthorne from 903" and;
  - *Mobile to Mobile: "1501 to 1502"* and;
  - *Base:* "1701, Carson"
  - *Mobile:* "1701, go."
- Proper examples of a unit acknowledging a transmission:
  - *Base*: "201, Carson, post **move-up** Long Beach and MLK."
  - *Mobile*: "201" or;
  - *Mobile*: "201 **copy**" or;
  - *Mobile*: "201 **roger**".
- Proper examples of base acknowledging a unit:
  - *Mobile*: "Hawthorne, 1501, **on scene**."
  - *Base*: "1501" or;
  - *Base*: "1501, **copy**" or;
  - *Base*: "1501, **roger**".
- Proper example of a unit going available in quarters:
  - *Mobile*: "Valley, 501, **A.I.Q."**
  - *Base*: "501" or;
  - *Base*: "501, **copy**" or;
  - *Base*: "501, **roger**".
- Examples of improper radio use:
  - *Mobile*: "501, **A.I.Q."** (*Failure to identify who you are calling*) and;
  - *Base*: "1802, **return**." (*Failure to identify Hawthorne as the transmitting party*)

Field units must obtain clearance from the Communications Center before doing anything other than that which was previously cleared.

- Examples of proper radio procedure:
  - *Mobile*: "Central, 1301, requesting Nextel, 190th and Anza **code 7**?"
  - *Base*: "1301, Central, **affirmative**" and;
  - *Mobile*: "Hawthorne, 1501, requesting Nextel, Crenshaw and Century?"
  - *Base*: "1501, Hawthorne, **affirmative**."

Field units must give their location automatically when called on the primary frequency.

- Example of proper radio procedure:
  - *Base*: "801, Carson."
  - *Mobile*: "Carson 801, eastbound 91 approaching Alameda."

When giving a location, the nearest major cross street should always be used, even in a residential area.

Anytime a long message, has to be transmitted, field units must first gain acknowledgment from the Communications Center.

- *Mobile*: "Santa Monica, 2101" *(request acknowledgment)*
- *Base*: "2101, Santa Monica *(acknowledgment gained)*
- *Mobile*: "Santa Monica, 2101..."

Upon arriving on scene of a call, the crew advises the Communications Center that they are on scene.

- *Mobile*: "Carson, 701 **on scene**."
- *Base*: "701" or;
- *Base*: "701, **copy**" or;
- *Base*: "701, **roger**".

Upon leaving the scene or facility for a hospital or other facility the Communications Center will be advised that the unit is transporting.

Example of hospital emergency room follow-up (Priority 2, non 9-1-1):

- *Mobile*: "Carson, 1712, **transporting**, Code 2, to Harbor General ER."
- *Base*: "1712, **copy** Harbor General"

Example of private priority 3 or 4 follow-up:

- *Mobile*: "Central, 617, **transporting**."
- *Base*: "617" or;
- *Base*: "617, **copy**" or;
- *Base*: "617, **roger**".

Example of 9-1-1 hospital emergency room follow-up with Paramedics:

- *Mobile*: "Central, 1302, **transporting** Code 3, PMA to Little Company of Mary"
- *Base*: "1302, **copy** Little Company of Mary"

Example of 9-1-1 hospital emergency room follow-up without Paramedics:

- *Mobile*: "Hawthorne, 1001, **transporting** Code 2, negative PMA to Gardena Memorial."
- *Base*: "1001, **copy** Gardena Memorial"

Upon arrival at the final destination, the Communications Center should be advised that the unit is at final destination.

- *Mobile*: "Carson, 201, **destination**."
- *Base*: "201, **copy**."

Whenever the crew is away from the ambulance, whether they are on scene, or at their final destination, they must physically have the Nextel phone and pager in their possession.

When patient care has been transferred to the hospital, the Communications Center must be notified either by Nextel, two way radio or land-line that the unit is **partially available**, meaning that if an urgent call comes in, the unit be available to run that call with little or no delay.

When a crew has completed a call, the Communications Center should be advised that the unit is available. The Communications Center will acknowledge unit availability and respond with the unit's next assignment.

- *Mobile*: "Valley, 401, **available**."
- *Base*: "401" or;
- *Base*: "401, **copy**" or;
- *Base*: "401, **roger**".

(The Communications Center will then state the unit's status, **return**, **post move-up**, station/district **move-up** or **standby for** another call, etc.)

When a crew goes off the air in quarters, the Communications Center should be alerted with that status update.

- *Mobile*: "Hawthorne, 901, **A-I-Q**."
- *Base*: "901" or;
- *Base*: "901, **copy**" or;
- *Base*: "901, **roger**".

On move-ups, the Communications Center will give you a post location, station or district.

- *Base:* "1201, Central, **move-up** to Station 10" or;
- *Base:* "1301, Central, **post move-up**, 190th and Anza" or;
- *Base:* "112, Hawthorne, **move-up** district 4."

On arrival to move-up location, advise the Communications Center.

- *Mobile*: "Hawthorne, 1502, **on post**, Century and Club" and;
- *Mobile*: "Carson 802, **A-I-Q**. station 15."

When a crew goes off the air in quarters, the Communications Center should be alerted with that status update.

- *Mobile*: "Hawthorne, 1801, **A-I-Q**."
- *Base*: "1801" or;
- *Base*: "1801, **copy**" or;
- *Base*: "1801, **roger**".

When dispatched on a call or move-up, it is important to go "**on air**" and get the call verbally, even if you already have the call information. This is so other units as well as Supervisors and Managers who are monitoring the radio can keep updated on the status of the system. Never self dispatch yourself as in the following examples.

Examples of improperly going on the air:

- *Mobile*: "Valley, 402 on air, **en-route** to St. Joes" or;
- *Mobile*: "Hawthorne, 1116, **en-route** to post Rosecrans and Prairie."

The proper way to go on the air to get you call is as follows:

- *Mobile*: "Hawthorne, 1115 **on air**."

<u>10-99 RADIO CODE</u>

"10-99" is the radio code to be used if you need law enforcement to respond to your location immediately due to life threatening circumstances in which you and/or other employees are in immediate danger. You will use the code ONLY in situations in which you need to be discrete about the request. Do not use the "10-99" radio code for usual and customary requests for law enforcement when they are needed on scene.

Dispatch understands the "10-99" code as a "crew in distress" and will then respond Law Enforcement to your location immediately, no questions asked. Using 10-99 instead of the clear text "we need police" would arouse less suspicion from the assailant which might escalate the situation even more.

As always, your first priority on scene should be the safety of yourself and your partner. In the event that the scene becomes unsafe and you are unable to retreat to safety, you will need to call for help by using the "10-99" radio code on the radio or Nextel. Please try to provide as much information as possible when broadcasting the "10-99" radio code.

Example:

- *Mobile*: "Hawthorne, 1101 **10-99** inside residence" or "Hawthorne 1101 **10-99** rear of the residence"

What happens when a crew radios “10-99”?

1. Dispatch will immediately activate law enforcement to respond to your last know location and inform them that our crew has placed an emergency distress call broadcast.
2. Dispatch will then contact the Communication Center for the Fire Department on scene or responding to the scene and inform them of the emergency distress call.
3. If the scene becomes safe and the crew no longer needs law enforcement to respond, they must advise Dispatch over the radio or Nextel to cancel their “10-99” call and that they are “code 4”.

Example:

– *Mobile*: “Hawthorne, 1101 **code 4**, cancel **10-99**”

Field crews must state the words “code 4” over the radio or Nextel in order to cancel the emergency law enforcement response. Any other language or communication will be considered to mean that the crew is still in distress and therefore the emergency law enforcement response will be continued.

DISPATCH CALL INFORMATION

Private Calls:

On private calls, the Communications Center transmits call priority, chief complaint, pick up point, destination, and if applicable, additional supplemental information.

Los Angeles County Fire:

On Los Angeles County Fire 9-1-1 calls, the Communications Center gives fire response district, type of call, business or location name if applicable, address/location, cross streets (north to south/east to west), Thomas Brothers® map grid and TAC frequency.

After you have received the call information, you must read back the address before verbally going en-route

Be sure to monitor the County tactical frequency for direct communication between you and the responding fire assets.

Torrance Fire:

On Torrance Fire 9-1-1 calls, the Communications Center gives, responding TFD units, type of call, business or location name if applicable, address/location, and TFD map page.

After you have received the call information, you must read back the address before verbally going en-route and switching to the Torrance Fire frequency.

Frequencies:

TOR 1 - Primary Dispatch

TOR 2-3 - Tac Frequencies

PD5 - Police Tac

Switch to the Torrance Fire Dispatch by pressing "P-2" on the primary radio:

You must monitor the Torrance Fire frequency for direct communication between you and the responding fire assets.

Torrance Fire Dispatch expects the utmost highest level of professionalism from us. Avoid all unnecessary traffic on all TOR channels and keep your transmissions quick and to the point. Always allow transmissions from other units to complete before transmitting your traffic. Please remember, we are a guest on their radio system.

Redondo Fire Department:

On Redondo Fire 9-1-1 calls, the Communications Center gives response code and address.

After acknowledging receipt of your Redondo Fire call by reading back the call information to the Communications Center and going verbally en-route, you must switch your radio to Redondo Fire Dispatch by pushing "P-1" on the primary radio and state the following:

– *Mobile*: "Redondo, *McCORMICK* (assignment #) responding to (Dispatched location address), from (current location, major cross streets)."

Remain on the Redondo Beach Fire dispatch channel until you arrive at hospital ER.

Dispatch will attempt to monitor your progress by scanning Redondo's frequency and acknowledge your status changes via Nextel. If dispatch does not acknowledge your change in status you can contact your Dispatcher via Nextel to update them you are transporting or at destination.

Upon arriving on scene of the Redondo Fire call, the crew advises Redondo Fire Dispatch that they are on scene:

– *Mobile*: "Redondo, *McCORMICK* (assignment #) **on scene**."

Be sure to monitor the Redondo Fire frequency for direct communication between you and the responding fire assets.

Redondo Fire Dispatch expects the utmost highest level of professionalism from us. Avoid all unnecessary traffic on the Redondo channel and keep your transmissions quick and to the point. Please remember, we are a guest on their radio system and the only private ambulance Company allowed to operate on their frequency.

Compton Fire:

On Compton Fire 9-1-1 calls, the Communications Center gives, responding Compton units, type of call, business or location name if applicable, and address/location.

After you received the call information, you must read back the address before verbally going en-route.

Frequency: Baofeng Radio Channel 1

You are to only monitor Compton Fire on Channel 1 while posting for or when responding with Compton.

Santa Monica Fire:

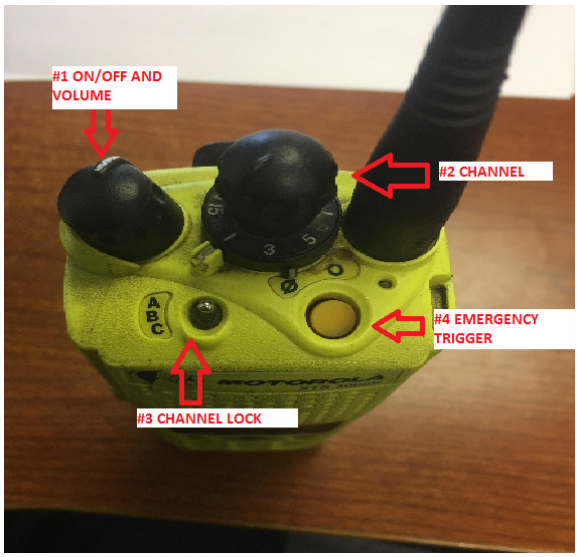
On Santa Monica Fire 9-1-1 calls, the Communication's Center gives, chief complaint, business/landmark, address, cross street(s), pertinent information such as stage out for Police, etc.,"

After you have received the call information from McCormick dispatch, you must read back the address before verbally going en-route and switching to Fire Com on the Santa Monica frequency utilizing the Santa Monica portable radio.

Status updates will be verbally made over the appropriate radio to both McCormick dispatch and Santa Monica Fire dispatch.

"Fire Com" is the radio identifier for the Santa Monica Fire dispatch center. "SANTA MONICA" is the radio identifier for the McCormick Dispatch terminal.

Santa Monica Portable Radio



#1 - Turn knob to turn radio on/off and control volume.

#2 - Turn Knob to change channel (the following are the primary channels you will use)

#3 - Channel Lock- switching the knob down to C will lock the channel you are on.

#4 - Emergency Trigger (explained above) Button to be used in life or death situations. See Channel 16 - SMA RIC.

The portable radios are property of Santa Monica Fire Department. Take excellent care of the radios at all times. Report any malfunction, damage, loss of radio immediately and submit an incident report on MeRS so we can get it fixed. If you are assigned a radio make
sure it is always charged and carry an extra battery with you.

Frequencies:

SMA RED 1 – Primary Dispatch

SMA RED 2 – Multi Company Tac

SMA RED 3 – Multi Company Tac (if RED 2 is being used, utilized RED 3. If RED 2 and 3 are being used, use RED 4 and so on thru RED 6)

SMA RED 4 – 6 Multi Company Tac

Channel 14-U-TAC 41 – Line of sight channel. In areas you lose service (underground parking structures, hospitals, etc) switch to U-TAC 41 to communicate with SMFD personnel directly. It only has range of .5 to 1 mile.

Channel 16 – SMA RIC – **IMPORTANT** If you accidently hit the EMERGENCY TRIGGER (#4 pictured above) your radio will automatically tone and switch channel to SMA RIC. If you accidently hit the button you must notify Firecom "2101 ACCIDENTAL ACTIVATION" on the SMA RIC channel.

Once you have notified Fire Com of the accidental activation you must turn your radio off and turn it back on in order to shut the tone off. This emergency trigger button is used by fire personnel in life or death situations.

After the crew has received the call information from McCormick dispatch, the unit will then utilize the SMFD portable radio and immediately advise Fire Com that they are enroute and where they are enroute from. This is significant since we are responding code 3 and they want to know unit response locations.

- *Mobile*: "Fire Com, McCormick 2101, enroute to 505 Olympic from Arizona and 20th."
- *FIRECOM*: "2101 copy."

McCormick unit will advise upon arrival at incident location

- *Mobile*: "Fire Com, McCormick 2101, on scene with engine (advise engine number)."
- *FIRECOM*: "2101 copy."

McCormick unit will advise when transport to the hospital has been initiated.

- *Mobile*: "Fire Com, McCormick 2101 is ALS Emergency to Santa Monica", or
- *Mobile*: "Fire Com, McCormick 2101 is BLS to St. Johns. (A non-emergency transport is implied when the term "BLS" is used).
- *FIRECOM*: "2101 copy."

McCormick unit will advise arrival at destination (hospital).

- *Mobile*: "Fire Com, McCormick 2101 at Santa Monica
- *FIRECOM*: "2101 copy."

McCormick unit will advise when they are **available** from the hospital

- *Mobile*: "Fire Com, McCormick 2101 **available**".
- *FIRECOM*: "2101 copy."

Santa Monica Fire Dispatch expects the utmost highest level of professionalism from us. Avoid all unnecessary traffic on Fire Com and keep your transmissions quick and to the point. Please remember, we are a guest on their radio system and the only private ambulance Company allowed to operate on their frequency.

Response Guidelines:

- All responses are to be EMERGENCY (code 3) unless otherwise directed by Fire Com or McCormick Dispatch.
- If first on scene, the crew notify Fire Com via radio of their arrival on scene and any actions being taken. McCormick will provide basic life support measures as indicated until SMFD units arrive on scene. A complete patient report will be provided to the SMFD unit by the McCormick crew when they arrive on scene.
- SMFD requests you stage 2 blocks out if Police Department requests responding units stage.
  - *Mobile*: "Firecom, McCormick 2101 **staging**."
- For all non structure fire multi-company incidents you must stage 1 block out, check in
  with the IC via radio and await an assignment or location to park the ambulance.
  - *Mobile*: "Wilshire Command, McCormick 2101 **staging** (provide location)."

When responding to structure fires switch to Red 2, monitor the channel and do not transmit on it. If the structure fire is on another Red channel, the same rule applies.

- Units that are without a SMFD portable radio, must advise McCormick Dispatch of all status updates and then McCormick Dispatch will relay the information to Fire Com.
- Still Alarms: If you come across a still alarm and are unsure of injuries or the need of additional resources, advise McCormick Dispatch of the still alarm and location as you normally would and assess the scene. If you need fire, advise McCormick dispatch that you need fire and the reason you need fire. If you come across a still alarm and there is an obvious need for fire, you can go directly over SMA RED 1 and advise Fire Com of the still alarm.

Santa Monica Fire specific terminology:

Alert 1: Minor Difficulty – aircraft approaching airport is known or is suspected of having a minor operational defect that should not normally cause serious difficulty in achieving a safe landing. (To access Santa Monica Airport enter the gate off 25th street next to SM Fire Station 5 @ 2450 Ashland. You must be let in by fire or someone with a gate clicker. Utilize the designated lanes once in the airport, DO NOT DRIVE ACROSS THE AIRPORT).

Alert 2: Major Difficulty - An aircraft approaching the airport is known or suspected of having a major operational defect that may affect normal flight operations to the extent that there is danger of an accident.

Alert 3: Aircraft Crash – OR – Crash Is Imminent – An aircraft has crashed, or the condition of the aircraft is such that a crash is probable.

Available: Ready for response within 60 seconds.

Clear Available Radio: The term used to describe the completion of an incident. The unit is now available by radio for response.

Conventional Radio: Conventional radios operate on fixed RF channels. In the case of radios with multiple channels, they operate on one channel at a time. The proper channel is selected by a user. The user operates a channel selector (dial or buttons) on the radio control panel to pick the appropriate channel.

Covered: A stronger signal has interfered with and overpowered another signal, making the weaker signal unreadable.

Emergency Response: Unit response mode using lights and sirens.

Emergency Traffic: The phrase "Emergency Traffic" is used in radio communications to indicate a critical, life safety related message. "Emergency traffic" communications have priority over all other radio communications with the exception of a Mayday message.

Duplex: Duplex channel systems transmit and receive on different discrete channels. This defines systems where equipment cannot communicate without some infrastructure such as a repeater.

Evacuate: The term "Evacuate" will be limited to removal of civilians who are exposed, or are potentially exposed to hazards presented by the incident.

Fire Com: Radio name for the Santa Monica Public Safety Communications Center.

First In District: The response area in which a Company is normally assigned to arrive first to render assistance.

Bravo-Tango: Incidents involving bomb threats.

Mayday: “Mayday, Mayday, Mayday” is the phrase used to indicate a missing, trapped, or injured firefighter in need of immediate assistance. Mayday messages have absolute priority over all other radio communications.

Non-Emergency Response: Unit response mode using normal driving methods, no lights or sirens, following all rules of the road.

On Radio: A unit or member is available out of quarters monitoring the radio.

PAR: Personnel Accountability Report.

Roger: Radio message is received and understood; do not acknowledge a “yes” or “no” message with “Roger,” use the terms “Affirmative” or “Negative.”

Simplex: Simplex channel systems use a single channel for transmit and receive. This is also known as “Direct” mode.

Still Alarm: An alarm not received by telephone, radio, or the alarm system.

McCORMICK's radio system consists two separate radios. The primary radio has five different repeater sites (Mountain top locations where there is an antenna that broadcasts our radio traffic).

The repeater sites are as follows:

- Lukens 1 (Mt. Lukens)
- Flint 2 (Flint Peak)
- Saddle 3 (Saddleback peak)
- Coastal 4 (Palos Verdes)
- San Berdo 5 (San Bernardino)

Each of these sites has the following channel lineup (***Group***):

- Central dispatch
- Central TAC
- Hawthorne dispatch
- Hawthorne TAC
- Carson dispatch
- Carson TAC
- Valley dispatch
- Valley TAC

Also added is a Redondo Fire Department channel, Torrance Fire channel, and Mutual Aid channel for use when working an incident with Care Ambulance. The Redondo Fire Department channel is accessed by pressing the P-1 button on the face of the UHF radio and is used on all Redondo Fire responses. The Torrance Fire channel is accessed by pressing the P-2 button on the face of the UHF radio. The mutual aid channels are for on scene coordination and are not to be used unless instructed to do so by a member of Management.

It is important that when you clock in, you check with your Dispatcher which channels are being utilized for the day. Due to circumstances beyond our control, we may be required to change channels at any time. Whenever a Dispatcher needs to switch channels, an all-page will be sent out advising you of the change.

The second radio installed in the ambulance is for VHF band communications. It operates in much the same way as your primary *McCORMICK* radio does. Be careful not to mix up the microphones when speaking. Ensure you have the correct microphone for the correct radio. This radio does not utilize a repeater, so there is no beep or wait time to speak after keying the microphone. Once you key the microphone you are transmitting.

The VHF (TAC) radio is to be utilized whenever communications with LACFD are needed. As you are dispatched on your 911 call, you are assigned a tactical channel from V6 to V16. (TAC Channel). This is the channel you should switch the VHF radio to. The fire department field personnel may attempt to contact you on the assigned TAC channel with information, instructions, or questions as needed.

Remember that all radio rules still apply when operating on the VHF radio.

CH	LUKENS 1	FLINT 2	SADDLE 3	COASTAL 4	SAN BER 5
1	CENTRAL 1	CENTRAL 2	CENTRAL 3	CENTRAL 4	B TAC-5
2	L TAC - 1	F TAC 1	S TAC - 1	C TAC - 1	
3	HAWTHORNE 1	HAWTHORNE 2	HAWTHORNE 3	HAWTHORNE 4	
4	L TAC-2	F TAC-2	S TAC-2	C TAC-2	
5	CARSON 1	CARSON 2	CARSON 3	CARSON 4	
6	L TAC-3	F TAC-3	S TAC-3	C TAC-3	

Use the left and right arr ens, Flint, Saddle, Coastal, San Bernardino)

Use the up and down arı **ater site** (Central, Hawthorne, Carson, and TAC)

Use the P-1 button to access Redondo Fire and the P-2 button to access Torrance Fire.

As a part of the Company's communications system, each *McCORMICK* employee is assigned an alpha-numeric pager.

When a call is dispatched to a *McCORMICK* crew, the pagers for all members of that crew receive the call information. Crew members must be able to hear and respond to pages throughout their shift. As a precaution, crews going to bed should place their pages on audible to assure their ability to respond to pages/calls.

Additional information is sent to employees on their pagers. This information can include available overtime shifts, Company news, and work related memos.

BASIC PAGER RULES

- The Company-issued personal pager must be left on and kept with the employee at all times when on duty.
- At the start of a shift, the employee's pager becomes assigned to that shift. Dispatch call information appears on the assigned pagers when a call is given to that shift.
- Each pager must be tested at the beginning of each shift as a part of unit checkout.
- The pager's battery must be changed anytime it displays “low battery”. Batteries may be obtained from your field supervisor.
- If a crew's pagers are lost, stolen, or inoperable, until the pagers can be replaced, one (1) crew member must remain on in radio contact with the Communications Center when on details.
- Employees are encouraged to have their pagers nearby if they wan to receive information regarding open shifts, strike team or other Company information.

As a part of *McCORMICK*'s expanded communications system, each crew member is assigned a Nextel Direct Connect phone. The two (2)-way Nextel phone is to be used as a way for crew members to contact each other if separated, for contacting the Communications Center if not on air, and for supplemental communication that may not be be appropriate for primary radio frequencies. It is also the primary back up source for the Communications Center to contact crews during their shift. Because of this crews must have their Nextel with them at all times while on-duty, and be capable of hearing communication that comes across. If the crew is going to bed the Nextel should be within range of the crew, and the crew must be capable of hearing all transmissions. If the Nextel requires charging during the shift, the charger and attached Nextel must be put in an area where it can be heard and answered at all times. As a last resort, the Nextel phone may also be used in areas that the primary radio has weak reception. All dispatch related traffic should first be attempted on the primary radio. This includes receiving call information and updating your status on a call. Only if communication is unsuccessful, may the Nextel may be used.

- The Nextel phone must be kept charged at all times.
- The Nextel phone must be reset (powered off then on) at the beginning of every shift.
- The Nextel must never be placed in a location where it cannot be clearly heard, this includes the ability to hear its Direct Connect function.
- Utilization of the phone for personal use is prohibited.
- The safe care of the Nextel phones are the responsibility of the crew.
- If a crew chooses to go "off the air" on Nextel, it is their responsibility to ensure that there is Nextel reception in that area.
- If a Nextel is not functioning properly, contact the Communications Center and make arrangements to return the unit to designated location. The unit must be returned with all components including the telephone,
- An employee may be disciplined up to and including termination for damage, destruction, and/or for the loss of the Nextel phone.

McCORMICK strives to ensure that all employees are aware of disease prevention and transmission. To achieve this it is necessary for all employees to know the appropriate procedures to prevent both self-contamination and exposure to others. These procedures are established by Cal-OSHA .

It is the responsibility of each employee to call the AMR Nurse Navigation hotline (855) 607-1418 to report any significant exposure to a communicable disease prior to going off duty. Significant exposure is defined as any exposure occurring in a manner by which a disease may be transmitted. When calling the Nurse Navigation hotline, the employee will speak directly with a nurse who will triage and recommend best course of treatment and follow-up.

Information regarding exposure to communicable diseases is CONFIDENTIAL and is only released to those persons directly involved in follow-up care for the employee, should such care become necessary.

McCORMICK offers the following health programs, at no cost to employees:

- The Hepatitis A and B inoculation series; or Titer antibody level test (Optional)
- Annual T.B. testing and fit testing .(Mandatory)
- Flu vaccinations are seasonally available

EXPOSURE CONTROL

Appropriate precautions must be exercised whenever a potential exposure to a patient's body fluids occurs. Personal health in the field demands constant and conscious attention to infection barriers and proper hygiene. Specific procedures are addressed in the Company's *Safety Manual* 12.10 Infection Control Plan Guidelines.

Following are general procedures for exposure control:

- Vigorous washing of both hands and arms with soap and warm water should occur after each patient contact. If unavailable Company provided hand sanitizer napkins, gel or foam should be used.
- All wounds on hands and arms should be covered with a dressing, antibiotic ointment, and nonporous tape to reduce the risk of disease transmission while on duty.
- Appropriate personal protective equipment (PPE) (e.g., N95 masks, gloves, and eye protection, etc.) should be worn during any and all patient contacts.
- Needles and sharps should be considered infectious and handled in a safe manner to prevent both injury and contamination.
  - All used needles and sharps should be placed in puncture resistant containers and properly disposed of at a medical facility.
  - Needles must not be recapped, bent or broken. The spring-loaded capping mechanism on the end of the needle must never be manipulated.

- Any potential for mouth-to-mouth resuscitation should be eliminated.
  - Pocket masks or resuscitation kits consisting of a BVM and mask should be utilized.
- All ventilator equipment should be inspected at the start of the shift to ensure proper working order.
- Any equipment that might have been contaminated should be thoroughly cleaned and disinfected immediately after use.
- Exposure to any infectious agent requires follow-up and documentation, including the following:
  - All punctures with contaminated needles, sharps or instruments
  - Direct exposure of mucosa and unprotected cuts or lesions to blood, urine, saliva, feces and/or draining wounds
  - Any contact with a patient who is known or suspected to have hepatitis, HIV, MRSA, TB, meningitis or any other infectious agent where appropriate PPEs were not utilized or were breached

PROCEDURE FOR EXPOSURE

- Immediately wash contaminated area thoroughly with soap and warm water.
- If the exposure requires emergent care, notify the on-duty supervisor.
- If the exposure is non-emergent, contact the Nurse Navigation hotline for triage, treatment, and follow-up.
- Complete necessary forms.

Although *McCORMICK* makes every effort to ensure the safety of all employees, work-related injuries and exposures can occur. California law guarantees certain benefits to employees who are injured or become ill because of their jobs. Any job-related injury is covered, even first-aid type injuries, and work-related illnesses. The injury or illness must be caused by the job for benefits to apply. (Injuries from off-duty social or athletic activities, such as the Company picnic or the department softball team, are not covered.)

Insurance approved medical costs are paid directly by *McCORMICK's* insurance carrier. *McCORMICK* arranges initial medical treatment through the medical provider network unless otherwise required.

Employees should see a supervisor or the Personnel Manager with any questions or concerns about workers' compensation.

WORK INJURY PROCEDURES

1. If injury, illness, or exposure is emergent and/or requires immediate intervention, insure first-aid is given if necessary and report the injury immediately to the on-duty supervisor.
2. Supervisor will insure that the injured employee is taken to an appropriate medical facility, if necessary.
3. Supervisor and employee will complete necessary paperwork to prevent delays in workers' compensation benefits.
4. If injury, illness, or exposure is non-emergent, the employee will directly call the AMR Nurse Navigation hotline (855) 607-1418 and speak directly with a nurse who will triage and recommend best course of treatment and follow-up.

INJURY/EXPOSURE CHECKLIST

McCORMICK takes all work-related injuries/exposures very seriously. A supervisor must be notified ***immediately*** of any injury and/or exposure requiring immediate treatment.

To ensure proper documentation of all work related claims that require immediate treatment, the injury/exposure packet MUST be completed in full.

See also SOP 110.5, Safety 4.40, Reporting of On the Job Injury/Exposure, and Policy 5018, AMR Operations Exposure/Injury Hotline.

It is *McCORMICK* policy to prevent risk to employees, reduce losses and protect patients and the public from any harm that could result from Company operations and activities. *McCORMICK* is therefore strongly committed to the timely discovery of safety risks and the development and implementation of procedures for prompt and effective risk control.

McCORMICK mandates training in policies and procedures regarding contagious diseases, contamination, and exposure to hazardous materials. Employees must take all precautions to protect their own safety as well as the safety of the public and/or patients. Employees must use all required protective gear and employ required safety practices and following all safety regulations.

McCORMICK's Safety Committee was established to ensure safety training, compliance and investigation. The Safety Committee is chaired by the Risk and Safety Manager and attended by Safety Officers all department heads and by representatives from Human Resources on a quarterly basis to discuss any and all updates on current Company safety standards and practices.

Department Supervisors, and Safety Officers (Crew Chiefs/FTOs) are responsible for staff education and the enforcement of all new and existing safety and health policies within their department.

SAFETY COMMITTEE GOALS

Safety Committee goals include, but are not limited to, the following:

- Establish and overview the requirements contained in Hazardous Communication Regulations.
- Identify safety/health hazards or potential hazards.
- Inform department heads of any operations in their work area where hazardous substances are present.
- Maintain and update the written Hazardous Communication Program.
- Be knowledgeable about the physical effects and health impacts of hazardous substances.
- Teach the methods and observation techniques that are used to determine the presence or release of hazardous substances in the work area.
- Learn how to lessen or prevent exposure to hazardous substances through use of engineering controls, work practices, and/or the employment of personal protective equipment (PPE).
- Establish steps to lessen or prevent exposure.

SAFETY INVESTIGATION

The Safety Committee is responsible for the thorough and fair investigation of all vehicle and equipment incidents that compromise health and safety, with the following expectations:

- Attempt to identify, without placing blame, the basic causal factors that contributed directly or indirectly to the incident.
- Attempt to identify any corrective actions that will minimize the likelihood of a similar incident and/or minimize the severity of adverse consequences should a similar incident occur.

McCORMICK is pleased to be able to offer some students the opportunity to ride-along as an observer .

The following procedures must be adhered to for any student rider:

- The crew must confirm with the Communications Center that the ride-a-long is scheduled for that shift.
- Each ride-along must read and complete both a *Student Ride-Along Instructions* (Form E-111), *Student Waiver of Liability and Hold Harmless Agreement* (Form E-112), and *Student Ride-Along HIPAA Acknowledgement* (Form E-130). In addition, the ride-along must have a copy of his/her driver's license attached to these forms. All three forms must be reviewed by the assigned ambulance crew prior to the ride-along. These forms will be turned in at the end of the shift with normal paperwork. The assigned crew must verify that the *Student Waiver of Liability and Hold Harmless Agreement* (Form E-112) is signed, dated and witnessed. In addition, the crew must verify that the ride-along has both a valid California Driver License/California State ID and Student Identification by filling out and initialing the *CREW USE ONLY* section on the bottom of that same form.
- Each ride-along must review this SOP as well as the Company's Policy, Standard Operating Procedures and Safety Manuals.
- Ensure the ride-along does not disclose protected information during his/her shift.
- The crew is responsible for any gear assigned to the ride-along. Keep track of the ride-along's gear and make sure any gear is turned in when the ride-along is finished.
- **When the ambulance is in motion, the ride-along must be seated with the seat belt securely fastened.**
- Space in the ambulance is limited. Do not allow the ride-along to bring anything more than is necessary.
- When out of the ambulance, the ride-along should stay near the crew at all times.
- If the ride-along fails to obey any of the terms contained in this policy, fails to obey crew instructions, or displays any type of behavior that may disrupt patient care or the Company's operations the crew will contact the field supervisor who may terminate the ride-along.
- Ride-alongs must be dressed in professional attire with a white button up shirt, navy blue/black slacks, black shoes and must display approved school identification throughout the shift. Approved identification must include at minimum, the student's name and school. They must also possess a black ball point pen and wrist watch.
- Ride-alongs are instructed to report to the appropriate station fifteen (15) minutes prior to their scheduled shift start.
- Ride-alongs must wear all appropriate personal protective equipment (PPE) equipment and follow crew instructions for infectious disease control.
- If the ride-along requests that a field evaluation form be filled out, the evaluation should be done as objectively as possible.

A general recall is a situation requesting some or all offduty or on-duty *McCORMICK* personnel to report to work at a designated location and time to meet unexpected staffing needs.

IMPLEMENTATION

A general recall may be implemented to ensure coverage when staffing is inadequate due to circumstances such as the following:

- Call volume is such that additional units are necessary.
- A Company "strike team" or "RED team" is being assembled.
- Scheduled personnel are ill, injured, fail to show up for work or have a family or medical emergency. If your scheduled relief does not report for their shift, the Communications Center may hold you over for up to two hours. This is mandatory and failure to hold-over may result in disciplinary action up to and including termination.
- A scheduled employee has been terminated or suspended.
- A multiple casualty incident (MCI) has occurred.
- A natural disaster or WMD terrorist attack.

HOW CONTACT IS MADE

The Communications Center contacts all field employees through the pager system. This is called an "all page." When an employee responds that he/she is available, the Communications Center provides the necessary instructions, such as where the employee is to report and the approximate length of time for which the employee is needed.

In the case of an multiple casualty incident (MCI), the Communications Center will advise through the "all page" all field employees to report to work immediately.

RECALL POLICIES

McCORMICK employees are required to keep their Company-issued pagers with them at all times while on duty. Employees are encouraged, but not required to have their pagers nearby while off duty.

McCORMICK employees are required to register accurate and up-to-date telephone numbers with the Human Resources Department.

McCORMICK employees are encouraged to have call waiting on personal and home telephone lines.

If an off-duty employee reports to work, employees must report in as soon as possible and in uniform.

Employees asked to come in must advise the Communications Center if their physical condition is such that they can not function properly.

A standby/special event is a situation requiring the presence of medical personnel in case there is a medical emergency or medical care is needed. Normally, special event standbys are prearranged. However, on certain occasions, emergency requests for a standby unit or units may be made.

STANDBY/SPECIAL EVENTS PROCEDURES

- The standby crew reports to the specified station to pick up proper equipment and the vehicle at least one (1) hour prior to the event.
- The special event/standby unit must be at the event on time, and parked in the its designated location..
- Crew members must remain together so there is no delay in treatment of any injury that may occur.
- The standby crew must notify the Communications Center immediately upon determining that a patient's condition requires ambulance transport. The Communications Center then responds an on-duty unit to provide the transport. Should the patient require immediate transportation to a hospital, the standby crew at the event should carry out the transport.
- The crew must not leave the event for any reason other than a transport, unless directed by the designated event contact person or released by the event coordinator.
- While at an event, the standby crew must remain in the area assigned to them or in that area customary for "first-aid" personnel. Unless responding to an emergency, no personnel are allowed to take advantage of their event status to venture into areas that are normally off-limits to the general public.
- Crew members are not permitted to use tobacco products or vape in any area used for the treatment of patients nor in the view of the public.
- Although *McCORMICK* employees do not work directly for the organization sponsoring the special event, the public perceives a uniformed individual as an authority figure and will often seek information from the standby crew regarding the event itself or any number of things. Whether or not the crew knows the answer to a question, employees should always respond courteously and make every effort to assist the public.

SPECIAL CONSIDERATIONS

While some instructions for specific events will be given at the time of assignment, the following general rules provide guidelines for certain events:

- Football games are almost always attended by trainers and physicians who provide primary care for injured athletes. When arriving at the event, the ambulance crew should identify themselves to the medical representative in attendance. The medical representative on scene is the primary responder and, the standby crew should not attend to an injury unless signaled to do so by the medical representative. If there is no assigned medical representative present at the event, then the crew will act as the primary responder.

- When an ambulance crew is required to respond on the field, it is generally because a patient requires transport to the hospital. If this is the situation, the crew should pull the ambulance as close to the patient as possible but not onto the playing field unless instructed to do so.
- Standby units should notify the Communications Center immediately upon assessing that a patient's condition will require ambulance transport.
- Should the standby crew feel a patient requires immediate transport, the crew should initiate the transport and notify the Communications Center of any help needed, e.g., 9-1-1 assistance. The Communications Center will deploy an available ambulance to cover the event standby. If the event is over and a patient needs transport, the standby unit may transport according to patient destination protocol.

COMPLETION OF STANDBY SHIFT

- Fuel and clean the unit regardless of the length of time it was in service.
- Return equipment and the vehicle to the appropriate station and secure accordingly.

Maintenance of *McCORMICK* stations is the responsibility of the ambulance crews. Employees should show courtesy for others who share the station by participating in the maintenance of proper station conditions. All station chores are to be completed on a daily basis by crew members. Additional responsibilities may be assigned by the station crew chiefs and/or supervisors.

STATION CARE PROCEDURES

- Stations must be kept clean at all times. Keep the carpet and furniture clean by wiping shoes off on door mats before entering the station and by keeping feet/shoes off of sofas, chairs and tables.
- All linens or bedding material used by employees at the station is required to be brought home and laundered at the end of each shift.
- Linens or bedding material are not permitted to be stored in common areas inside of any station unless the following criteria is met:
  - The linens and bedding material belongs to an employee that is on-duty from that specific station.
  - The linens and bedding material is sealed within a plastic bag or plastic container with a lid.
  - It is acceptable for employees to lay out or setup their linens or bedding materials during their shift on the bed that they will be utilizing for their overnight shift.

  Linens or bedding materials are to be placed into large plastic bags or large plastic containers with lids when moving them in or out of the station.
- Station cleaning must be done at the beginning and end of the shift and prior to any leisure/downtime activities such as sleeping or television viewing.
- Daily station cleaning consists of, at minimum:
  - Vacuuming;
  - Cleaning and disinfecting bathrooms and showers;
  - Mopping the kitchen floor, washing dishes, and cleaning appliances and countertops; and
  - Emptying the trash.
- The station should be left in a clean and tidy condition.
- Cleaning and maintenance supplies are stored in designated cabinets.
- Visitors are currently not allowed on company grounds.
- All station air-conditioning units whether central, wall, or portable should be set at 78 degrees but never lower than 69.
- Stations are to be locked when unattended.

Crew chiefs are responsible for notifying a supervisor of station necessities or required repairs. All station repair requests and/or safety and hazard problems should be documented on the *Incident Report* available in MeRS.

See also: SOP 119.5, Employee Policy 4006, and Safety 3.50.

A primary tool used by *McCORMICK* to identify and recognize problem areas is the general investigation.

Generally, initial incident investigations are conducted by a supervisor with the primary focus on understanding why the incident or near-miss occurred and what actions can be taken to preclude recurrence.

All incidents and near-miss occurrences are to be documented using the forms provided on MeRS. A near-miss is defined as a narrowly avoided collision or other accident. Specific incidents, such as vehicle accidents, should also be documented on forms specific to the type of incident (See SOP 115.5) and may be subject to a formal investigation by the Safety Committee.

INVESTIGATION PROCEDURES

Incident investigation involves five (5) steps.

1. DOCUMENTATION

The investigator begins by obtaining the facts of the incident and then documenting the incident using the forms provided on MeRS. The information gained will include the following.

- The name, address, and telephone number of the complainant.
- The date and time when complaint was received.
- The name of the employee(s) receiving the complaint.
- The name(s) of the agency/facility and personnel involved.
- The name(s) of the Los Angeles County Dispatch Office personnel involved (if related to Transportation Overflow Agreement).
- Written statements of witnesses.
- Copies of other pertinent reports and documents.
- The names of other supervisors/managers that were notified of the complaint.
- Pertinent photographs
- Do not include conclusions, opinions, suggestions or any other suggestions for resolution.

In investigations involving the execution of the Los Angeles County Transportation Overflow Agreement, the investigator/Operations Manager or their designee, shall preliminarily investigate all complaints and notify the County's Project Manager of the status of the investigation and recommended corrective action within 30 business days of receiving the complaint.

2. INVESTIGATION

The responsible manager or supervisor obtains all information on what occurred.

- **What happened?** The investigation should describe what took place that prompted the investigation: an incident that caused an injury to an employee, damaged equipment, a customer or employee complaint, or conditions recognized as having a potential for losses or delays.

- **Why did the incident happen?** The investigation must obtain all of the facts surrounding the incident: what caused it to occur; who was involved; was/were the employee(s) qualified to perform the functions involved in the incident or near-miss; were they properly trained; were proper operating procedures established for the task involved; were procedures followed, and if not, why not; where else this or a similar situation might exist and how it can be corrected.

3. RESOLUTION

- **What should be done?** The person conducting the investigation must assist the individual making the final determination of which aspects of the operation or process require additional attention, and documents all findings of the investigation.

- **What action has been taken?** The individual making the final determination should consider the following, actions already taken to reduce or eliminate the exposures being investigated,. Any interim or temporary precautions. Corrective action should be identified in terms of not only how it will prevent a recurrence of the incident or near miss but also how it will improve the overall operation.

4. FEEDBACK

After the investigation has been completed, the employee(s) and parties involved, if applicable, should be notified of the final resolution. If the employee or employees are found to be in violation of Company policies and procedures, disciplinary action may be warranted. The employee should also be encouraged to give written feedback to the Company.

5. TREND TRACKING

The results of the investigation are tracked by the QA/QI Manager and used to identify trends in performance and safety that may not be detected by other means. Whether trends are company-wide or only occurring in certain departments, tracking allows training, policy and/or supervisory issues to be identified and addressed.

See also SOP 116: Incident Report, 116.2: Customer Complaint Reporting, 116.3: Patient Care Incident Reporting, 208: Collision Reporting and 208.5: Incident Review Board, as well as Safety 4.20: Collision Reporting, 4.40: Reporting of On the Job Injury/Exposure and 4.50: Customer Complaint Reporting.

McCORMICK has developed an *Incident Investigation Kit* to be employed in the event of employee exposure/injury, patient care compromise, or a vehicle accident.

Each ambulance has an *Incident Investigation Kit*. Each kit contains the following items:

- *Witness Statement*, Form C-204 (white)
- *Patient Care Incident Report*, Form C-206 (green)
- *Vehicle Incident Checklist*, Form C-210 (orange)
- *Vehicle Incident Report*, From C-211 (orange)
- *Vehicle Incident Diagram*, Form C-212 (orange)
- *Vehicle Incident Witness Statement*, Form C-213 (orange)
- *Photograph Guidelines*, Form C-215 (orange)

Injury/exposure documentation is discussed in Employee Policy 5015, SOP 110.5 and Safety 4.40 and 15.20. Patient care incident reporting is referenced in SOP 116.3 and Safety 4.50. Vehicle incident/collision reporting is referenced in SOP 208 and 208.7 and Safety 4.20.

INCIDENT REPORTING PROCEDURE

Any employee experiencing an "out of the ordinary" occurrence must create an incident report on MeRS. "Out of the ordinary" occurrences include, but are not limited to: late responses, job related injuries, patient injuries, customer complaints, station repairs, computer malfunction, computer damage, and vehicle repairs or damage. Also any occurrence involving a conflict with personnel of the Company or of another agency should be documented. Documentation must be completed as soon as possible but no later than before the end of the shift, and directed to the individual's supervisor. Each person involved in an incident must complete a separate report in their own words. Filing a report is not an admission of guilt or fault.

The documented incident is reviewed through the five (5)-step process outlined in *SOP 115*:

1. Documentation;
2. Investigation;
3. Resolution;
4. Feedback; and
5. Trend Tracking.

You must enter the following information:

- **INCIDENT DATE:** Select the date that the incident occurred.
- **INCIDENT TIME:** Input the exact time if known or the approximate time that the incident occurred.
- **RUN NUMBER:** Input the run number associated with the incident. If the incident did not occur during a call/run-leave the field blank.
- **ASSIGNED VEHICLE:** Select the assigned vehicle that was involved in the incident. If the incident did not involve a vehicle-leave the field blank.
- **PROPERTY ASSET NUMBER:** Enter the controlled/fixed asset number of the malfunctioning or damaged AED, computer, laptop, or other labeled equipment.
- **FIELD LOCATION:** Select the field location where the incident occurred. If the incident occurred at a location other than what is in the list-leave the field blank.
- **EMPLOYEES INVOLVED:** You must select each employee that was present and/or involved in the incident.

- **NARRATIVE:** Describe, in detail, the events of the incident. All of the information put into the narrative must be accurate to the best of your knowledge. Upon signing and submitting the electronic incident report, it becomes a legal document. Any employee that knowingly provided false information will be subject to discipline according to Company Policy which can include termination of employment.
- **SIGNATURE:** You must sign using a touch screen device or computer mouse. The signature is considered to be a legal signature and therefore must be your accurate signature. Any incident reports that contain anything other than an employee's accurate signature will not be accepted and the employee will be required to re-submit an incident report.

See also SOP 115: General Investigation Rules and Safety 4.10

The delivery of customer focused and quality care is of utmost importance to the Company and every measure is taken to ensure that the service provided to it's customers is at the highest level.

Although *McCORMICK* strives to provide the highest levels of patient and customer care, problems or misunderstandings can arise with a patient or other members of the community.

In the instance in which the service provided did not meet the customer's expectations, a formal collecting, tracking and monitoring process has been established in order to identify and correct any perceived service shortcomings as well as allow for the retrospective review of all reported issues to be used in the development of future customer service assurance planning.

For purposes of this policy, a "customer" is defined by the Company as a non-employee that has contact with our employees for any reason. More specifically, a customer is, including, but not limited to, the patient, the patient's family members that were present for the care provided, medical facility staff, fire department and law enforcement representatives and the general public. The Company prides itself on the outstanding reputation that it has built over the years and embraces being a part of each community where service is provided. As representatives and advocates for public safety, the responsibility is present for each employee to adhere to all Company policies when providing medical care as well as the times when they are out in the community.

Customer complaint/incident reporting is recorded and tracked electronically through MeRS. The MeRS system allows managers, supervisors and all other personnel 24 hour, 7 days a week access to all the Company's complaint and incident report forms from any location. As employees submit reports, the responsible manager or supervisor is notified and can submit notes and upload files. It is the responsibility of McCormick's QA/QI Manager to track all incidents, track any trends and/or determine any operational improvements that need to be made through MeRS.

INTAKE PROCESS:

Because the Company's Communications Center is staffed continuously, it has been determined that the supervisor that is currently on-duty in the center is responsible for the data collection and data entry for all complaints received by the Company by phone and/or written communication.

COMPLAINT RECEIVED BY PHONE:

- **Dispatch:** When a customer makes contact with the Company through the Communications Center, the employee that speaks with the customer is responsible for obtaining all of the required information and correctly entering it into the form titled, "Customer Complaint/Concern." The form is then electronically submitted and the information is entered into MeRS. The communications supervisor must be notified of the information received and then notify the appropriate field supervisor.

- **Front Office:** When a customer makes contact with the Company through the main office, the employee that speaks with the customer must transfer the caller to the Operations Manager, or their designee, and if they are not available, to the Communications Center.
- **Field supervisor:** When a customer makes contact with the Company by directly speaking with a field supervisor, they must obtain all of the required information and enter it into MeRS.
- **Field Employee** When a customer makes contact with the Company by directly speaking with a field employee, the employee is responsible for obtaining the customer's contact information and instructing them to contact the Communications Center in order to speak with a supervisor.

COMPLAINT RECEIVED IN PERSON:

- **Front Office:** When a customer makes contact with the Company through the main office, the employee that speaks with the customer must obtain contact information and then immediately forward it to the Operations Manager, or their designee. If they are not available, then the information is to be forwarded to the Communications Center.
- **Field Supervisor:** When a customer makes contact with the Company by directly speaking with a field supervisor, they must obtain all of the required information and enter it into MeRS.
- **Field Employee:** When a customer makes contact with the Company by directly speaking with a field employee, the employee is responsible for obtaining the customers contact information and instructing them to contact the Communications Center in order to speak with a Supervisor.

COMPLAINT RECEIVED IN WRITING:

Any written correspondence, physical or electronic, that is received by the Company that expresses a concern and/or complaint shall be forwarded to on-duty communications supervisor. The supervisor must obtain all of the required information and correctly enter it into MeRS.

A copy of the correspondence shall be forwarded to the QA/QI manager in order for record keeping to be maintained.

INVESTIGATION PROCESS:

Once the complaint/concern has been entered into the system, the communications supervisor is responsible for notifying the appropriate field supervisor so that an investigation can be conducted.

The communications supervisor is responsible for helping provide all required information to the field supervisor so that the investigation can be conducted in an expedient manner.

The field supervisor conducting the investigation will utilize all reasonable and easily accessible means in order to obtain all relevant information. This includes the use of CAD data, Patient Care Report data, voice recordings, visual recordings along with interviewing all parties involved with the complaint/concern.

The findings and outcome will be entered into MeRS and will be electronically sent to the QA/QI manager for review. The QA/QI manager will be responsible for updating the Complaint Resolution Log with the information submitted by the field supervisor.

The goal of the investigation process is to determine if the alleged complaint/concern actually occurred and then provide re-education and/or discipline in order to prevent the same type of occurrence from occurring again.

MANAGEMENT OF INVESTIGATION DATA:
Complaints/concerns will be categorized into three categories:

- BILLING: Any dispute of charges assessed for the documented treatment/care/services provided.
- CLINICAL: Pertaining to the actual procedures performed, or not performed, during the care and treatment of a customer.
- CUSTOMER SERVICE: Pertaining to everything else not included in the Billing and Clinical categories. For example: operation of the emergency vehicle on the roadway, attitude towards customers and other EMS personnel, compliance with uniform policies, unprofessional behavior, etc.

The QA/QI Manager is responsible for reviewing each investigation findings, outcomes, tracking the data and then providing an update to the Operations Manager on a monthly basis. The trending of the data will be examined by the individuals designated by the Operations Manager who will, in turn, determine if any policy or procedural changes are needed as well as Company-wide educational instruction. The purpose of the review is to identify if the issues being received are based on an individual or a Company practice/policy that could be improved upon in order to help prevent similar issues from occurring in the future.

Any actions taken as a result of the investigation, such as re-education, reprimand, termination, etc. should be documented.

The Operations Manager or their designee will be notified of all investigation activity through reports from the investigating supervisor.

All complaint/concern investigations should be initiated as soon as possible and within 48 hours of being received.

All complainants should be contacted, if they request a call back from the Company, within 72 hours of the complaint/concern being received in order to inform of the status of the investigation. Any complaint/concern that cannot be resolved due to the reporting party being unsatisfied with the results of the investigation will be immediately forwarded to the Operations manager or their designee.

All documentation pertaining to customer complaints/concerns should be maintained for at least a period of five years.

Customer complaints should be directed to the on-duty supervisor by the involved crew member(s) immediately following the incident.

Each documented patient/customer complaint is reviewed through the five (5)-step process outlined in *SOP 115*:

1. Documentation
2. Investigation;
3. Resolution;
4. Feedback; and
5. Trend Tracking.

The results of a complaint investigation are used to identify any trends in performance that may not be detected by other means. For example, a conflict between employees may be revealed through this process of complaint investigations. Also Company-wide problems may be revealed that might necessitate policy changes and/or the establishment of new training guidelines.

See also: SOP 115, General Investigation Rules and SOP 116, Incident Report.

All incidents involving a patient injury and/or a compromise of patient care, delivery or safety must be reported through MeRS on an *Incident Report* as well as the *Patient Care Incident Report* (form C-206) in the incident Investigation Kit. The incident must be comprehensively documented, investigated, and resolved.

The on-duty supervisor should be informed of any patient care incidents. If the incident results in an injury or requires immediate attention, the supervisor must be notified immediately.

Patient incident information may be used later to identify performance problems involving an employee, equipment, training, and/or supervision.

PATIENT CARE INCIDENT REPORTING CHECKLIST

An *Incident Report* must be completed on MeRS immediately after a customer complaint incident involving a patient.

To ensure that all necessary paperwork has been completed and turned in, the following checklist **MUST** be completed in full.

- ❒ Complete an *Incident Report*
- ❒ Complete a *Patient Care Incident Report*, (Form C-206). If additional pages are needed, fill out the *Supplemental Report,* (Form C-214).
- ❒ Complete *Additional Persons Involved,* (Form C-203), where applicable.
- ❒ Complete *Witness Statement,* (Form C-204), where applicable.
- ❒ Complete *Code 3/9-1-1 Activation/Dry Run/Diversion,* on MeRS where applicable.
- ❒ Take pictures in accordance with *SOP 208.7: Photograph Guidelines*, where applicable.

INVESTIGATING SUPERVISOR PATIENT CARE INCIDENT CHECKLIST

The investigating supervisor should ensure that all documentation and reporting has been completed by all involved employees, using the patient care incident reporting checklist above and the documentation checklist below as a guide.

All forms turned in must be legible with **all** questions answered thoroughly. Supervisors will be held responsible for incomplete paperwork.

The supervisor should confirm that employee documentation and reporting is complete by placing a (√) mark in the "Supervisor" column next to each item on the employee checklist.

The following checklist outlines for the Supervisor the investigation of any patient incident as well as proper notification procedures.

- ❒ Ensure all employee *Incident Report* forms have been turned in.
- ❒ Complete *Patient Care Incident Report, Form C-206*.

- ❒ If additional persons were involved, complete *Additional Persons Involved,* (Form C-203).
- ❒ Interview witnesses and obtain signatures on the *Witness Statement*, (Form C-204), where applicable.
- ❒ Take pictures where applicable.
- ❒ Place all documents and pictures in a sealed envelope and deliver to the QA/QI Manager.

All patient care incidents are subject to review by the Accident Review Board and/or the Safety Committee.

See also: SOP 115, General Investigation Rules, SOP 116, Incident Report, and Safety 4.60, Patient Care Incident Reporting.

McCORMICK utilizes customer surveys, through EMS Survey Team, to monitor the performance of line and billing personnel. Through the mail-in survey system, a specific sampling of patients transported are sent pre-addressed and pre-stamped customer surveys. The system helps measure quality improvement and identify areas that require operational improvements. EMS Survey Teams' mail-in surveys assures that McCormick remains HIPAA compliant, while providing benchmark results with other providers. The EMS Survey Team creates monthly and annual reports, crew performance reports, and crew comment reports. All reports created by the survey program, along with comments received, are emailed to the Company's QA/QI Manager to be reviewed. In addition, all complaints and incidents discovered in customer comments, are immediately emailed to the Company's QA/QI Manager to be reviewed, tracked, and resolved through *McCORMICK*'s MeRS system.

An electronic report on MeRS is to be used to document any time a crew either upgrades a BLS transport to code 3 and/or diverts from the intended destination for a closer facility. This report is for all calls in which fire paramedics are not in the back during transport.

This form is located under the same section as Incident Reports.

- Other Reports
- Incident Report
- New Report
- Incident Type (select) Crew Diversion/Upgrade Report

You must fill pertinent information which includes:

- Date
- Time
- Run number
- Assigned Unit
- Employees involved
- Select yes or no, depending whether the report involves DIVERTING HOSPITALS or UPGRADING CODE 3
- Fire Agency
- Transport time
- Diversion or Upgraded time
- Initial destination
- Final destination
- Reason for diversion or upgrading

Employees must complete and submit the electronic report as soon as possible after completion of the call. Under no circumstance should submission be delayed beyond the end of the current shift.

All *Crew Upgrade/Diversion* reports will undergo a quality assurance review. Crews and trends are tracked through this review process to determine if further training, discipline and/or protocol updates are necessary.

The core value in the mission of McCormick Ambulance is to deliver superior services while ensuring the safety of our patients and care givers. Therefore, the "Safety Concern" report has been created within the MeRS system and is available for all employees to access. Employees are encouraged to report frequently and freely when it comes to issues involving safety.

The "Safety Concern" report allows the employee to submit the report anonymously, if desired, and once submitted, the Operations Manager and QA/QI Manager will be immediately notified. Once reviewed the most appropriate actions will be taken based on the reported information.

This report shall be utilized for reporting of any issue that concerns patient safety, employee safety and/or the safety of the other agencies on scene of a call as well as the safety of general public.

Included in the topic of patient safety is the reporting of medical treatment errors as well as medication administration errors. Employees must immediately report any medical treatment errors performed or witnessed during the care of a patient. All reporting of medical treatment errors or medication administration errors must contain the incident number in which the event occurred.

Medical treatment errors include the following:

- Incorrect size of device used for treatment
- Incorrect usage of device or intervention for patient condition
- Deviation from any pre-hospital care policy
- Deviation from EMT or Paramedic scope of practice

Medication administration errors include the following:

- Incorrect medication administered to the patient
- Incorrect medication dosage administered to the patient
- Prevented – incorrect medication administration to the patient
- Prevented – incorrect medication dosage administered to the patient

Even if a mistake or error almost occurred and was prevented by the employee, it is important that the information be reported so that each incident can be reviewed as well as tracking and identifying any possible trends to occur.

The Operations Manager or the QA/QI Manager will be responsible for obtaining any additional information such as patient condition post error and patient outcome. This information will be documented on the submitted "Safety Concern" report so that all information is easily accessible for the incident.

In cases where required by the local or State EMS agencies, reporting of the incident will be made by the QA/QI Manager.

All reported and/or identified medical treatment errors and medication administration errors will be reported to the Company Medical Director within 24 hours using the "MD Feedback Form." This form will clearly explain the details of the incident, patient response or outcome and all re-education or re-training provided to the employee. The Medical Director will review the information and determine if any additional training or education is required as well as provide input on the incident.

In the event that a trend has been identified by the reported information, a "Quality Assurance ALERT" will be issued to all employees that details the potential for error or harm to the patient or provider along with information on how to prevent similar type incidents from occurring in the future.

Patient Care Reports must be completed and submitted within 30 minutes of a call. Incident Reports, and other supporting paperwork should be submitted as soon as possible, but in no event beyond the end of the current shift. In the event that the mobile Patient Care Report computer fails, or is unavailable, paper Patient Care Reports (SH6001) need to be started as treatment and transport are provided. If you do a call on paper, you will need to do it later on mobile. The mobile version must be completed no later than the end of your current shift.

All paperwork must be completed legibly and filled out in black ballpoint ink. Any paperwork deemed illegible will be returned for rewriting. Crews will be asked to complete any unfinished or missing paperwork.

All paperwork relating to a patient is strictly confidential and must not be shared with anyone other than the healthcare partners related to that patient's care, e.g., hospitals, fire departments, skilled nursing homes. Upon completion of a call, all completed paperwork should be secured in the clipboard or patient transfer envelope in the employee's possession. When giving copies of *Patient Care Reports*, face sheets or *EMS Reports* to a receiving facility, it is important to hand those documents directly to the person receiving the patient.

The *green* (English) HIPAA Privacy Notice (Form C-103) or, when indicated, the *cream* (Spanish) HIPAA Privacy Notice (Form C-103-2) must be left with all patients, without exception, at the receiving facility.

Paperwork must not be left on counters, files, dashboard, or anywhere else where it could be easily seen and accessed by unauthorized persons.

All completed paperwork including must be placed in secured station mailbox at shift end.

Failure to complete proper documentation and/or turning in paperwork at shift end, and/or not placing paperwork in secured station mailbox, may result in disciplinary action up to and including termination.

It is the responsibility of both the driver and attendant to insure that paperwork is both complete and placed in secured station mailbox.

See also: Employee Policy 2015.3, 2015.8, SOP 117.3, Mobile Patient Care Report Exporting Calls

117.1 Mobile Patient Care Report Computer Care

Effective Date: 2-1-2020 *Replaces: 3-1-2019*

Upon coming on duty , crews at outlying stations will pick up their mobile Patient Care Report laptops (Tough Book) from off going shift, or laptop charging stations. Crews that work out of headquarters will pick up their laptops from dispatch. Crew must immediately log-in, check that the internet is connected and also check for Parked Calls.

Crew members will document their Tough Book's control number on their *Operative IQ Electronic Checkout system*. If there is any missing equipment and/or if there is damage to the computer, it must be documented on the electronic Computer Damage form in the MERS System and also immediately reported to the appropriate Field Supervisor.

Please make sure anytime you are not actively working on your Tough Book that you close the cover and confirm the latch lock is engaged. When not in use the Tough Book or any other type of Patient Care Report device is to remain in the locked and secured vehicle or in the possession of the crew.

Do not open more than 1 PCR at a time. This includes opening blank PCR's. By opening more than one PCR, it contributes to the problems of uploading and recovering PCRs. This will cause the system to slow down.

You should save your PCR periodically while completing it or you may risk losing pertinent call information including signatures and narrative.

If your Tough Book fails to operate at any time during your shift, becomes damaged, lost, or if you fail to respond to a call without it, you are required to notify the appropriate on duty supervisor immediately. Any of these occurrences will result in a detailed investigation. Please note that these incidents are subject to discipline up to and/or including termination.

117.2 MEDS/Mobile Patient Care Report Login

Effective Date: 2-1-2020 *Replaces: 9-29-2017*

Crew members should restart their computer and log-in to their Mobile Patient Care Report system as soon as shift starts to establish internet connectivity and to ensure that the off-going crew member has been logged out. By not restarting the computer, the "cache" becomes cluttered and may keep the calls from uploading in a timely fashion.

Every crew member is required to log-in to MEDS once at the beginning of a shift and once before clocking out at the end a shift to see if they have any pending or parked calls. This means that both the driver and the attendant are required to log-in at least twice a shift to check. Crew members that fail to log- in and or fail to transmit or complete parked calls may be subject to disciplinary action. An employee at no point is authorized to share their personal log-in or password with any other employee. Any employee having an issue with log-in or password must contact the Information Systems Supervisor to gain a password reset.

Any employee who shares login or password information with anyone will receive final warning discipline at a minimum.

117.3 Mobile Patient Care Report Exporting Calls

Effective Date: 6-17-2020 *Replaces: 2-1-2020*

Crew members are required to export all calls by no later than the end of shift. However calls should be exported once the call is completed and the computer has returned to a Company Wi-Fi signal. Crew members failing to export a Patient Care Report by the end of shift creates what we call a CAD Orphan in the system. This is a CAD without a PCR attached to it. Each day a list of CAD Orphans is sent to Pre-Billing by the PODS Team and that list is then reviewed and sent to the Field Supervisors for follow up with the crew members to get the PCR transmitted.

If you complete a paper PCR, *Patient Care Report Form* (Form SH6001), you will also need to transfer that information onto mobile during the same shift. If you are having an issue with the mobile Patient Care Report computer, attempt to resolve the issue immediately to prevent the unnecessary task of completing the PCR both on paper and on the computer. All calls completed on paper require a detailed incident report explaining the mobile issue. All paper PCR calls not completed on mobile prior to the end of the crew member's assigned shift will result in a 24 hour notice.

117.5 CAD Orphans

Effective Date: 6-17-2020 *Replaces: Original*

A CAD Orphan list will be submitted by the Pre Billing Department to the Field Supervisors to follow up with the crews. Employees with CAD Orphans will need to have the PCR completed and transmitted on their next scheduled shift. If a CAD Orphan is found by the Supervisor and is ready to transmit, the Supervisor will do so. If the CAD Orphan is not ready to transmit it will be left on the device and the crew member is notified. It must be transmitted by the next scheduled shift.

Crew members that fail to comply with completing their CAD Orphans will first receive an email message and then be spoken to by the Field Supervisor and the CAD Orphan will be cleared at that time. CAD Orphans left un-transmitted will be subject to disciplinary action.

It is your responsibility to review your calls each shift and make sure that they are completed in a timely manner.

Because *McCORMICK* is a public service Company whose employees are in constant contact with the public, it is absolutely necessary that its employees maintain a professional appearance. If an employee's appearance is determined to be unprofessional, the employee will be asked to correct the problem. An employee may be sent home to change or take other appropriate corrective actions. Employees sent home for inappropriate dress and/or grooming due to failing to meet the requirements of this policy will not be compensated for such time away from work. Employees without a spare uniform are subject to disciplinary action.

In all cases, *McCORMICK* reserves the right to determine what is or is not appropriate appearance and or attire.

UNIFORMS

Field employees are to be dressed in the appropriate uniform.

- Uniforms must be clean, pressed and creased.
- Uniform tops must be neatly tucked at all times.
- Pants must be long enough to strike the top of the shoe.
- Outermost uniform shirt, polo, uniform jacket, night wear will have first initial and last name, and employees job title/State certified level of care prominently displayed.
- Patches will be displayed as dictated by Company standard operating procedure.
- Uniform shirt/jacket must be same material as uniform pants.
- Boots must at minimum be clean and in a condition to take on a shine.
- All parts of the uniforms that are faded and/or worn must be replaced.
- Employees without a spare uniform are subject to disciplinary action.

JEWELRY

Beyond being a form of personal expression, jewelry may poses a safety consideration and is therefore limited to the following:

- Wedding ring(s)
- A short necklace kept inside the shirt
- A timepiece/wristwatch
- Earrings meeting the below requirements

The above jewelry is permitted as long as it is of simple design, does not interfere with patient care, and maintains a professional appearance. Neck chains must not be visible outside of the t-shirt. Earrings must not dangle and should be worn by female employees only. Earrings will meet the following guidelines:

- Must be worn bilaterally on the ear lobe only.
- Must be matching with a single earring on each ear.
- Must be "stud" type or "non-dangle" earring only.
- No tongue rings.
- No other facial piercings are allowed.

GROOMING

- Hair is to be kept clean, combed and neatly trimmed or arranged. Eccentric styles of hair are not permitted. Hair must be a naturally occurring color. Hair dying/highlighting will be subject to professional standards. Hair dying that is deemed inappropriate will be subject to mandatory change.
- Hair on male employees must be groomed and neat at all times. Hair on male employees may be no longer than mid-ear, and not touching the employee's shirt collar when the employee is standing.
- Hair on female employees must be groomed and neat at all times. For safety purposes, shoulder length or longer hair on female employees must be tied back and pinned up above shoulder length. Plain pins and clips are acceptable to keep hair up. This policy will be enforced from the time the employee clocks in until the time the employee clocks out.
- Wearing of wigs or hairpieces shall be prohibited, unless they conform to all conditions of this policy.
- Sideburns and mustaches must be neatly trimmed. They must be fully grown and professionally trimmed prior to returning to duty from time off. Mustaches must not exceed a quarter of an inch below the top lip. Sideburns may not be longer than ¾ of the employee's ear, and must be equal width from top to bottom. (No "mutton chops") Beards are not allowed. Any other facial hair is prohibited including but not limited to lower lip hair growth and goatees.
- Perfume or cologne must be used conservatively.
- Makeup determined to be excessive by Management is not allowed.

UNIFORM SPECIFICATIONS

Uniform Shirt: Company-issued navy blue uniform shirt with a blue *McCORMICK* patch affixed to left shoulder. A Los Angeles County EMT or red Los Angeles County paramedic patch is to be affixed to right shoulder, 3/4" below seam, centered on the crease. Badge must be worn on outer shell in badge holder.

Uniform Jacket — Optional employee purchased Navy blue uniform jacket with *McCORMICK* patch affixed to left shoulder. A Los Angeles County EMT-1, red Los Angeles County paramedic patch or approved station patch is to be affixed to right shoulder, 3/4" below seam, centered on the crease. Badge must be worn on outer shell in badge holder. A name badge or first initial and last name of employee to be embroidered in white stitch, 7/16" uppercase block lettering centered on right side of jacket even with badge tabs with employees state certified level of care centered below the name if station patch is used in lieu of County EMT-1 or paramedic seal.

Night Wear — Optional employee purchased Navy blue long-sleeve pullover work shirt. Blue *McCORMICK* patch affixed to left shoulder 3/4" below seam, centered on an imaginary midline crease. Blue Los Angeles County EMT, red Los Angeles County paramedic patch or approved station patch affixed to right shoulder 3/4" below seam,

centered on an imaginary midline crease. First initial and last name of employee to be embroidered in white stitch, 7/16” uppercase block lettering over right pocket with employees state certified level of care centered below the name if station patch is used in lieu of County EMT or paramedic seal. *See also Class B.*

Polo Shirt: Optional employee purchased approved *McCORMICK* polo shirt. (check with management for approved version). First initial and last name of employee to be embroidered in white in 7/16” uppercase block lettering over imaginary right pocket with the employees job title/State certified level of care centered below the name.

Name Badge: Company-issued, 5/8” X 2 1/2” silver-tone with dark blue or black lettering of employee's first initial and last name. Affixed to uniform shirt centered above midline of right pocket with the bottom border of the name badge touching the top stitch of the pocket. As with the rest of the uniform, non-company issued name badges not meeting these exact specifications are not permitted. First initial and last name of employee can be embroidered in white 7/16” uppercase block lettering over the right pocket in lieu of the metal name badge.

Badge: Company-issued two-tone badge. To be affixed to left side of uniform shirt or uniform jacket with pins inserted in badge tabs of uniform shirt. *See also SOP 118.3, Company Badge.*

Uniform Pants: Company-issued navy blue work pants. Any other pants must be pre-approved by the Company.

Belt: 1 1/2" black plain leather with plain silver or fire department style buckle. **No basket weave**.

T-shirt: Plain navy blue crewneck, or Company issued navy blue screened undershirt. No long-sleeved or alternatively screened shirts are to be worn under or over the uniform shirt. **No V neck style T-shirts are permitted to be worn.**

Boots: All footwear will be clean and polished as needed. All shoes or boots (preferably an approved safety boot or shoe) must be smooth, black, polishable leather. Western style boots and athletic (tennis) shoes are not approved footwear. Boots / shoes must be polished at the beginning of each workday. Sole must be black non-porous. Socks must be black if worn with shoes. White or colored socks are not approved for wear with shoes. Socks worn with boots may be solid white or black.

Cap/Cover: Optional employee purchased navy blue *McCORMICK* embroidered cap. Only those ordered through the Company may be worn. Cap may not be personalized with unapproved additional art or lettering. Beanies or any other types of cover, of any color in any weather are not permitted.

Brush/5.11 Jacket: Company-issued brush jacket or hi visibility jacket

Safety Vest: Company-issued High-Visibility Vest. ANSI / ISEA 207; 204 edition class 2 or 3. (23 CFR 634) Not required with 5.11 jacket.

Helmet: Company-issued with shop numbers displayed in white or reflective silver. If desired, personal helmets may be ordered at employees expense. Approved personal helmets are Cairns Commando HP3 or Phoenix 1500 First Due. Helmets must be EMS blue, have reflective tape and have OSHA approved goggles. Leather shields and any other markings or identification are only permitted if pre-approved in writing by operations manager. All helmets must be numbered with correct shop number being worked. All optional employee purchased helmets must have the ability to readily change the assignment numbering through the use of Velcro or magnetic patch.

Rain Gear: Only Company-issued rain gear is permitted to be worn.

Safety Eyewear: Company-issued safety/protective eyewear.

Sunglasses: Sunglasses may only be worn from sunrise to sunset. They can be worn on external scenes as needed and permitted. Sunglasses are removed from the head prior to entering any structure. Sunglass lenses are to be of standard color (i.e. black/brown or dark green) and final approval is at the discretion of Management.

Prescription Eyewear Individuals with prescription sunglasses must follow the above guidelines. Regular (non-tinted) prescription glasses are permitted without restriction. All other eyewear not used for B.S.I. is prohibited.

If you wear prescription eyewear and are required to wear them while driving you must bring them to shift with you. You must also bring with you all the required accessories needed for the proper care of eyewear with you (For example if you wear contacts you should bring cleaning solution). In the event your primary set of eye wear gets damaged or becomes unusable, you should have a back up that would allow you to continue to function at full capacity. In the case of contacts, your prescription eyewear or a back up set of contacts should be present on shift.

UNIFORM CLASSES

CLASS A - The Class A Uniform consists of the following:

- Uniform shirt with badge and Company issued name badge worn over a short sleeve navy blue crewneck T-shirt.
- Uniform pants and belt
- Black boots
- Optional: Uniform jacket/brush jacket/5.11 jacket/night wear (optional) If employee chooses to utilize any of these outerwear, uniform shirt must be worn under it.

The Class A uniform is to be worn under the following conditions:

1. For 24 hour shifts, must be worn from start of shift until 1900.

2. For shits less than 24 hours in duration, must be worn for the entire shift.
3. The exception to the Class A requirements are permitted only when the Class C uniform is being warn as described below.

CLASS B - The Class B uniform consists of the following:

- Night wear worn over a navy blue crewneck T-shirt long or short.
- Uniform pants and belt
- Black boots

The Class B uniform may be worn under the following conditions:

1. For all shift durations, from 1901 to end of watch.
2. Both crew members must match.

The night shirt can be worn over a tee shirt exclusively after hours. If the weather is extremely cold, a navy blue long sleeve T-shirt or sweatshirt may be worn under the night wear.

CLASS C - The Class C uniform consists of the following:

- Current model Polo shirt embroidered with first initial and last name of employee, and state certified level of care.
- Uniform pants and belt
- Black boots

BOTH CREW MEMBERS MUST WEAR POLOS FOR THIS OPTION TO BE USED, and minimum of lower two buttons being fastened.

CLASS D: Inclement Weather

Inclement weather is described as active rain/hail, or rain/hail is imminent. If weather improves and when possible, employees should return to their approved class A, B, or C uniform. This class consists of rain gear worn over the class of uniform in use at that time.

TORRANCE CLASS A - This uniform consists of:

- Uniform shirt with badge and Company issued name badge worn over a plain navy blue crewneck T-shirt or Company purchased navy blue screened crewneck T-shirt.
- Uniform jacket/brush 5.11 Jacket (optional)
- Uniform pants and belt
- Black boots

This uniform will be utilized oncoming to 1900, entire shift for non-24-hour units

TORRANCE CLASS B - This uniform consists of:

- Uniform pants and belt
- Black boots

This uniform may be utilized 1901 to end of shift, or during inclement weather and/or sub 70 degree temperatures. If weather permits use before 1901, both crew members must have their complete class A uniform on under the Night Wear. If the weather is extremely cold, a plain navy blue long sleeve T-shirt or sweatshirt without hood may be worn under the Night Wear. At no time is any long sleeve T-shirt to be worn in a way where the sleeves are visible under the uniform shirt. If you decide to wear a long sleeve T-shirt between start of shift to 1900, a employee provided long sleeve uniform shirt meeting the Company standards must be worn over it.

Before 1900 you must wear a standard class A uniform under the Company approved night wear should you exercise this option. BOTH CREW MEMBERS MUST WEAR NIGHT WEAR FOR THIS OPTION TO BE USED.

24-Hour Watch 1901-0659 In-Station Attire

Loose fitting athletic attire, suitable for wear in public gyms, is the acceptable out-of-uniform attire for 24-hour crews while inside the station during approved times from 1901 to 0659. Athletic attire must not be too revealing and may be worn after 2200 while resting inside the station. Crews must still be able to respond to calls within the set time frames. Minimum out-of-uniform 24-hour watch footwear consists of shoes or sandals. Crews are not allowed to go barefooted or shoeless at any time on while on duty. The following is a list of the minimum required wear while sleeping.

- Shoes or sandals must me worn. Employees are not allowed to be barefoot or shoeless at any time while on duty.
- Full length T-Shirt either short or long sleeve (no tank tops, half shirts or sleeveless)
- Shorts that are at least middle thigh in length and are not revealing (including and not limited to transparent shoes or shorts with tears or holes etc. are not acceptable).
- Underwear, bottoms for males and tops and bottoms are for females, is required. Underwear must not be visible and must be worn under above-mentioned requirements.
- The same requirements apply for when sleeping with the addition of wearing socks on your feet.

Any and all disrobing of clothing on Company property shall be done only in a bathroom or shower room that is properly secured by a locked door.

ADDITIONAL UNIFORM INFORMATION

- Special uniform attire may be issued on occasion.
- All field personnel should have at least one (1) complete change of class A uniform at their shift deployment assignment in addition to any optional uniform.
- Crews on non 24-hour hour shifts (Day/Night Cars) must adhere to the Class A OR C uniform requirements.
- Class C is optional and may be worn only if both members of that crew exercise that option.

- Trainees must wear their class A uniform and are not permitted to wear class B or C uniforms until they pass training and are cleared into the field.
- RED team collar emblems may be worn by team members on the collars of their uniform shirts.
- Small American Flag patches may adorn back of cap/cover and/or back of nightwear below collar.
- Brush/5.11 Jackets and helmets are required PPE on all calls requiring rescues and potentially hazardous situations such as traffic collisions, structure fires and on helicopter landing zones. Brush/5.11 Jackets are also required outerwear on calls where EMS personnel must be readily identifiable such as on shootings, assaults or any crime scene. *See SOP 118.1*
- The High-Visibility Vest will be worn on all traffic collisions on top of your Brush Jacket in conjunction with your helmet. The High-Visibility Vest should also be worn anytime you are directly exposed to traffic. If you utilize the 5.11 jacket on any of these incidents, the high-visibility vest is not required to be worn. *See SOP 118.1*
- Safety/protective eyewear must be worn at all times when in contact with a patient regardless of the call type or agency.
- Optional hats, night wear, polo shirts, and *McCORMICK* T-Shirts, are available for purchase.
- Crews may also purchase navy blue Nomex uniform shirts and pants at their expense. Personal uniforms must adhere to this SOP.
- No lodge pins or decorations other than the *McCORMICK* badge, a name plate, or ID card may be worn without prior written permission from the Operations Manager.
- Beanies or any other caps or covers not specifically addressed as permitted in this SOP, are not to be worn.
- No outerwear displaying any other agency other than McCormick Ambulance will not be permitted.
- If you decide to wear a long sleeve T-shirt or sweatshirt, a long sleeve uniform shirt, uniform jacket/night wear or a brush Jacket must be worn over it. At no time is any long sleeve T-shirt or sweatshirt to be worn in a way where the sleeves are visible.
- If you have exposed arm tattoos you must follow the following rules:

  Option 1 – Long sleeve Class A uniform shirt to cover exposed arm tattoos.

  Option 2 – Navy blue compression sleeve on each arm with exposed tattoos. Compression sleeve must cover any tattoo that extends below the bottom of the Class A shirt. This also applies to alternate class uniforms.

  All employees with employee badge numbers of 2549 and below can choose option 1 or 2. All employees with employee badge numbers 2550 and higher are only allowed to choose option 1.

All uniform classes going forward will offer a long sleeve alternative so all crews can comply with the new rule. Please remember failure to follow this rule is grounds for discipline up to and or including termination.

- The only time any class of uniform may be worn off duty is during the employee's commute. During the commute and anytime any *McCORMICK* T-shirt, sweatshirt, sweater jacket, or off duty attire such as hoodies are worn or displayed, the employee must conduct him/herself in the same manner and under the same rules of conduct as an employee who is on duty.
- EMT-Ps must refer to paramedic Amendment Policy 5813 for additional guidelines.

See also Employee Policy 3001: Off-Duty Conduct.

Brush/5.11 Jackets and helmets are required PPE on all calls requiring rescues and potentially hazardous situations such as traffic collisions, structure fires and on helicopter landing zones. Brush/5.11 Jackets are also required outerwear on calls where EMS personnel must be readily identifiable such as on shootings, assaults or any crime scene.

The High-Visibility Vest will be worn on all traffic collisions on top of your Brush Jacket in conjunction with your helmet. The High-Visibility Vest should also be worn anytime you are directly exposed to traffic. If you utilize the 5.11 jacket on any of these incidents, the high-visibility vest is not required to be worn.

Safety/protective eyewear must be worn at all times when in contact with a patient regardless of the call type or agency.

Failure to abide by these guidelines warrant a safety violation, not a uniform violation and will be disciplined as such.

118.3 **Company Badge**
Effective Date: 9-29-2017 *Replaces: 12-15-2008*

Each full-time Emergency Medical Technician and paramedic employed by *McCORMICK* is assigned a company-issued badge and must fill out and sign the Badge Acceptance Agreement. This is an agreement to the following policies:

- The badge is the property of *McCORMICK* and must be returned to the Company upon termination of employment, whether termination is voluntary or involuntary. Also the badge must be returned to the Company at the request of a Company manager or an authorized representative.
- The badge is to be worn as part of the Company uniform, in accordance with *SOP 118: Field Uniform Requirements*. It is not to be worn, or otherwise displayed, off-duty.
- The badge is for official duties only and must not be used on or off duty for private gain or advantage.
- In the event that a badge is lost or stolen, a police report must be filed with the Jurisdictional Police Department in the location where the badge was lost or stolen within twenty-four (24) hours of the event. A copy of the police report must be submitted to the Personal Manager with a detailed *Incident Report*.
- The employee may also be responsible for the replacement cost of a new badge.

118.4 **Company Photo Identification**
Effective Date: 9-29-2017 *Replaces: Original*

Every *McCORMICK* employee is assigned a Company-issued photo identification card with the employee's name, Company name and seal, and the employee's level of prehospital care certification, or Company function.

- The photo identification is the property of *McCORMICK* and must be returned to the Company upon termination of employment, whether termination is voluntary or involuntary. Also the photo identification must be returned to the Company at the request of a Company manager or an authorized representative.
- The photo identification is to be in possession of employee in accordance with SOP 200.5 and 301 Driver and Attendant Responsibilities. It is not to be worn, or otherwise displayed, off-duty.
- The photo identification is for official duties only and must not be used on or off duty for private gain or advantage.
- Photo I.D. must be with you all time while on duty along with all your certifications.
- If you have a Company issued badge and name plate or name embroidery you do not have to have you photo I.D. displayed but you must have it with you.
- If you do not have a Company issued badge and name plate or your name embroidered you must wear you photo I.D. clipped to your uniform above your waist on front of your body in an area visible to the public.
- During breast cancer awareness month, EMS week or any other time we approve wearing a special tee shirt you must wear your Company-issued photo identification card.
- In the event that a photo identification card is lost or stolen, a police report must be filed with the police department in location where the card was lost or stolen within twenty-four (24) hours of the event. A copy of the police report must be submitted to the Personal Manager with a detailed Incident Report.

Employee will be scheduled to work 24-hour shifts and agrees to exclude from each 24 hour shift worked not more than three meal periods of not more than one hour each and a regularly scheduled uninterrupted sleeping period of not more than eight hours. The sleep period shall be from 2300 to 0700. For those ambulance drivers or attendants working a 0600-0600 shift, the sleep time is scheduled from 2200-0600.

- Employer agrees to provide adequate dormitory and kitchen facilities for Employee.
- The Employer agrees to pay Employee for 22-hours during each 24-hour shift, even though not all of those hours are considered hours worked. If the employee does not receive 5 hours of uninterrupted sleep time between 2300 and 0700 the employee will be paid the entire 24 hours.
- No daily overtime shall be paid for any part of the 24-hour shift, but the Employee shall be provided weekly overtime for all hours worked in excess of 40 in a week at a rate of at least one and one-half times Employee's straight-time rate of pay. For purposes of calculating weekly overtime, meal and sleep periods shall be counted.

119 Transporting The Relatives & Friends of Patients in the Ambulance

Effective Date: 9-29-2017 *Replaces: 2-23-2009*

Allowing relatives or friends to accompany a patient in an ambulance is discouraged due to potential liability if a passenger is injured while riding in the vehicle.

When it is absolutely necessary for a friend or relative to accompany the patient to their destination on the ambulance, only one (1) passenger will be allowed based on the following criteria:

9-1-1 Calls

A friend or family member may ride in the front passenger seat with seat belt properly fastened without having to sign the *Release of Liability, Indemnity and Assumption of Risk Agreement* (Form C-122).

A friend or family member may ride in the patient compartment, seat belted properly on the jump-seat at the head of the gurney if all of the following condition(s) exist.

- The *Release of Liability, Indemnity and Assumption of Risk Agreement* (Form C-122) is signed and witnessed.
- The patient is a child, or
- The patient does not speak or understand the English language, and a friend or family member is able to communicate and/or translate.

Private Calls

A friend or family member may ride in the front passenger seat with seat belt properly fastened with the *Release of Liability, Indemnity and Assumption of Risk Agreement* (Form C-122) signed and witnessed.

A friend or family member may ride in the patient compartment, seat belted properly on the jump-seat at the head of the gurney if all of the following condition(s) exist.

- The *Release of Liability, Indemnity and Assumption of Risk Agreement* (Form C-122) is signed and witnessed.
- The patient is a child.

The patient does not speak or understand the English language, and a friend or family member is able to communicate and/or translate.

The child of an adult patient will not be permitted to ride in the ambulance ever. Under the law the child must be left in police custody.

See also SOP 207.5: Seat Belt Usage.

Visitors are allowed at *McCORMICK* stations between the hours of 0800 and 2100.

Visitors are subject to the same parking regulations as Company employees and are not allowed to park in other tenants' parking spaces during business hours.

GENERAL VISITOR GUIDELINES

- No visitor is permitted on Company property without the continuous presence and supervision of the employee being visited.
- No visitors under the age of eighteen (18) may be allowed in the station or on station grounds unless accompanied by an adult other than an on-duty crew member.
- Ambulance crews are responsible for ensuring that their visitors act in a way that will not discredit the crew or the Company.
- Visitations shall be limited to a duration of not more than one (1) hour. If more time is needed, a supervisor must be contacted.
- Visitors are not allowed to enter the sleeping areas, to sleep or to spend the night at the station.
- Ambulance crews are responsible for ensuring that all visitors leave the station by 2100.
- Visitors under the influence of drugs or alcohol will at no time be allowed at any station.
- Any conduct deemed inappropriate for the work place including but not limited to: horse play, sexual contact, behavior or any conduct which creates a hostile or uncomfortable work environment for the other employees is prohibited.

The following is the Safety Program for ambulance food and drink policy:

- Food and beverages can be only transported in an ambulance in the outside ambulance compartment.
- Food or beverages that are intended to be consumed by employees are never permitted inside the cab or the patient compartment.
- If the ambulance becomes contaminated by air or bloodborne pathogens, food storage is prohibited until the ambulance is disinfected.
- Food or beverages that were inside the cab or patient compartment must be discarded.

See also: Safety 5.60, Ambulance Food and Drink.

121 **Cell Phone/Electronic Device**

Effective Date: 9-29-2017 *Replaces: Original*

The use of personal cell phones and electronic devices to make phone calls, text, or any other personal activity by the driver while driving is strictly prohibited. However the driver while driving may utilize the Nextel to perform work mandated functions. Work mandated functions include, but are not limited to, calling a receiving hospital, contacting dispatch for work related/emergency business, etc.

While responding to a call, the attendant must act as a second set of eyes and shall refrain from using their cell phones/electronic devices for personal purposes.

The use of recording devices by filed personnel, including still camera and video, during any phase of a call is strictly prohibited.

1. In order to provide professional service at all times, all non-management employees shall not use any personal cell phones, video recorders, cameras and/or audio recording devices at any point during a response to a call, including, but not limited to, while on-scene of a call, during the transport of a patient and while the patient is on Company equipment at the destination facility or location.

2. The use of cameras, cell phone cameras, video cameras, voice or audio recorders, and/or any other type of device that takes pictures, records video or audio is strictly prohibited while responding to a call, on scene of call and anytime patient care is being provided.

3. Additionally, photographs, video and/or audio recordings of any information pertaining to the work performed by the Company, the Fire Department or any governmental entity or business the Company provides service to is strictly prohibited. This includes, but is not limited to, all data received or transmitted by the Company, data received on Company issued pagers, data displayed on Company owned CAD devices (dispatching computers), data displayed on customer owned CAD devices, radio transmissions made over Company owned radios and/or data displayed within any form of Company owned Patient Care Report products, to name a few.

4. Photographs, audio recordings and/or videos of patients are prohibited.

5. Photographs, audio recordings and/or videos of motor vehicle accident scenes are prohibited.

6. Photographs, audio recordings and/or videos of any Fire Department or Law Enforcement agency are prohibited at all times while the employee is on-duty.

7. Any photographs, audio recordings and/or videos taken while at work must not contain subject matter that:

    a. Violates any policy of the Company, including, but not limited to Policy 1005 Unlawful Discrimination.

    b. In the sole determination of the Company, holds the Company in a bad light or tends to lower the Company's reputation.

c. Is determined by the Company to be inappropriate and/or not in the Company's best interests.

8. This policy pertains to all employees except for Management employees. Thus, Management may utilize photographs, audio and/or video recordings, or any other prohibitions matter covered in this policy at its discretion.

- Additionally, field supervisor and/or associate field supervisors solely acting in the capacity of the on-duty field supervisor, are permitted to use cameras and/or other devices to capture images when there is a motor vehicle accident involving Company owned vehicles and/or to document employee injuries. These images are to be strictly used for documentation purposes, are considered evidence for the internal investigation process and are Company property.

9. Any photos, videos or voice or audio recordings in violation of this policy shall be removed from any and all social medial and deleted by the employee at the request of the Company.

10. Any employee found to be in violation or suspected to be in violation of this policy will be subject to disciplinary actions up to and including immediate termination.

See also: 4005.7

123 **Clocking In for Shift**
(Page 1 of 2)
Effective Date: 3-1-2019 *Replaces: 9-11-2018*

All hourly employees must utilize the electronic time clocks located at all stations and punch in and out for all assigned shifts.

ON-COMING EMPLOYEES:

Employees must clock in for all assigned shifts prior to, or at the start time for the assigned shift. Employees may clock in up to six minutes early and perform personal activities only. No work is to be performed until the start of their assigned shift time.

If an employee clocks in earlier than six minutes prior to their assigned shift start time, they must enter in a comment into the dialog box that explains why they clocked in early.

At the completion of an assigned shift, employees must clock out as close to the end time of their assigned shift as possible. If an employee clocks out later than the assigned shift end time, they must enter a comment into the dialogue box that explains why they clocked out late.

In the event that the time clock computer and/or system is not operating correctly and an employee needs to clock in or out, they must contact the Communications Center supervisor and advise of the situation. The Communications Center supervisor will then clock the employee in or out by proxy.

OFF-GOING EMPLOYEES:

All employees must clock out at the assigned end of shift time unless they are out of the station due to a call, move-up, or post move-up. Upon returning to their station and completion of all end-of-shift duties, they must clock out and enter in the information explaining why they clocked out late.

EARLY RELIEF:

Employees that arrive earlier than their scheduled shift start time cannot clock in early unless they are relieving the off-going employees for a call or post move. In the event that the on-coming employees do not have sufficient time to clock in early, they must clock in as soon as possible once they have access to a time clock. They must enter in the time that they started working and the reason why it was earlier than their scheduled start time. The off-going employees will need to clock out as soon as their relief takes over for them and enter in a note that explains why they are clocking out early.

CONSECUTIVE SHIFTS:

Employees that are scheduled more than 24 consecutive hours, must clock out and then back in for each 24 hour interval. In the event that an employee is not able to clock out and then back in due to being on a call or post move, the employee must perform the clock out and clock in procedure immediately once they have access to a time clock computer.

Crews will not have to log-off with dispatch as long as the unit has been staffed by new employees for the shift. Consecutive 24 hour shifts or a 48 hour shifts require that the crews log-on with the Communications Center every 24 hours within five minutes of the assigned shift start time.

In the event an employee self schedules to work consecutive shifts at different unit deployment locations, they must first clock out as an off-going employee no later than their scheduled end of shift time, unless on a holdover, and clock back in as an on-coming employee at their new shift location upon arrival. The employee must notify dispatch prior clocking out to receive authorization to end the first shift. If an employee is being moved from their scheduled assignment to an alternate unit deployment location the employee will be moved in or by a company vehicle and will remain on duty. If the employee chooses to not utilize the company offered travel and instead voluntarily chooses to take their personal vehicle they shall do so off duty by clocking out prior to departure and clocking in upon arrival. If the personal vehicle has been requested dispatch must be made aware prior to clocking out to authorize the end of the first shift. In any case the time between shifts should be limited to direct safe travel time only. No additional tasks or details are permitted and any variation may be considered a late arrival at the second shift assignment.

If a crew does not log-on with the Communications Center within five minutes of their assigned shift start time, the Communications Center will contact the crew/station and the crew must provide the reason why they did not log-on within the allotted time.

See also: Policy 2008.5

Chapter 2

DRIVER/OPERATOR PROCEDURES

American Medical Response and its subsidiaries, "*McCORMICK*" operate a large fleet of vehicles in the course of providing medical care and transportation services to the public. Given the risk of vehicle collision associated with both emergency and non-emergency vehicle operation, *McCORMICK* desires to establish a structured set of safe driving practices that will assist each employee to reduce the risk of collision, injury or other harm.

The basic principle underlying *McCORMICK* vehicle operation policy is the exercise of "due regard." Exercising "due regard" means driving in a manner that ensures the safety of the employees, vehicles, property, patients, and members of the community.

The law and this policy require that ambulance personnel drive with caution and prudent regard for the safety of others at all times. Personnel are reminded that the most important factors contributing to a quick response time are rapid action getting to the ambulance (out-of-chute time) and a thorough knowledge of the area served**. High-speed driving has been shown to not have a significant impact on response times and also has been shown to have an overall negative impact on safety and patient care.**

The purpose of the *McCORMICK Vehicle Safety Policy* is to communicate how *McCORMICK* and its employees will comply with applicable vehicle safety laws and regulations.

McCORMICK has written policies, procedures, and protocols, and has created expectations that are intended to align with the company's values. The policies and procedures guide *McCORMICK* employees in their every day work, and it is the company's desire that its employees understand the expectations associated with the policies and procedures that provide guidance to them in their daily tasks, particularly those that are directly related to the safe and effective completion of the company's mission. This policy applies to all , employees who operate Company vehicles as part of their job duties and responsibilities.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of vehicle collision, please contact your supervisor.

<u>It is the policy of *McCORMICK* to</u>:

1.1 Comply with applicable federal, state, and local vehicle safety regulations and set performance expectations for employees.

1.2 Provide documented education and training to prepare employees to safely operate Company vehicles.

1.3 Designate local Leadership as having overall responsibility to effectively implement, monitor, and suggest improvements to this written policy within his/her area of concern.

1.4 Recognize that the driver and his/her partner (if any) have joint responsibility for the safe and professional operation of a Company vehicle as outlined in this policy.

1.5 Conduct an investigation into each vehicle incident to identify contributing factors and to select, carry out and/or document actions to mitigate the risk of recurrence.

General Provisions

2.1 In addition to complying with the provisions of this policy employees are to follow State Vehicle Code provisions..

2.2 Only employees and other individuals authorized by the Company may drive Company vehicles. Such personnel must continuously satisfy minimum driver qualifications, as found in Attachments A and B.

2.3 With the exception of designated / specialized vehicles, or in an emergency where no other viable alternative exists, Company vehicles shall not be taken off-pavement excepting dirt or similar road surfaces that are suitable for use by passenger cars. Similarly, Company vehicles may not be driven through unimproved median divides on highways / freeways.

2.4 The driver and his/her partner are required to report vehicle collisions to their supervisor immediately or as soon as possible thereafter. “Collision” is defined as any contact between the McCormick vehicle and any other car, person, or object regardless of whether observable damage or injury occurred as a result. See Section 9.0 for additional guidance.

2.5 Employees who operate Company vehicles as part of their official job duties shall immediately report to their supervisor any disqualifying condition or conviction for offenses listed in Attachment A of this policy.

Basic Defensive Driving Practices

3.1 Employees must continuously practice defensive driving which means doing everything reasonably possible to avoid collisions, including anticipating possible hazards.

3.2 When together in the cab, both employees shall continuously scan for potential hazards around the vehicle.

3.3 Driver distractions should be avoided while the vehicle is in motion. Driver distractions include, but are not limited to, the following:

(a) Eating, drinking, grooming, is prohibited while driving.

(b) Texting, messaging or emailing (creating, typing, sending or reading) is prohibited while driving.

(c) Radio and cell phone traffic shall be handled by the right-seat partner when the vehicle is in motion.

(i) Drivers of vehicles used for patient transport shall not use a cell phone while driving unless an emergency exists requiring a call to 911 or there is a need for the driver to assist the attendant with hospital contact.

(ii) In those rare instances when cell phone use is authorized, the use of a hands-free device is encouraged. In these cases, the driver should increase his/her following distance behind vehicles ahead.

(d) GPS and/or Mapping Software utilized for driving directions should have data information entered/updated while the vehicle is stopped.

3.4 Drivers must establish and maintain sufficient following distance behind the vehicle ahead to safely avoid the other driver(s) if he/she makes a sudden stop or other unexpected maneuver. A sufficient following distance for non-ambulance Company vehicles is four (4) seconds minimum behind other vehicles in ideal conditions. Ambulances must maintain a six (6) second minimum following distance behind other vehicles in ideal conditions.

3.5 Drivers shall maintain adequate side space cushions around the vehicle whenever maneuvering around or passing other vehicles, persons, or objects.

3.6 The right-seat partner, when present, should help the driver by checking right-side blind spots.

3.7 Drivers should refrain from making U-turns unless there is no reasonable alternative. Reasonable alternatives, include, but are not limited to the following:

(a) Going around the block, turning around in a nearby parking lot, or proceeding to the next intersection that allows for a safe U-turn via traffic controls.

3.8 Employees may not drive a vehicle while using medications [prescription or over-the-counter] that warn against driving or operating machinery. An exception can be requested if the Company is provided a recent physician's note that indicates it is safe for the employee to drive despite the use of the medication(s).

3.9 Employees must not operate a vehicle if they feel too tired to do so safely. In such cases, the employee is required to immediately notify his/her supervisor for guidance.

Safety Belts and other Restraint Devices

4.1 Safety belts in the cab must be worn by employees and right-seat passengers at ALL times while the vehicle is in operation.

4.2 Safety belts in the patient compartment must be worn by employees at ALL times, except momentarily when performing specific treatment or vehicle backing procedures that prevent such use.

4.3 Prior to placing the transmission in gear, and at all times the vehicle is in operation, employees should verify that:

(a) Civilian passengers are properly restrained via safety belts.

(b) Infants and children, whether passengers or patients, are secured via an appropriate restraint device(s). [Note: Children under the age of 12 should not ride in seats where airbags are present.]

(c) Allied-agency personnel are secured via safety belts except momentarily when performing specific treatment procedures that prevent such use.

(d) Ambulance patients are situated on the gurney and dependent upon the gurney manufacturer's configuration the gurney's lateral straps and shoulder restraint system or X-strap system with 3 lateral safety straps are secured properly.

(e) Wheelchair patients are properly restrained to the wheelchair, the wheelchair is secured to the vehicle, and the shoulder strap or other supplemental restraint device is attached.

4.4 Employees are expected to utilize available means to secure equipment within the unit, such as monitors, oxygen tanks, and other items that could become projectiles in the event of a collision or sudden vehicle stop.

Backing and Tight-Quarters Maneuvering

5.1 Drivers should allow adequate space ahead to pull around other vehicles or objects without having to back the vehicle.

5.2 The back-up alarm (if so equipped) must remain engaged.

5.3 Prior to backing, the driver's partner must exit the vehicle and check for hazards to the sides, behind, overhead and provide the driver with clear instructions to avoid them while directing the driver from the rear, except when a patient is in the ambulance.

5.4 When in the patient compartment, and not directly engaged in the provision of emergent patient care, the attendant should move as close to the rear doors as patient's needs will allow, look out the rear windows, and verbally direct the driver until vehicle backing is completed.

5.5 The driver shall not move in reverse until the spotter is visible in left mirror and has indicated to begin backing. If the spotter is not visible in the left mirror, the driver shall stop backing the unit. Similarly, if the spotter needs to evaluate clearance in a blind spot, he/she must direct the driver to stop backing while such assessment is made.

5.6 When the driver is alone, or a spotter is otherwise unavailable, he/she must perform a "walk around" to check for hazards behind, alongside, and above the vehicle prior to backing. This step should be repeated as necessary to identify and avoid contact with hazards that cannot be seen while in the driver's seat.

5.7 In addition to using a spotter while backing the vehicle, use of a spotter (or "walk-arounds") should be considered any time vehicle clearance is in doubt while moving in tight quarters or under a potentially hazardous overhang.

5.8 Allied agency personnel [i.e. fire, police, security, etc.] may be used as spotters if the driver's partner is not present or available due to justifiable reasons.

Parking and Securing the Vehicle

6.1 When arriving on-scene, Company vehicles should be parked out of the line of traffic and shielded from the rear by other vehicles or objects whenever possible. However, if the scene has not been secured prior to arrival and other traffic will pose a clear hazard to employees, patient(s), or other personnel the vehicle may be parked to shield the scene.

6.2 Employees should park in designated spaces/areas and shall not park in red curb fire zones, handicapped spaces, areas marked as “No Parking” zones, tow-away zones, or similar restricted locations unless on an emergency call and no other reasonable parking is available on-scene.

6.3 If the vehicle is or will be left unattended, the vehicle must belocked and all supply compartments that are accessible from outside the vehicle are secured.

Emergency Vehicle Operations

7.1 Drivers must continuously exercise “due regard” for the safety of others while requesting emergency right-of-way. .

7.2 During emergency operation, drivers may exceed the posted speed limit by 10 mph, subject to a maximum vehicle speed of 75 mph. However, this privilege shall not be exercised in school zones, construction zones, or other restricted zones. In those areas, the posted limit must be observed.

7.3 Regardless of circumstances or unit status, vehicles shall not be driven faster than a safe speed for the current road, weather, and traffic conditions.

7.4 Under no circumstances shall a company vehicle pass, in either direction, a school bus that has stopped and activated its warning lights and/or stop sign.

7.5 Under no circumstances shall a company vehicle be driven around a railway crossing arm or a draw-bridge barrier that has been activated.

7.6 During emergency operation, employees should avoid driving in the opposite direction of traffic whenever possible. If doing so is unavoidable, speed must be kept to that which is safe for the conditions (at or below 15 MPH).

7.7 The driver shall turn off the emergency lights and siren and wait until the light changes to green when approaching a red-light intersection that is fully blocked with stopped traffic and curbs or median dividers prevent safe vehicle travel to the sides. The driver may resume use of warning devices when clear of the intersection.

7.8 During emergency operation, driver shall make a complete stop at every intersection stop sign and red traffic light. “Due regard” should be exercised at every open lane where the driver’s view of potential cross traffic is obstructed in any way.

7.9 During emergency response, the right seat partner must visually assist the driver to identify potential cross-traffic hazards and safely clear each intersection whenever an emergency vehicle exemption is taken against a red light.

7.10 During emergency operation, the driver must exercise "due regard" if using a left turn lane to go straight or to turn right in front of traffic that is stopped at a stop sign or traffic light.

Use of Emergency Warning Devices

8.1 Emergency vehicle exemptions shall not be taken unless both emergency warning lights and sirens are in use.

8.2 On highways or freeways that have free-flowing traffic, employees should disengage emergency warning lights and sirens. If traffic becomes congested use of warning devices may be resumed as needed.

8.3 If local procedures designate certain no-siren zones, such as near a crew quarters in a residential area or near a medical facility, drivers are to operate the vehicle in non-emergency mode until clear of those areas.

8.4 Emergency warning devices shall not be used in non-emergency response, non-emergency transport, or routine driving situations.

8.5 If any emergency warning devices fail to operate normally, the driver shall downgrade to a non-emergency status and advise dispatch immediately.

8.6 During emergency operation, a change in siren mode shall be activated 150 feet prior to every stop sign or red-light controlled intersection and shall remain activated until the ambulance is completely through the intersection.

8.7 When emergency warning devices are in use, vehicle windows must be tightly closed.

Post-Collision Guidelines

9.1 If a Company vehicle is involved in a collision with another party, the driver / crew should:

(a) Contact the communications center immediately to request appropriate services [i.e. police, fire, supervisor, etc.]. Non-field employees should call the police directly.

(b) Check for injuries and render care if it is safe to do so.

(c) Move the vehicle if an imminent hazard exists or if requested to do so by law enforcement personnel.

(d) Collect insurance information, driver's license number(s), vehicle license plate number(s), and contact information for all involved parties.

(e) Identify witnesses, if any, and secure their contact information.

(f) Assist in the completion of all required Company and state incident forms.

Service Animals

10.1 If a patient or a person riding with a patient aboard a vehicle utilizes a service animal, the service animal is permitted to ride along with that person.

10.2 A person with a disability cannot be asked to remove a service animal unless:

(a) The animal is out of control and the animal's owner does not take effective action to control it.

(b) The animal poses a direct threat to the health or safety of others.

10.3 When transporting a patient with a service animal, do so in a safe manner for the patient, the animal and the crew members. When possible, the animal should be secured in order to prevent injury during transport.

Exceptions

11.1 Any exception(s) to this policy must be approved by Safety and Risk Management, in writing, and in advance of any such exception(s) being take

Additional General Driving Policies

Employees must remain insurable, have a valid California driver's license, valid County EMT certificate, valid CPR card, Medical Examiner's certificate (DL51A), Company issued ID card, and California Ambulance Driver's Certificate (DL61). They must carry these on their person while on duty. *McCORMICK* reserves the right to terminate employees who are uninsurable. The only exception is if an employee is uninsurable for medical reasons.

Company vehicles must be operated according to state and local laws and Company policy at all times.

Turn signals and mirrors must be used for all lane changes and turns regardless of traffic conditions. Lane changes must always be made gradually.

Profane, obscene, or demeaning gestures or speech must not be directed at other drivers or pedestrians under any circumstances.

All Company vehicles must be driven with the vehicle headlights on at all times.

All vehicles must follow the posted speed limits. The exception is an emergency vehicle responding Code 3. This vehicle may operate up to ten (10) MPH over the posted speed limit if necessary. However, even the emergency vehicle responding Code 3 must exercise "due regard."

McCORMICK personnel are expected to drive defensively as well as prudently. Personnel must take all possible precautions consistent with a timely response in order to avoid accidents and ensure optimal patient care.

The employee should recognize the value of a good public image and conduct his/her driving accordingly, respecting the road rights of others and extending courtesy to other drivers and pedestrians whenever possible.

Any employee who violates *McCORMICK*'s driving policies will, at minimum, be required to attend a remedial driver training class and may also be subject to disciplinary action including suspension and/or termination.

See also Safety 9.10.

All complaints regarding alleged improper driving are thoroughly investigated.

The ambulance driver is in charge of the ambulance. It is the driver's prime responsibility to operate the ambulance in a safe and courteous manner, keeping in mind responsibility to him/herself, the attendant, the patient(s), any passenger, and all the individuals on the streets and highways being traveled. (See “due regard” 200.1) In addition, the driver is ultimately responsible for verifying the response location through the use of the Thomas Guide® or Torrance Fire Department map book.

While on duty, the driver must have in his/her possession a valid California driver’s license, California ambulance driver’s Certificate (DL-61), Medical Examiner’s Certificate (DL51A), CPR Card, Emergency Medical Technician-1 or paramedic certificate, and Company issued photo identification badge. Failure to have in his/her possession complete and current certification and licensure at any time can result in immediate suspension or termination without warning or notice.

Both driver and attendant must have a set of keys for their assigned ambulance. These keys must be kept in their possession at all times except when on scene of a 9-1-1 incident at which time one set of keys will be left in the ignition of the idling ambulance. If during checkout or anytime during the shift both driver and attendant do not each possess a set of keys, their supervisor must be notified immediately.

When mapping to a call, the Thomas Guide® must be utilized. Under no circumstance will the driver or attendant be allowed to use a smart phone or an alternate electronic device to navigate to a call.

If you are responding to a Torrance Fire call you MUST utilize the TFD map book and any additional TFD maps needed to navigate to a call. All TFD calls get a TFD specific map page number. TFD calls that are responded to not utilizing the book will be met with additional scrutiny and discipline. If your unit is missing the book you must notify your supervisor at the beginning of your shift.

After call receipt, the ambulance crew must read back the entire address to verify that it is correct. Just saying "copy" or just "1101 responding" is not permissible.

When the attendant is in the passenger seat, he/she will be responsible for all radio and Nextel use.

On arrival at the scene of a 9-1-1 call, the ambulance must be left running. Before locking the ambulance, verify that the second set of keys are in possession of either the driver or attendant. Both the driver and the attendant must take the gurney, loaded with appropriate BLS/ALS equipment, to the patient. The attendant is responsible for rendering treatment.

The driver:

- Assists the attendant in rendering aid to patients as needed.
- Obtains from the ambulance any equipment needed for the treatment of patients.

- Assists the attendant in the loading/unloading of patients.
- Obtains patient history from other people on the scene and relays that information to the attendant.

To prevent possible injury to and/or discomfort for both the patient and crew in a heavy or awkward lifting situation, ambulance personnel should not hesitate to ask for help from other medical or public safety professionals, such as hospital staff. If no help is available at the scene, the unit may contact the Communications Center and request assistance from another crew and/or field supervisor.

Following patient transport, the driver with assistance from the attendant:

- Cleans the patient compartment and remakes the gurney.
- Wipes down the exterior ambulance and clean windows and mirrors if needed.
- Assists the attendant in completing and checking paperwork.

The attendant and driver jointly clean and restock the ambulance and prepare it for additional calls.

A.1 All individuals who drive a Company vehicle as part of their job duties must continuously meet the following standards as evidenced by their comprehensive driving record and/or the Company's incident records. McCormick will periodically review driving records.

A.2 Individuals who operate Company vehicles as part of their job duties must:

(a) Be at least 18 years old

(b) Have a valid driver's license and state-required endorsements applicable to their job, if any

(c) Not have a currently suspended, revoked or forfeited driver's license, even if the suspension, revocation or forfeiture does not apply to employment usage

(d) Not have a conviction for any of the following (or state equivalents) within the prior 36-month period [per driving records]:

1. DUI, DWI, BAC, Driving with Ability Impaired, or other alcohol/drug-related offense involving the use of a motor vehicle
2. Hit and run or leaving the scene of an accident
3. Reckless driving
4. Falling asleep at the wheel
5. Speed contest or exhibition of speed
6. Fleeing or eluding a police officer
7. Use of a vehicle in a felony
8. More than two (2) moving violations

(e) Not have more than two (2) on-duty collisions that involve corrective action for violation of the McCormick Vehicle Safety Policy in the prior 36 months [per the Company's incident records].

(f) Not have more than three (3) of the following in combination as reflected by driving records and / or the Company's incident records within the prior 36 months:

1. Moving violations [per driving records].
2. On-duty collisions that involve corrective action for violation of the McCormick Vehicle Safety Policy [per the Company's incident records].

McCORMICK reserves the right to establish additional requirements that drivers must meet in order to remain eligible to drive Company vehicles. Such requirements may include, but are not limited to: age, motor vehicle driving record, ambulance operation experience/history, and physical or health requirements.

DMV EMPLOYER PULL NOTICE PROGRAM

It is widely known in the risk management industry that a DMV report detailing a driver's driving record can serve as a useful predictor of future driving performance. Therefore, *McCORMICK* participates in the Department of Motor Vehicles *Employer Pull Notice* (EPN) program established to provide employers and regulatory agencies with a means of promoting driver safety through the ongoing review of driving records. By monitoring employee driving records through the EPN program, *McCORMICK* is able to:

- Contribute to improved public safety;
- Confirm that Company drivers maintain current driver's licenses;
- Uncover problem drivers and/or troublesome driving behavior;
- Minimize Company liability; and
- Confirm ongoing eligibility for insurability.

The EPN program automatically generates a driver record for driver's enrolled in the program for review every six (6) months and any time there is recent activity. The EPN record identifies the following:

- Convictions
- Failure to appear citations
- Accidents
- Driver's license suspension or revocation
- Any other actions taken against the driving privilege

DRIVING RECORD STANDARDS

It is *McCORMICK*'s policy that every employee who may drive Company vehicles in the course of their duties must maintain an acceptable driving record.

The specific driving records standards are established by the California Department of Motor Vehicles and are adopted by the ambulance insurance carriers. These standards are subject to change. To review the most current standards contact *McCORMICK's* Human Resources Department.

If an employee is deemed uninsurable due to personal driving records, at the Company's discretion he/she will at minimum be relegated to a day car shift until the driving records can be repaired. However, the Company reserves the right to terminate any uninsurable driver. Violations on an employee's driving record may result in termination. The employee will be given thirty (30) days to repair his/her driving record or face termination.

It is the employee's duty to notify in writing the Operations Manager and Personal Manager of any change(s) in their driving status, including the suspension or revocation of their driver's license and/or a change in their driving record immediately and at minimum prior to working any future shifts.

ON DUTY LOSS OF DRIVING PRIVLEGE

If an employee is involved in an at-fault/preventable vehicle contact he/she will, without limitation, be subject to the following up to and including termination:

- Immediate suspension and removal of driver’s status
- May Receive a final written warning pertaining to at-fault/preventable vehicle contacts with mandated remedial drivers training.

See also Safety 9.15 and Policy 4010, Driver Acceptability.

McCORMICK requires all field employees to meet and/or exceed national standards of driving proficiency in order to deliver safe and efficient prehospital care and transportation.

McCORMICK driver training is designed to teach employees defensive driving techniques and help prevent accidents. The Company teaches the concepts included in the Coaching the Emergency Vehicle Operator (CEVO II™) training course, a nationally recognized and industry approved driver training program. Classes for new employees are held during the new hire during their probation period and refresher courses are provided for specifically designated drivers and/or remedial training.

The goal of initial driver training, annual review, and remedial training is to ensure the safest vehicle operation possible. Through procedure review, simulation, and behind-the-wheel instruction, *McCORMICK* strives to create an accident-free environment.

PROCEDURE REVIEW TRAINING

The first step of driver training is a review of the *McCORMICK EMT Driver/Operator Training Manual*. The manual outlines Company policy, standard operating procedures, and state law pertaining to emergency vehicle operation. The method for the manual review is individual reading and classroom discussion. Upon completion of the review, a written test is administered.

EVOC TRAINING

Employees are required to attend *McCORMICK*s EVOC training. This includes a review of all Company driving policies, accident investigation, driving techniques, accident prevention, and cone course navigation. In addition *McCORMICK* mandates training on an ambulance driving simulator. The simulator uses the PatrolSim^{tm} software with the ambulance module installed to control the Company's simulated driving experiences. During new employees' EVOC training the Company tests employees' driving decisions and evasive skills using different simulated driving scenarios.

BEHIND-THE-WHEEL

The second step of driver training is the behind-the-wheel segment. The trainee must successfully demonstrate safe driving habits and essential driving techniques. At the completion of the behind-the-wheel component of driver training, the field training officer (FTO) will review both positive and negative performance factors with the trainee. The FTO will complete a *Daily Driver Evaluation Checklist* (Form B-201) and issue a PASS/FAIL grade based on the FTO's evaluation. The trainee will be notified if they fail and retraining is necessary.

REMEDIAL TRAINING

Remedial training plays a vital part in continuous driver education. It allows the retraining of a driver in any area found to be deficient. Remedial training may serve to correct employee's who have had driving infractions, accidents, and/or have engaged in risky driving practices.

ONGOING TRAINING

In an ongoing effort to ensure that McCORMICK EMT's/paramedic's provide the best, safest and most reliable patient care, all employees will be required to attend and pass McCORMICK's on-going drivers training program on a annual basis. Annual EVOC will be held on A, B, and C shifts and all attempts will be made to get on-duty employees in for the training. However, this training is mandatory and will ultimately be the responsibility of the employee to ensure this training is complete.

In addition, each employee will be required to show competency on the McCORMICK live Simulator at his/her anniversary date. Failure to pass either step of *McCORMICK*'s On-Going Drivers Training program may result in termination of employment.

McCORMICK requires employees to be courteous, skillful and safe drivers. Drivers must keep in mind that an individual's driving manner reflects directly on the Company as well as on every employee. All *McCORMICK* field employees must successfully complete Company driver training before being authorized to operate a Company vehicle.

All employees designated as *McCORMICK* drivers must be aware of and follow all California traffic laws regarding vehicle operations for both normal and emergency driving. *McCORMICK* drivers must also be familiar with the *California Ambulance Driver's Handbook* (DMV HPH 82.4).

McCORMICK fully investigates any complaint regarding alleged improper driving.

EQUIPMENT

All equipment must be maintained and cleaned at the beginning of a shift and as necessary throughout the shift.

Any equipment damage or defect must be reported immediately to the Communications Center and/or the on-duty field supervisor.

Company equipment must not be used for any other purpose than that for which it has been designated. Medical equipment and stock must not be routinely stripped from one ambulance to fulfill the stock requirements of another ambulance. Medical stock and equipment must be obtained from the shops assigned station stock room or from a field supervisor. If, on an emergency basis, equipment must be switched from one ambulance to another, the Communications Center and the on-duty field supervisor must be notified and an advisory note must be placed in the vehicle from which the equipment was removed.

Under no circumstances should ambulance medical stock levels be modified without prior written approval of the Operations Manager. Medical stock in the ambulance must not be moved from assigned cabinet locations.

The use of personal equipment on scene or in the ambulance is only allowed with prior written approval from the Operations Manager or their designee. The use of personal jump bags (trauma boxes) and their contents or personal medical hardware, e.g., splints and extrication tools, is **strictly prohibited**. Personal equipment that may be approved for use includes personal stethoscopes, approved B/P cuffs, pocket masks, penlights, and scissors.

DRIVER DAILY DUTIES

Prior to going into service, the driver should inspect the vehicle using the *Operative IQ Checkout System* (OPIQ). Any problems must be immediately reported to the on-duty supervisor and/or Communications Center.

Pre-shift inspection includes, but is not limited to, checks of the following:

- Mechanical condition
- Lights/Sirens

- Tire tread and appearance.
- Seat and mirrors adjustment for proper positioning
- Gauges functionality

The driver also performs a morning radio check with the Communications Center which includes, but is not limited to, a review of the following:

ATTENDANT DAILY DUTIES

Prior to going into service, the attendant must inspect the unit's medical stock using the Operative IQ Checkout System/OPIQ. The attendant should then stock the ambulance accordingly and report any deficiencies. Medical stock is to be obtained from your assigned station's stock room or field supervisor. Medical stock is never to be taken from another ambulance or station without authorization from the field supervisor.

AMBULANCE CLEANLINESS

The ambulance must be cleaned daily, inside and out, by both the driver and the attendant. Ambulance cleanliness also must be maintained throughout the shift. If the ambulance is not muddy or extremely dirty, the exterior may be cleaned simply with a clean wet towel. Always carry extra towels and cleaning materials on your ambulance so that ambulance cleanliness can be maintained throughout the shift especially if you find yourself on a post move-up. If the ambulance has been driven through mud or dirt, the ambulance exterior must be washed immediately following the incident. If windows or mirrors become dirty, they must be cleaned as soon as is practical.

The exterior of the ambulance must be waxed by both driver and attendant as needed or as directed by a field supervisor.

The ambulance patient compartment must be cleaned and disinfected after every transport.

A Company provided environmentally safe cleanser, can be used to remove any hard-to-clean contaminants. If an environmental cleanser is used, a disinfectant must still be used to disinfect the equipment and vehicle. Cleaning and disinfecting are both essential to ensure employee and patient safety.

Personal items must not be left anywhere that is visible to patients or whoever else is being transported.

Feet must be kept off of the dash and any boot scuff marks must be promptly removed from the floor, bench seat, and wherever else they may accumulate. Boots on the dash are not only dangerous should the airbags deploy, but also damage the airbags internal components.

Parked, unattended ambulances must be kept locked with the windows up. Anytime an ambulance will not be used for two (2) or more days, the two-way radio should be turned off as well as the battery cut-off switch.

See also SOP 301.5: Patient Compartment Disinfection and SOP 303: Gurney Makeup & Cleaning.

5.1 Drivers should allow adequate space ahead to pull around other vehicles or objects without having to back the vehicle.

5.2 The back-up alarm (if so equipped) must remain engaged.

5.3 Prior to backing, the driver's partner must exit the vehicle and check for hazards to the sides, behind, overhead and provide the driver with clear instructions to avoid them while directing the driver from the rear, except when a patient is in the ambulance.

5.4 When in the patient compartment, and not directly engaged in the provision of emergent patient care, the attendant should move as close to the rear doors as patient's needs will allow, look out the rear windows, and verbally direct the driver until vehicle backing is completed.

5.5 The driver shall not move in reverse until the spotter is visible in left mirror and has indicated to begin backing. If the spotter is not visible in the left mirror, the driver shall stop backing the unit. Similarly, if the spotter needs to evaluate clearance in a blind spot, he/she must direct the driver to stop backing while such assessment is made.

5.6 When the driver is alone, or a spotter is otherwise unavailable, he/she must perform a "walk around" to check for hazards behind, alongside, and above the vehicle prior to backing. This step should be repeated as necessary to identify and avoid contact with hazards that cannot be seen while in the driver's seat.

5.7 In addition to using a spotter while backing the vehicle, use of a spotter (or "walk-arounds") should be considered any time vehicle clearance is in doubt while moving in tight quarters or under a potentially hazardous overhang.

5.8 Allied agency personnel [i.e. fire, police, security, etc.] may be used as spotters if the driver's partner is not present or available due to justifiable reasons.

See also: Safety 9.40

Prior to placing an ambulance or other vehicle into service, several safety steps must be performed in addition to the vehicle checkout procedure. Vehicle safety steps require only a few minutes and must be a part of each field employee's normal routine. The following are the vehicle safety steps.

- Make sure all windows are clean and free of visual obstructions, both inside and out.
- Check and adjust all mirrors to the driver's satisfaction. Make sure the mirrors are clean and free of visual obstructions. The driver should not wait until the mirrors are needed to discover they must be adjusted.

GOLDEN CIRCLE

A vehicle has six (6) sides: front, back, right side, left side, top and bottom. "golden circle" refers to a walk around the ambulance, checking all six (6) sides for any safety, or potential safety, problems. Examples of such problems are low tree branches, bottles placed under the tires, doors left open, recent body damage, flat tires, or a child or animal playing under or around the vehicle.

The golden circle must be performed every time a parked vehicle is about to be put in motion. It is ultimately the responsibility of the driver to perform the golden circle.

The Golden Circle policy is also referenced in Safety 9.90.

205 **Ambulance Tailboarding**

Effective Date: 9-29-2017 *Replaces: 12-15-2008*

An ambulance tailboard's sole purpose is to serve as a step. The tailboard must never be used as a towing anchor, push-bar, or riding platform.

Although the tailboard appears to be an attractive anchoring point, it is not designed for that purpose and may never be used to tow.

The tailboard also does not have the structural design or integrity to push any vehicle or object.

Although it may seem harmless to ride on the tailboard for short distances, there are not any good handholds to safely allow this practice. Even when the ambulance is being backed, the spotter should be positioned on the ground, not the step.

Before stepping off the tailboard when exiting the ambulance, the employee should look at the ground for any irregularities or hazards, such as cracks in the pavement, parking curbs, reflectors, cans, bottles, etc, that might cause a misstep, and/or injury.

See also: Safety 9.10.

Vehicle codes provide for emergency driving and give special privileges to the operators of emergency vehicles; however, this does not absolve the operator of emergency vehicles from driving with due regard for the safety of others.

McCORMICK drivers must be familiar with California statutes regarding operation of an emergency vehicle as quoted in the *California Ambulance Driver's Handbook* (DMV HPH 82.4). It is especially important to understand the following:

- Exemption from certain traffic laws when operating in an emergency mode does not relieve the driver from the duty to drive in a manner that ensures the safety of any vehicles, property, and/or people encountered (See "due regard" section 200.1).
- A driver can be liable for damages if emergency driving privileges are exercised without justifiable cause or in an imprudent manner.
- Emergency driving provisions do not protect a driver from the consequences of any reckless disregard for the safety of others.

AMBULANCE SPEED

An emergency vehicle driver must provide adequate warning to others by using warning devices as prescribed by *McCORMICK* and the California Highway Patrol and by controlling ambulance speed to allow other motorists time to react to the warning.

Code 2: Never drive over the posted speed limit.

Code 3: **Do not exceed ten (10) miles per hour over the posted speed limit**, with due consideration for current road, weather, and traffic conditions.

DAYTIME RUNNING LIGHTS

For *McCORMICK* vehicles with daytime running lights installed, only the headlights remain on during day driving. All other parking, tail and license plate lights remain off.

Earlier model ambulances may have a "headlight defeat" switch which turns the daytime running lights off and on. The headlight defeat switch must always be in the "off" position when driving. (The "on" position turns the headlights off.) During your daily shop inspection, verify the defeat switch is in the "off" (down) position and the daytime running lights are working. This may require you to start your engine, take the vehicle out of park, and releasing the parking brake while your attendant visually inspects whether or not your daytime running lights are on. If the daytime running light system is not functioning, you must document that on your Operative IQ (*OPIQ*) and activate the normal headlight system during your shift.

On ambulances and Company vehicles not equipped with daytime running lights, the normal headlight system must be kept activated day and night.

HEADLIGHTS

The ambulance headlight system, which includes the headlights, parking lights, tail lights, license plate lights and marker lights (Type IIIs) must be activated from dusk to dawn, in foggy/low visibility situations, and anytime you must activate your windshield wipers (rain).

GENERAL OPERATING RULES

- Remain alert to other motorists.
- Drive defensively.
- For non ambulance Company vehicles allow a preceding vehicle a minimum four (4) second following distance. For all ambulances, a minimum six (6) second following distance is required.
- Avoid sudden stops and hard breaking.
- Use turn signals and mirrors whenever making a lane change or turn.
- Insure your windows and mirrors are clean.
- Obey all traffic laws.
- Use main streets whenever possible.
- Always drive with patient safety and comfort in mind.
- Do not attempt to drive through flooded roadways.
- Attendants must never sleep in the vehicle while it's in motion. Remember you are partners, the attendant is the second set of eyes that could recognize hazards and see if your driver is starting to show signs of fatigue.

  See Also: Policy 2007.25 On Duty Fatigue

DRIVING REGULATIONS

- **It is the driver's responsibility to ensure that all occupants riding the ambulance is wearing a seat belt**. The only exception is when the attendant or other EMS personnel are performing patient care.
- Except when on an actual emergency call, the ambulance may be parked only in prescribed areas and never in a "No Parking Zone", e.g., yellow, red, or blue (handicap zones).
- When dispatched to an unfamiliar location, it is the driver's responsibility to verify directions prior to departure.
- Prior to moving the vehicle, the driver must perform a vehicle “golden circle” inspection, make sure that all equipment is secured, and all occupant seat belts are fastened.
- It is the driver’s responsibility to report mechanical discrepancies.
- It is the attendant’s responsibility to report medical equipment discrepancies.

- The engine should not be idled while on the apparatus floor of any Company or Fire stations.
- The driver should know all the dimensions of the ambulance being operated as instructed during training.
- The eating and transporting of food are subject to SOP 120.
- To prevent the possibility of being trapped in an access lane, an ambulance may **never** be driven through a drive-in service.
- When not running calls, crews should return to quarters/post immediately unless an important detail needs to be cleared or the crew wishes to go Code 7. Employees may not complete personal details/errands or any other non-business activities on crew downtime.
- Doors must be kept locked with the windows rolled up whenever the ambulance is unattended.

See Also: Safety, 9.30

Only the Communications Center or a public service agency can authorize a Code 3 response or move up except when initiated by crews during the transport of a patient in accordance with this SOP manual.

EMERGENCY VEHICLE OPERATIONS

Before moving the vehicle, locate the area requiring response and plan the route the unit will be taking.

7.1 Drivers must continuously exercise "due regard" for the safety of others while requesting emergency right-of-way.

7.2 During emergency operation, drivers may exceed the posted speed limit by 10 mph, subject to a maximum vehicle speed of 75 mph. However, this privilege shall not be exercised in school zones, construction zones, or other restricted zones. In those areas, the posted limit must be observed.

7.3 Regardless of circumstances or unit status, vehicles shall not be driven faster than a safe speed for the current road, weather, and traffic conditions.

7.4 Under no circumstances shall a company vehicle pass, in either direction, a school bus that has stopped and activated its warning lights and/or stop sign.

7.5 Under no circumstances shall a company vehicle be driven around a railway crossing arm or a draw-bridge barrier that has been activated.

7.6 During emergency operation, employees should avoid driving in the opposite direction of traffic whenever possible. If doing so is unavoidable, speed must be kept to that which is safe for the conditions (at or below 15 MPH).

7.7 The driver shall turn off the emergency lights and siren and wait until the light changes to green when approaching a red-light intersection that is fully blocked with stopped traffic and curbs or median dividers prevent safe vehicle travel to the sides. The driver may resume use of warning devices when clear of the intersection.

7.8 During emergency operation, driver shall make a complete stop at every intersection stop sign and red traffic light. "Due regard" should be exercised at every open lane where the driver's view of potential cross traffic is obstructed in any way.

7.9 During emergency response, the right seat partner must visually assist the driver to identify potential cross-traffic hazards and safely clear each intersection whenever an emergency vehicle exemption is taken against a red light.

7.10 During emergency operation, the driver must exercise "due regard" if using a left turn lane to go straight or to turn right in front of traffic that is stopped at a stop sign or traffic light.

USE OF EMERGENCY WARNING DEVICES

8.1 Emergency vehicle exemptions shall not be taken unless both emergency warning lights and sirens are in use.

8.2 On highways or freeways that have free-flowing traffic, employees should disengage emergency warning lights and sirens. If traffic becomes congested use of warning devices may be resumed as needed.

8.3 If local procedures designate certain no-siren zones, such as near a crew quarters in a residential area or near a medical facility, drivers are to operate the vehicle in non-emergency mode until clear of those areas.

8.4 Emergency warning devices shall not be used in non-emergency response, non-emergency transport, or routine driving situations.

8.5 If any emergency warning devices fail to operate normally, the driver shall downgrade to a non-emergency status and advise dispatch immediately.

8.6 During emergency operation, a change in siren mode shall be activated 150 feet prior to every stop sign or red-light controlled intersection and shall remain activated until the ambulance is completely through the intersection.

8.7 When emergency warning devices are in use, vehicle windows must be tightly closed.

PARKING AND SECURING THE VEHICLE

6.1 When arriving on-scene, Company vehicles should be parked out of the line of traffic and shielded from the rear by other vehicles or objects whenever possible. However, if the scene has not been secured prior to arrival and other traffic will pose a clear hazard to employees, patient(s), or other personnel the vehicle may be parked to shield the scene.

6.2 Employees should park in designated spaces/areas and shall not park in red curb fire zones, handicapped spaces, areas marked as “No Parking” zones, tow-away zones, or similar restricted locations unless on an emergency call and no other reasonable parking is available on-scene.

6.3 If the vehicle is or will be left unattended, the vehicle must be locked and all supply compartments that are accessible from outside the vehicle are secured.

GENERAL RULES

- If the Communications Center has notified the unit that the scene is, or may be, violent, the unit should make sure that the police are on scene and wait for a clear verbal or visual signal from the police that it is safe to proceed. If the ambulance arrives before police in such a situation, the unit should “stage away” (around the corner if possible) from the scene and notify the Communications Center.
- Brush/5.11 Jackets and helmets are required PPE on all calls requiring rescues and potentially hazardous situations such as traffic collisions, structure fires and on helicopter landing zones. Brush/5.11 Jackets are also required outerwear on calls where EMS personnel must be readily identifiable such as on shootings, assaults or any crime scene.
- The High-Visibility Vest will be worn on all traffic collisions on top of your Brush Jacket in conjunction with your helmet. The High-Visibility Vest should also be worn anytime you are directly exposed to traffic. If you utilize the 5.11 jacket on any of these incidents, the high-visibility vest is not required to be worn.
- Turn off the heater/air conditioner and any other electrical equipment that’s not needed.
- Insure either you or your partner have a set of keys in your possession. Lock the cab completely. Take whatever you need from the side compartments and the patient compartments and lock them as well.

NON-EMERGENCY PARKING AND PARKING WHEN NOT ON A CALL

When parking at the scene of a non-emergency incident, the driver is not exempt from stopping rules. All parking laws must be observed.

McCORMICK drivers must observe the following guidelines in parking an ambulance at a non-emergency incident scene, convalescent/retirement home or hospital.

- Park completely off the roadway in designated ambulance and/or emergency vehicle spaces, when available.
- If there is limited parking, as is often the case for convalescent hospitals, attempt to park in a way that blocks out as few cars as possible.
- Park the ambulance where it won't have to be backed up to leave. If the unit must be backed up at all, back it up to park.
- Do not park in red zones, fire lanes or handicapped parking spaces.
- When leaving the ambulance, lock the cab completely. Also be sure to lock side and patient compartments as well.

PARKING COLOR CODES

The following color codes indicate parking regulations of which all drivers must be aware.

Red: No stopping, standing or parking whether the ambulance is attended or not.

Yellow: Stopping permitted only for the purpose of loading or unloading of passengers or freight for the time specified by local ordinance.

White: Stopping permitted only for the loading or unloading of passengers for the time specified by local ordinance.

Green: Time-limit parking.

Blue: Parking for the physically handicapped.

All *McCORMICK* drivers must remain aware that an ambulance is not automatically exempt from parking laws. *McCORMICK* employees are always in the public eye and under constant scrutiny and must therefore strive to set a consistently good example.

When responding to incidents where multiple units will be responding, the first arriving unit should immediately advise the Communications Center of the staging area and/or best access for incoming units and supervisors. If fire personnel are on-scene, locate the IC (Incident Commander) and confirm the location of the ambulance staging area.

See also: Safety 9.55

207.5 **Landing Zone Guidelines**

Effective Date: 9-3-2020 *Replaces: Original*

In the event you are assigned to respond to a helicopter landing zone, the following operating procedures will be followed.

WHILE THE HELICOPTER IS APROACHING THE LANDING ZONE:

- Keep the ambulance and all personnel at least 200’ away until the helicopter has landed
- All personnel should utilize eye protection, EMS helmet and brush jackets throughout the process

WHILE THE HELICOPTER IS IN THE LANDING ZONE:

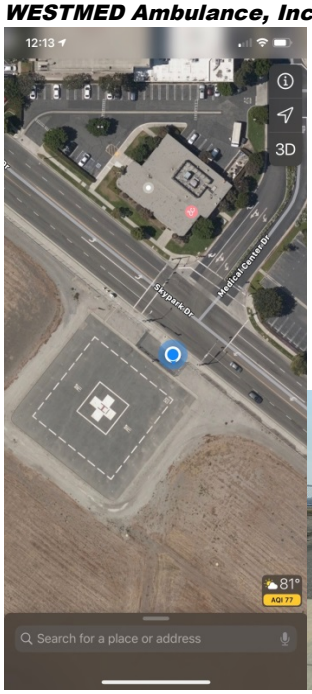
- Do not approach the helicopter until the rotor blades have stopped
- Approach the helicopter only from the front or sides, once directed by the flight crew
- Do not walk around the tail, even when the aircraft is shut down
- Maintain the LZ security at all times
- Review known hazards with the pilot before the aircraft departure
- If the helicopter is landing at night, turn off all emergency lights unless instructed otherwise by FD or the helicopter crew

HELICOPTER DEPARTURE

- Clear all ground personnel away from the helicopter before the engine starts
- No one may approach after the engine has started
- Notify the pilot immediately if an unsafe situation develops

TORRANCE FIXED LANDING ZONE:

- Park at the location designated by the blue dot and follow all of the above procedures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McCORMICK
SUPERVISOR

207.5

McCORMICK Ambulance believes that it is absolutely necessary for its vehicles and equipment to perform flawlessly, therefore it provides employees, patients and customers with quality ambulances and medical equipment. To maintain this, every vehicle and equipment failure must be reported along with comprehensive supporting documentation. This allows the company to fully investigate the cause of all failures as well as tracking for trends and patterns in maintenance, manufacture defect, misuse and/or abuse. Trends in vehicle or equipment misuse or abuse may result in remedial training and/or discipline of the involved employee(s).

VEHICLE FAILURE

Vehicle failure occurs when the driver determines the vehicle is either not safe to drive or will be further damaged by continued driving. Some examples of vehicle failure are tire failure, brake failure, overheating, broken belts and/or unidentifiable mechanical sounds, or performance anomalies.

In the event of vehicle failure, the ambulance driver should pull the vehicle safely to the right side of the road and notify the Communications Center immediately. If the vehicle cannot be moved safely to the right, the driver should position the vehicle in the safest position possible and turn on the hazard lights. Employees should use common sense with regard to safety when their vehicle becomes disabled. For example, employees should not attempt to cross a freeway.

If there is a patient on board the ambulance at time of vehicle failure, the driver will immediately notify the Communication Center of the unit's location and nature of failure. The Communications Center will send the closest appropriate unit to the disabled ambulance and the patient, and patient care will be transferred to the new crew for the completion of the transport.

If at any time the "Emergency Start" switch is utilized, the affected shop must be taken out of service immediately following the call. If feasible, leave the ambulance running throughout the duration of the transport.

If the vehicle is unsafe to be moved even a short distance, the Communications Center will have the ambulance trailered to maintenance facility.

Under no circumstance should an employee attempt to repair or replace a tire and/or attempt to put on a spare tire. Only a tow service or authorized mechanic can repair, replace, and/or apply a spare tire. If the tire is unable to be repaired and/or replaced by the tow service or mechanic, the vehicle should be towed back to maintenance facility.

The driver must fill out an *Incident Report* being sure to include the shop number and document the failure on OPIQ. In addition, the pink *Shop Out of Service* checklist (Form VM-108) must be filled out. Both sets of keys for the "out of service" shop must be left in the Communications Center with the on duty supervisor.

See also SOP 212: Shop Out of Service Checklist.

As soon as is practically possible, the crew will be assigned a backup vehicle. The backup ambulance must be placarded with your assignment and thoroughly checked out medically and mechanically before being placed into service.

EQUIPMENT FAILURE

To ensure that all medical equipment that has a malfunction or is damaged is properly reported, we want to remind all employees that any malfunctioning or damaged equipment must be taken out of service and reported by following the process listed below:

I. You must report any malfunction or damage immediately to the on-duty field supervisor or communication supervisor as soon as the malfunction or damage occur and/or is discovered.

II. A detailed incident report is required to be completed regarding the malfunction or damage and submitted through MeRS so that the reviewing supervisor can conduct an investigation on why the equipment was damaged, or why it failed.

III. The on-duty field supervisor or communication supervisor will provide you with a RED Repair Tag that is to be physically attached to the piece of equipment to signify that it shall not be used.

Any equipment (ALS or BLS) being taken out of service for a malfunction or due to damage requires a RED Repair Tag to be filled out by the employee or a supervisor. (Supervisors are responsible to ensure completion.)

RED Repair Tags shall be completed to include the following information:

A. DATE: month / day / year (first line in attached photo in yellow).

B. ITEM: asset type and asset number or serial number (second line in attached photo in green).

C. PROBLEM: brief description/ details- use back of tag if needed (third and fourth line in attached photo in blue).

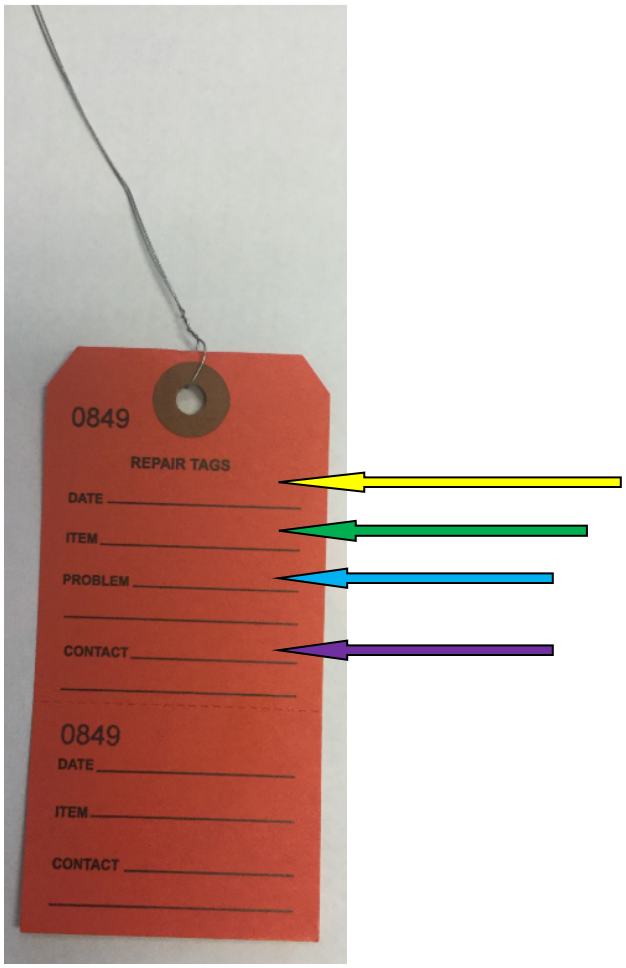
D. CONTACT INFO: Supervisor's full name, division the asset was taken out of service from, shop assignment number, and shop number. (fifth and sixth line in attached photo in purple).

The RED Repair Tag then must be secured to the piece of equipment by the provided wire ties to the most visible and appropriate location. (See below)

The out of service equipment is to be placed in a secure location, determined by type of equipment, and the on-duty field supervisor or communication supervisor will notify the appropriate person so that replacement or repair of the item can be arranged. All repairs will be conducted by a qualified technician or authorized vendor such as Stryker and Zoll.

TAG PLACEMENT LOCATION EXAMPLES:

- AED- Handle
- Powered Ambulance Cot- Frame (foot end on the right handle next to the controls)
- Stair Chair- Frame (back and seat frame)
- Traction Splint- Frame (foot end and attached a 2nd to the carrying bag handle)
- Other Equipment- attach to the frame



DATE: Month/ Day/ Year
ITEM: Asset # and Type
PROPLEM: Brief Description
CONTACT: First Name, Last Name/ Division/ Shop #

208 **Post-Collision Guidelines**

AMR SRM #1130
Effective Date: 6-1-2018 *Replaces: 9-29-2017*

McCORMICK believes that Company performance and success are greatly impacted by the manner and competency of employees in the operation of Company vehicles. Therefore, all drivers of *McCORMICK* vehicles are required to exercise due regard for the safety of passengers, patients and all persons and drivers using the streets, highways and freeways.

Although *McCORMICK* has put procedures in place to reduce the number of driving accident/incidents, *McCORMICK* realizes that they still will happen. Therefore every *McCORMICK* driver needs to understand the importance of making a full, clear and immediate report of every accident/incident. A missing, incomplete, or even delayed report can put the Company, the driver, and the attendant in jeopardy should any litigation occur.

9.1 If a Company vehicle is involved in a collision with another party, the driver / crew should:

(a) Contact the communications center immediately to request appropriate services [i.e. police, fire, supervisor, etc.]. Non-field employees should call the police directly.

(b) Check for injuries and render care if it is safe to do so.

(c) Move the vehicle if an imminent hazard exists or if requested to do so by law enforcement personnel.

(d) Collect insurance information, driver's license number(s), vehicle license plate number(s), and contact information for all involved parties.

(e) Identify witnesses, if any, and secure their contact information.

(f) Assist in the completion of all required Company and state incident forms.

It is *McCORMICK* policy to completely and fairly investigate all accidents and critical failures involving Company vehicles and/or equipment. Critical failures are defined as equipment or vehicle failures resulting in patient injury or a compromise of patient care, delivery and/or safety. The findings of the Incident Review Board (IRB) are also made in anticipation of possible litigation and as such it findings are protected as privileged information. Following the investigation and documentation of an accident or critical failure, an Incident Review Board (IRB) will convene to review the incident.

An Incident Review Board is comprised of the following individuals:

- Investigating supervisor
- Risk and Safety Manager

INCIDENT REVIEW BOARD PROCEDURES

The Incident Review Board follows a four (4)-step process, as follows.

1. INVESTIGATION

   a. The investigation must obtain all facts surrounding the occurrence which include without limitation: What caused the accident to occur? Who was involved? Was the driver properly trained? Were driving procedures and policies followed properly? If a police report was taken, what was the investigating officers impression and recommendation?

   b. In the case of critical equipment failure, was the equipment properly maintained? Was the employee properly trained in the equipment's use and was the equipment used appropriately?

2. RESOLUTION

   a. The IRB must attempt to identify the basic causal factors that contributed directly or indirectly to the incident,

   b. The IRB must attempt to determine if the vehicle contact was preventable and where “fault” lies with the parties involved.

   c. The IRB should also identify when possible corrective action that could be taken that would improve the Company's overall operation.

   d. Decisions on whether the involved employee will be disciplined or receive remedial training will left to management.

3. FEEDBACK

   a. Upon completion of the IRB's investigation, effected employees will be notified of the final resolution. When appropriate, vendors and preventive maintenance providers may also be notified of IRB findings.

   b. If disciplinary action is determined to be necessary, the employee will be notified of the determination. .

   c. Employees that are involved in the incident and its investigation are encouraged to give written feedback to the IRB.

4. TRACKING

   a. The results of the IRB's investigation will be tracked and used to identify trends in driving performance and safety that may not be detected by other means.

   b. The results of the IRB's investigation can be used to track equipment reliability and patterns of poor maintenance, and/or poor training in equipment use.

IRB RULES OF PROCEEDINGS

The Incident Review Board must strictly adhere to the following rules:

- All information about the accident and the findings of the board are confidential. The use of confidential information is at the discretion of the Company.
- All available information and documentation pertinent to each accident must be considered.

POST REVIEW ACTIONS

At the conclusion of an IRB investigation, an employee who has had previous violations and is found to have again violated *McCORMICK* policies will, at a minimum, be subject to suspension and/or termination.

If an employee is involved in an at-fault/preventable vehicle contact he/she will, without limitation, be subject to the following up to and including termination:

- Immediate suspension and removal of driver's status.
- May receive a final written warning pertaining to at-fault/preventable vehicle contacts with mandated remedial drivers training.
- Once the employee has successfully completed remedial drivers training they will have their driving privileges re-instated.

- Any employee who's vehicle contact is determined to be at-fault/preventable may also be terminated.(This provision does not affect the at-will status of the employee.)

All employees, including drivers, attendants and witness are required to cooperate with IRB investigations. Refusing to cooperate, providing false statements, directing others to provide false statements or otherwise inhibiting the IRB's investigation will result in disciplinary action including suspension and/or termination.

208.6 **Safety Committee Oversight**
Effective Date: 9-29-2017 *Replaces: 12-15-2008*

It is *McCORMICK* policy to prevent risk to employees, reduce losses and protect patients and the public from any harm that could result from Company operations and activities. *McCORMICK* is therefore strongly committed to the timely discovery of safety risks and the development and implementation of desirable actions for prompt and effective risk control.

McCORMICK's Safety Committee was established to ensure safety training, and compliance with established safety procedures and regulations. It also has the authority to investigate safety related incidents..

The Safety Committee is chaired by the Risk and Safety Manager and attended by all department heads and Human Resources representatives.

The Safety Committee is responsible for completely and fairly investigating all vehicle and equipment incidents that compromise health and safety, with the following expectations:

- Identify, without placing blame, the basic causal factors that contributed directly or indirectly to the incident.
- Identify any corrective actions that would minimize the likelihood of a similar incident and/or minimize the severity of consequences should a similar incident occur.
- Determine probable cause.
- Make recommendations to effected departments on further required actions.

In the case of a vehicle accident, the Incident Review Board may meet concurrently with the Safety Committee.

See also SOP 110.6: Safety Committee.

208.7 **Investigation Photograph Guidelines**

Effective Date: 9-29-2017 *Replaces: 12-15-2008*

Pictures documenting any incident should be taken from the perspective of all parties involved. Photos of street signs or other landmarks verifying the location of the accident scene should also be taken.

The point of impact should be photographed as well as any other damage to the vehicle(s) and/or property involved. At least one (1) picture of each involved vehicle should include some identification of the vehicle, e.g., a license plate, in the frame.

Any traffic control device or impairments that may have in some way contributed to the collision must be photographed. Buildings, bushes, trees, signs, etc., are important to photograph as they cause visual obstructions. For example, such obstructions may create a blind intersection.

Even if a vehicle collision or incident does not result in damage to other vehicles or property, pictures of the involved vehicle(s) or property must be taken to verify that fact later. Photo documentation is especially important if a bodily injury claim results from an accident that did not cause any property damage.

See also Photograph Guidelines, located in the Incident Investigation Kit.

It is the driver's responsibility to closely monitor vehicle fuel status at all times and request clearance from the Communications Center to obtain fuel anytime the fuel level falls to 1/2 or lower.

Day/night cars units must be fueled prior to arriving at your deployment location every shift for end of watch.

24-hour shifts must make every attempt to fuel before shift change. Under no circumstance should you leave oncoming crew with a fuel level below half.

REFUELING PROCEDURE

When refueling the ambulance, the engine must be shut off. Fuel nozzles must be held at all times during refueling. Absolutely no smoking is permitted within fifty (50) feet of the ambulance.

- Spot the ambulance in front of the appropriate pump.
- Swipe the gas card through the machine.
- Enter the employee PIN number and odometer reading. Do not share your PIN number or utilize another employees PIN number.
- Select the proper fuel. If you are not sure, contact your supervisor.
  - Diesel Company vehicles are fueled with diesel #2.
  - Gas Company vehicles will be fueled with regular grade (87 Octane) unleaded.
- Pump fuel.
- Make sure that the fuel tank caps are replaced and secured before starting the engine.
- If spillage occurs during the fueling process, be certain that the spilled fuel has evaporated or other measures have been taken to control vapors before restarting the engine.
- If fuel gets on your skin or clothing, immediately wash the affected area and change your clothing.
- Do not smoke and refrain from using any device which may cause a spark during fueling.
- If the wrong fuel is accidentally put into the vehicle, report it immediately to the Communications Center. Do not start or drive the vehicle with the wrong fuel.

See also: Safety 9.60.

All *McCORMICK* ambulances are equipped with grill or under-bumper mounted siren speakers to reduce cab noise however, whenever sound levels reach 85dbA or above, crews should rollup the windows and use hearing protectors.

As a general rule, if you must shout to communicate, sound levels have reached 85dbA or above.

See also: Safety 5.70, Hearing Protection Training.

211 Operative IQ (Daily Shop Checkout Driver)

CAAS 203.03.03
Effective Date: 3-1-2018 *Replaces: 9-29-2017*

Immediately following clock in and logging on, the *Operative IQ* (electronic Daily Shop Checkout) must be completed by both driver and attendant no later than two hours after the start of the shift. All sections of the *Operative IQ*, except for the "Supervisor Oil Check" section must be completed. If the ambulance is in quarters at shift start, the *Operative IQ* must be completed prior to cleaning of ambulance and station, and prior to any station downtime regardless of the two hour window. If for some reason you are unable to complete the *Operative IQ* prior to this two hour window, you must notify your supervisor.

The *Operative IQ* system is accessed by clicking the shortcut on the home screen of any Toughbook.

This system allows users to complete the shop checkout electronically as well as check out assigned durable medical equipment (DME) to the shop (gurney, stair chair, KED, etc.) and request supply restock all from within the system. When checking out DME, it is important to not only verify its presence, but to also make sure it is in operating condition. When checking out medical supplies, you must also check for expiration dates on applicable items.

All BLS level ambulances may only stock BLS level supplies. If your unit has inventory that is not on your approved checkout list please contact your field supervisor. If it is FD equipment it must be returned.

All ALS level ambulances may only stock ALS level supplies. If your unit has inventory that is not on your approved checkout list please contact your field supervisor. If it is FD equipment it must be returned.

When an ambulance compartment medical cabinet gets fully stocked according to the required *Operative IQ* numbers, the compartment is to be sealed with a numbered breakaway tamper proof seal. The seal number is to be entered into *Operative IQ*. This is to insure needles and medications on ALS units, as well as general medical supplies on BLS units are protected against obvious tampering.

When performing a daily checkout, you may bypass a sealed cabinet as long as the number on the seal matches what is recorded in *Operative IQ.*

The California Highway Patrol (CHP), *McCORMICK's* regulatory agency, requires that a daily checkout be performed and that the electronic checkout forms be kept on file to verify compliance. The CHP conducts random inspections and will also request records should any accident or lawsuit occur.

Most importantly, a properly performed *Operative IQ* ensures the ambulance's response ready status, both mechanically and medically. Failure to comply with this mandate and related documentation will result in disciplinary action.

If the vehicle needs to be taken out of service, you must also complete a *Shop Out of Service* (Form VM-108). The *Shop Out of Service* form is a checklist of common mechanical problems.

See also SOP 212: Shop Out of Service.

212 Shop Out of Service (Form VM-108)

CAAS 202.05.02
Effective Date: 9-29-2017 *Replaces: 12-15-2008*

The *Shop Out of Service* Checklist (Form VM-108) must be filled in and turned in with an *Incident Report* anytime an ambulance is taken out of service due to mechanical problems.

In addition to checking off the shops mechanical problems, it is important to try to describe to the best of your abilities the signs and symptoms of the problem(s).

Both sets of keys for the “out of service” shop must be left in the Communications Center with the on duty supervisor.

Chapter 3

EMT ATTENDANT PROCEDURES

The EMT attendant has many responsibilities in the course of an ambulance call. Even though the attendant is in charge of mapping the driver to the call, and responsible for the patient, ultimately it is both the attendant's and driver's responsibility to ensure a safe and timely response to the correct location of the call Once patient contact has been made, the attendant must attend to the patient at all times. Under no circumstances should the patient be left alone once patient contact has been made.

While on duty, the attendant must have in his/her possession a valid California driver's license, California ambulance driver's Certificate (DL-61), Medical Examiner's Certificate, CPR Card, Emergency Medical Technician-1 or paramedic certificate, and Company issued photo identification badge. Failure to have in his/her possession complete and current certification and licensure at any time can result in immediate suspension.

In addition, the attendant must have in his/her possession, a second set of keys for the shop that he/she is assigned to for the shift. If during checkout or anytime during the shift both driver and attendant do not each possess a set of keys, his/her supervisor must be notified immediately.

When mapping driver to call, you must use your Thomas Guide® or on shops so equipped, the company installed mapping system. Under no circumstance will the driver or attendant be allowed to use any personal device such as a smart phone or an alternate electronic device to navigate to a call.

If you are responding to a Torrance Fire call you MUST utilize your TFD mapbook and any additional TFD maps needed to navigate to a call. All TFD calls get a TFD specific map page number. TFD calls that are responded to not utilizing the book will be met with additional scrutiny and discipline. If your unit is missing the book you must notify your supervisor at the beginning of your shift.

After call receipt, the ambulance crew must read back the entire address to verify that it is correct. Just saying "copy" or just "1101 responding" is not permissible.

When the attendant is in the passenger seat, he/she will be responsible for all radio and Nextel use.

The safety of the patient must not be compromised. The following are procedures established to guarantee the safety of the patient:

- The driver and attendant must always have at least one (1) hand on the loaded gurney when the gurney is in motion. If the gurney is not in motion, the driver or the attendant must have at least one (1) hand on the loaded gurney at all times If a loaded gurney cannot be physically attended to or if a patient needs to remain on the gurney for any extended amount of time, it must be lowered to it's lowest position and one EMT/Paramedic must be within arm's reach of the patient at all times.
- When moving the gurney with a patient on board, the gurney must always be moved either forward or backward. A loaded gurney is **never** to be rolled side to side.
- When moving the gurney, the driver should walk to the front right or front left side of the gurney which would be at the patient's feet. The driver should steer the gurney from this position.

- The attendant should be positioned to the direct rear of the gurney which would be at the patient's head. The attendant should push the gurney from this position and keep watch over the patient.

- On arriving at the scene, both the driver and the attendant must take the gurney, loaded with appropriate BLS/ALS equipment, to the patient.

- The attendant should immediately begin rendering treatment and/or assisting other medical or EMS personnel on the scene. The driver will assist as necessary.

- Before ambulance is placed in motion, the attendant will ensure that the patient, patient property, and medical equipment is properly positioned and secured.

- On arriving at the hospital, the attendant must relay the pertinent patient information to the receiving medical personnel.

- The attendant has the responsibility for all patient care documentation and must complete and transmit mobile Patient Care Report data and all related billing forms prior to the end of the shift.

- It is the attendant's responsibility to determine the transport code on private transports.

- Ambulance personnel should not hesitate to ask for help from other medical or public safety professionals, such as hospital staff if they need help in heavy or awkward lifting situations. If no help is available they should contact the Communications Center and request assistance from another crew.

- The driver and his/her partner are required to report vehicle collisions to their supervisor immediately or as soon as possible thereafter. "Collision" is defined as any contact between the McCormick vehicle and any other car, person, or object regardless of whether observable damage or injury occurred as a result. (This bullet point is from AMR Safety and Risk Management SRM #1130, 2.4)

Following every call, the attendant and driver must jointly clean and restock the ambulance and prepare it for additional responses.

See also: Safety 9.96

301.5 Patient Compartment Disinfection

CAAS 203.01.02
Effective Date: 4-6-2020 *Replaces: 9-29-2017*

The patient compartment must be cleaned and disinfected after every transport.

A Company provided environmentally safe cleanser can be used to remove any hard-to-clean contaminants. However, if an environmental cleanser is used first, a disinfectant must still be used to disinfect medical equipment and the vehicle. Cleaning and disinfecting are both essential to ensure employee and patient health.

Any equipment exposed to radioactive or hazardous contamination during patient care must be checked for contamination before it can be used again. Authorities at the hospital or medical center can arrange for an equipment check.

The vehicle used to transport the patient who may have caused the contamination must be washed before it is placed back in service. Any radioactive dust or other contaminants must be removed from the vehicle by properly trained individuals. If you have any questions regarding this, contact your supervisor. *See Safety 10.20.*

DISINFECTION PROCEDURES

- Put on personal protective equipment (PPE). Always wear gloves and eye protection when disinfecting. Always assume that the patient that was just transported may have a communicable disease.
- Apply disinfectant or cleanser liberally to any contaminated areas of equipment and any effected areas of the patient compartment. Wipe off all visible contaminants with a towel. Even if a disinfectant has been used to wipe off all visible contaminants, this is only the cleaning process. When the visible contaminants have been removed, the area is clean but not yet disinfected and should still be considered contaminated.
- Spray a light mist of disinfectant on contaminated surfaces or wipe with a germicidal cloth. Consult the disinfectant instructions to determine the length of contact time necessary to kill the contaminants.
- Allow the recommended time to elapse.
- Use a clean towel to wipe the disinfectant off the equipment and/or the ambulance interior. Allow the equipment and patient compartment to air-dry.
- Reassemble gurney with clean sheets and straps prior to returning back into service.
- Place the cloth towels that were used in the cleaning and disinfecting procedure in an isolation bag. If disposable or paper towels were used, dispose of them in a bio-hazard waste bag. *See SOP 301.9: Soiled Linen Disposition.*
- Should the driver's compartment ever become infected, the same disinfection procedures must be followed.

In the event that a patient with confirmed or suspected COVID-19 is transported, both the driver and passenger compartment must be fogged with disinfectant by a qualified VST or supervisor.

Procedures for the disinfection of reusable equipment appear in SOP 301.6. *See also SOP 303: Gurney Makeup & Cleaning, and Safety Manual 12.50*.

Reusable medical equipment such as traction splints, backboards and suction equipment must be cleaned and disinfected after use in patient care.

DISINFECTION PROCEDURES

- Put on personal protective equipment (PPE). Always wear gloves and eye protection when disinfecting.
- Remove the infected equipment, in its entirety, from the ambulance.
- Properly discard all disposable items used with the equipment, e.g., the suction canister.
- Apply disinfectant or cleanser liberally to any contaminated areas of equipment. Wipe off with a towel. Even if disinfectant has been used to wipe off a visible contaminants, this is only the cleaning process. When visible contaminants have been removed, the area is clean but not yet disinfected and should still be considered contaminated.
- Disinfect the inside and outside of the equipment components by spraying disinfectant on all exposed surfaces or wiping with a germicidal cloth.
- Consult the disinfectant instructions to determine the length of contact time necessary to kill the contaminants.
- Allow the recommended time to elapse.
- Wipe off the disinfectant with a clean towel and allow the equipment to air-dry.
- Return the equipment to the ambulance.
- Reassemble gurney with sheets and straps prior to returning back into service.
- Place the contaminated cloth towels that were used in the cleaning and disinfecting process in a bio-hazard bag. If disposable or paper towels were used and contaminated, dispose of them in a bio-hazard bag. *See SOP 301.9: Soiled Linen Disposition.*

REUSEABLE EYEWEAR

Reusable eye protection is available in the ambulance to every *McCORMICK* field employee. Eyewear contaminated with body fluids must be decontaminated immediately upon completion of patient transfer and may not be used again until cleaned and disinfected.

EYEWEAR DISINFECTION PROCEDURES

- Put on appropriate personal protective equipment (PPE) for eyewear disinfection: mask, eye-shield and gloves.
- Wash eyewear with water. Remove all visible contaminants.
- Spray disinfectant on the eyewear or wipe with a germicidal cloth.
- Wrap the eyewear in medical gauze.
- Spray the gauze heavily with disinfectant.

EYEWEAR DISINFECTION PROCEDURES (Cont.)

- Place the wrapped eyewear in a plastic bag.
- Consult the disinfectant label to determine the length of contact time necessary to kill the contaminants (Ten minutes).
- Remove and properly dispose of the gauze.
- Completely rinse the eyewear off with water.
- Towel the eyewear dry and dispose of the towel appropriately.
- Inspect the eyewear for any residue. If residue is present, repeat above steps.
- Remove PPE and properly dispose.
- Wash hands.

BOOT DISINFECTION PROCEDURES

Once boots have physically come in contact with bodily fluids perform the following:

- Put on gloves, mask, and eye protection.
- Remove boots.
- Wipe off boots with a wet cloth towel.
- Liberally spray boots with a disinfectant and wipe the boots with a dry cloth towel until all visible signs of contamination are removed.
- Re-spray with the disinfectant and let sit for ten minutes.
- Remove gloves and dispose in the bio-hazard bag.
- After ten minutes and once the area looks and is dry, thoroughly wipe the boots off with a clean cloth towel.
- Place towels in isolation bags.
- Remove all PPE and properly dispose.
- Wash hands.

See Also: Safety 12.20, Disinfection of Boots, Safety 12.30, Cleaning and Disinfecting Suction Equipment, and Safety 12.40, Cleaning and Disinfecting of Eye Protection.

OXYGEN ADJUNCTS

Generally, oxygen masks and cannulas are left with the patient at their final destination. If for some reason an oxygen adjunct must be disposed, discard it in a bio-waste container. Adjuncts that have not come in contact with the patient, such as oxygen tubing, may be disposed of in regular trash containers.

MISCELLANEOUS DISPOSABLE ITEMS

Any bandage or dressing that is soiled with body fluids or has come into contact with the patient must be disposed of in a bio-waste bag. Suction catheters, tubing, and collection bags should also be disposed in bio-waste bags.

SHARPS

It is important that all sharps, as defined below, be handled and disposed of properly. Designated sharps are those intended for use in patient care and include:

- Needles;
- IV catheters;
- Injection needles;
- Scalpels;
- Scissors (not normally used in invasive procedures); and
- Lancets used for blood glucose measurement.

An “incidental sharp” is any sharp object or item that causes an unintentional break in the skin.

HANDLING SHARPS

- When utilizing sharps in a patient care setting, wearing personal protective equipment (PPE) is mandatory.
- Pre-planning and taking measures to ensure bleeding control can help to limit fluid contact with the ambulance interior and minimize exposure to the crew.
- Needles must not be bent, broken off, reused or recapped.
- If the automatic spring-loaded needle cap fails to deploy, do not try to manipulate the device. Simply dispose of the needle immediately in the sharps container.
- Sharps may not be placed in pockets, stuck into the gurney mattress, stuck into the bench seat or thrown on the floor. **All sharps, after use, must be disposed of in a sharps container.**

- The handling of sharps after use in a patient care setting is extremely hazardous. Safely disposing of the sharp must be the employee's focus of attention.
- Scissors or scalpels used in an invasive procedure must not be reused. They should be immediately disposed of in the sharps container.

SHARPS CONTAINERS

Sharps containers should be utilized for disposal of **sharps only**. Sharps containers are not garbage cans.

- All sharps containers must be disposed when they reach three-quarters (3/4) full.
- Make sure that the lid of the sharps container is secured and sealed before disposing of it in the bio-hazard waste container.

Even though our ambulances carry an overstock of disposable supplies that exceeds California Highway Patrol standards it is *McCORMICK* policy to keep ambulances fully stocked to Company standards throughout the shift. Whenever disposable items have been utilized, the crew should restock the ambulance as soon as possible. Restocking can be accomplished through that crew's assigned station medical supply room, from the vehicle service technician (VST) at Headquarters, or through their field supervisor.

Disposable items disposition is also referenced in Safety 12.75. Sharps containers and handling is referenced in Safety 12.80.

The purpose of this policy and the following procedures are to help insure the health and safety of employees when dealing with bio-hazard waste. Bio-medical or infectious waste requires strict adherence to standards and close attention to the actual human manipulative interaction with the waste substance. A failure to adhere to either of these two standards could result in exposure to or spread of pathogens.

The following are the procedures for dealing with biohazard waste:

- Leak proof red plastic bags labeled bio-hazardous waste or infectious waste which have a bio-hazard label should be used to contain bio-medical waste products.
- Once any item is placed in such a bio-hazard bag or approved bio-hazard container, it is considered waste and not retrievable.
- Universal precautions should always be utilized when in contact with any bio-hazard/bio-medical waste, body fluids, specimen samples, and/or the containers that hold such substances. This includes both the red bio-hazard plastic bag and the red leak proof plastic super containers.
- Immediately dispose of medical waste upon their creation. Do not let infectious waste accumulate in the ambulance. General Rule: the less waste carried on board the less risk of exposure.
- Dispose of bio-hazard waste at the receiving facility when feasible. Always visualize the removal of the red bag. Always utilize PPE, as a minimum, gloves.
- While on scene, place bio-hazard waste immediately in a bio-hazard bag to avoid potential scene and personnel contamination. Always wear PPE prior to initiation of patient care.
- Double red bag waste that has a high fluid content and tie or seal these bags.
    - Sharps containers should be carefully removed from the ambulance when three quarters full. The sharps container should be placed in a red bio-hazard bag and disposed of in a bio-hazard container
    - The sharps container should be carefully and completely sealed. At no time should a sharp of any variety be placed in the red bio-hazard super container without first being placed into a sharps collector that is then sealed.
    - Gloves and any other necessary PPE should be worn to remove bio-hazard waste bags and sharps containers from the ambulance to the nearest available bio-hazard containers.
    - Open the container lid and dispose of the waste into the container.

- Never overfill the containers.
- Remove PPE and dispose of them into the container.
- Close the lid of the container and make sure that the lid is completely secured in a sealed fitting.
- Immediately and thoroughly wash hands or use hand sanitizer.

In the event this waste cannot be disposed of at the hospital, a red bio-hazardous disposable bin is available at headquarters.

See also: Safety 12.70, Bio-Hazard Waste Disposition

The following are the safety procedures for dealing with soiled or contaminated cloth or paper bedding:

Linen:

- All soiled linen should be handled with a minimum of agitation.
- All bio-hazard soiled linen should be put into the bio-hazard bags.
- All non bio-hazard soiled linen should be put into a soiled linen container at the point of exchange immediately after their utilization.
- Any linen that has been soiled with body fluids or has been utilized by patients with contagious or suspected contagious diseases should be double bagged in bio-hazard bags. Once this linen is bagged it should not be reopened again.
- Dispose of bio-hazard waste at the receiving facility when feasible and as often as possible. Always visualize the removal of the red bag. Always utilize PPE, as a minimum, gloves.
- While on scene, place bio-hazard linen immediately in a bio-hazard bag to avoid potential scene and personnel contamination. Always wear PPE prior to initiation of patient care.
- All paper sheets and pillowcases should be disposed of after every patient use.
- If sheets and pillowcases are not soiled, they can be disposed of in regular trash containers.
- If the sheets and pillowcases are soiled, dispose of these items in the proper bio-waste bags or containers. (See also Safety 12.75 and SOP 301.7, Disposable Items Disposition).

Special reminders

- Once any item goes into the red bio-hazard bags, it cannot be recovered for any reason.
- Red bio-hazard bags should never for any reason be placed in the linen container.
- All isolation bags go into linen containers located at the nearest hospital.
- If you are unable to dispose of bio-hazardous wastes at the receiving hospital, you may utilize the bio-hazardous bin located at headquarters.

See also: Safety 12.60 Linen Disposition

Patient safety and comfort must never be compromised under any circumstances. There are several methods of transferring a patient to and from the gurney that can be used depending on the situation. Anytime a patient appears to be too heavy to handle confidently, the crew should ask for assistance. At no times will a "draw/bed sheets" or the "Georgia Street" (GS) method be used to transfer a patient.

Use of a bed sheet to move or lift a patient has the potential for patient injury due to the sheet tearing or ripping allowing for the patient to fall to the ground. Additionally, the use of a bed sheet to move a patient has the potential to cause provider injury due to the inability to maintain control of the weight distribution.

Use of the "GS" technique has the potential for patient injury due to the patient's arms being gripped tightly as well as their elbows being positioned in a way that has potential for making contact with objects while moving the patient. Patients have sustained skin tears, bruising, and lacerations as well as being dropped while being moved using the "GS" technique. The use of the "GS" technique has the potential for causing provider injury due to the unequal weight distribution as well as not allowing for proper lifting body mechanics to be used during the patient lift or move.

Based on reviews on published research and data collected from EMS agencies across the nation, there is no product that exists that can prevent 100% of patient injuries as well as 100% of provider injuries. However, the common root cause in incidents in which patients and providers have sustained injuries include both the use of bed sheets and the "GS" technique. In order to keep you, the provider, safe from possible life-long injury as well as to not cause injury or harm to our patients, it has been determined that the Titan PC soft stretcher device will be deployed as mandatory equipment and must be used whenever applicable to move patients.

WEIGHT CONSIDERATIONS

Two (2) trained operators are needed to operate a gurney. Lifting heavy patients may require additional help. When receiving assistance, the gurney operators should maintain control of the gurney while directing any helpers. Untrained helpers are under no circumstances allowed to assist with gurney operation. When using the Bariatric gurney on patients weighing over 650 lbs., a minimum of three (3) trained operators are needed to load and unload the patient from and to the ambulance.

The gurney load limit should be considered when handling a patient. The gurney's load limit should never be knowingly exceeded. If it is ever suspected that the load limit has been exceeded, the gurney should be inspected for damage. If the patient is too heavy for the gurney, a Bariatric gurney, fire department supplied basket stretcher or other device should be used.

GUIDELINES FOR PATIENT HANDLING

Always think safety first when handling a patient.

- Observe all safety labels on the gurney.
- Before moving the patient from a bed, check for IV lines, oxygen adjuncts, urinary catheters and restraints.

- Inform the patient before adjusting, rolling or loading the gurney.
- When transferring a patient, adjust the gurney height to the same level as the location you are transferring the patient to or from.
- EMT partners must communicate clearly and coordinate action.
- Always be sure to raise gurney sidearms and bed siderails.
- Always properly restrain a patient on the gurney, including the shoulder/chest harness, waist restraint and lower extremity restraint. The only exception is if the restraints might interfere in some way with patient care. *See also SOP 302.5: Patient Seat Belt Usage.*
- Never leave the patient unattended.
- Control the gurney at all times.
- Gurney travel should be feet first.
- Enter elevators head first.
- Untrained helpers/bystanders should not be allowed to assist in the operation of the gurney.
- After the patient has been transferred from the gurney, make sure the patient is tucked in neatly and comfortably in bed, and that IVs and catheters are hung and positioned properly by the EMTs.

See also SOP 301: Attendant Responsibilities, 304.16 Titan PC Soft Stretcher (TSS), and Safety 9.97: EMT Lifting/Carrying.

4.1 Safety belts in the cab must be worn by employees and right-seat passengers at ALL times while the vehicle is in operation.

4.2 Safety belts in the patient compartment must be worn by employees at ALL times, except momentarily when performing specific treatment or vehicle backing procedures that prevent such use.

4.3 Prior to placing the transmission in gear, and at all times the vehicle is in operation, employees should verify that:

(a) Civilian passengers are properly restrained via safety belts.

(b) Infants and children, whether passengers or patients, are secured via an appropriate restraint device(s). [Note: Children under the age of 12 should not ride in seats where airbags are present.]

(c) Allied-agency personnel are secured via safety belts except momentarily when performing specific treatment procedures that prevent such use.

(d) Ambulance patients are situated on the gurney and dependent upon the gurney manufacturer's configuration the gurney's lateral straps and shoulder restraint system or X-strap system with 3 lateral safety straps are secured properly.

(e) Wheelchair patients are properly restrained to the wheelchair, the wheelchair is secured to the vehicle, and the shoulder strap or other supplemental restraint device is attached.

4.4 Employees are expected to utilize available means to secure equipment within the unit, such as monitors, oxygen tanks, and other items that could become projectiles in the event of a collision or sudden vehicle stop.

See also SOP 304.3, Pedi-Mate Infant Restraint System, Employee Policy 4014 and Safety 9.11 and 9.965

GURNEY MAKEUP

The ambulance gurney will be made-up between transports in preparation for the next call.

- The mattress must be kept clean and sanitized. The mattress should always be wrapped tightly in a clean sheet.
- For crews who prefer using a breakaway flat as a standard piece of equipment on the gurney, a clean towel should be placed at the top third of the mattress, centered under the range of slide of the breakaway. The breakaway flat must be centered on the gurney with the slide end toward the head.
- A sanitary non-porous pillow with a clean pillow case should be placed lengthwise at the head of the gurney and secured with the chest restraints on top of the breakaway flat, if one is being used.
- A neatly folded clean blanket should be placed lengthwise at the foot of the gurney and secured with the leg restraints and on top of the breakaway flat if one is being used.
- Two (2) cloth sheets should be neatly folded, placed lengthwise at the foot of the gurney on top of the blanket and secured with the leg restraints.

At patient pickup, the ambulance gurney must be made-up for patient transport.

- Unfasten the restraints and tuck them in between the mattress and the frame to prevent dragging and contamination.
- Place the pillow widthwise at the head of the gurney.
- Transfer patient over to gurney.
- Place the second sheet over the patient.
- Place a blanket over the patient, leaving the sheet in between. Fold up three (3) to six (6) inches of the top of the blanket and pull it up to the patient's chin. Tuck the remainder of the blanket under the breakaway, the mattress, or the patient. In cold weather, a heavy wool blanket should be utilized. In inclement weather, the rain blanket should be placed on top of the patient.

All seat belts on the gurney must be locked when the gurney is being moved. This includes when the gurney is empty. Leaving the shoulder straps undone can cause them to be entangled in the "trolley". This is causing failures to both the seat belt and the trolley. The metal clasp is causing the trolley to malfunction and the metal clasp on the belt is bending and breaking.

GURNEY CLEANING

The gurney must be cleaned and disinfected after each use. Personal protective equipment (PPE) must be worn when cleaning and disinfecting. The following are the gurney cleaning procedures.

- If soiled, remove the restraints from the gurney and machine-wash on cold/cold using a mild detergent. Allow to air-dry.

- Remove the mattress.
- Using a cloth, wipe down the gurney with disinfectant.
- If the gurney is badly soiled, use a cleanser before using the disinfectant.
- Spray a light mist of disinfectant on the mattress and any contaminated surfaces on the gurney.
- Read the directions on the bottle of disinfectant to determine the length of contact time necessary to kill the contaminants.
- Allow the recommended time to elapse.
- Use a fresh towel to wipe the disinfectant off of the mattress and the frame. Allow the mattress and the frame to air-dry.
- Place contaminated cloth towels in a bio-hazard bag. If disposable or paper towels were used and contaminated, dispose of them in a bio-hazard waste bag. *See SOP 301.9: Soiled Linen Disposition.*
- Water from a high pressure source should **never** be used to clean a gurney. Water under high pressure penetrates joints, flushes away lubricants and causes corrosion.
- Products containing bleach and iodine can cause damage and should never be applied to a gurney.
- The gurney must always be prepared prior to a unit changing its status to available for a call.

See also SOP 301.5, Patient Compartment Disinfection.

A gurney inspection must be performed prior to the start of a shift and each time the gurney is used. Any obvious damage or difficulties which are noted during gurney use or inspection should be reported to the appropriate supervisor.

Use of a damaged gurney can result in injury to the patient and employees.

GENERAL INSPECTION

- Check all fasteners. Are they secure?
- Are all welds intact, not cracked or broken?
- Is there any bent or broken tubing or sheet metal?
- Is there any debris in the wheels? Are all wheels secure, rolling and swiveling properly?
- Raise/lower the side arms. Do they move and latch properly?
- Is the backrest operating properly?
- Check the height positioning latch. Is it functioning properly?
- Raise/lower the gurney. Is the gurney secure in each height position?
- Does the undercarriage fold properly?
- Is the breakaway head section operating properly?
- Is the footrest operating properly?
- Are there any rips or cracks in the mattress cover?
    - Are the patient seat belts intact and working properly?
    - Are all components working properly?

The Stryker MX-PRO® R3 is currently in limited backup use at *McCORMICK*. The MX-PRO R3 weighs only 81lbs yet delivers 650lb load capacity. Compact, easily maneuverable, it's shortest-in-class when the break away head section is folded.

General Operating Guidelines:

- Consult the Stryker Operations/Maintenance Manual and read all labels on the gurney before using.
- Use a minimum of two (2) trained operators to manipulate the gurney while a patient is on the gurney.
- Do not adjust, roll or load the cot without advising the patient.
- Transporting the cot sideways can cause the cot to tip, resulting in possible damage to the product and/or injury to the patient or operator. Transporting the cot in a lowered position, head or foot end first, will minimize the potential of a cot tip.
- Stay with the patient and control the gurney at all times.
- Never apply the wheel lock while a patient is on the gurney.
- Always use the patient seat belts and keep the side rails up when a patient is on the gurney.

The Stryker Power-PRO™ XT is the primary gurney in use at *McCORMICK*. The Power-PRO™ XT is a battery powered hydraulic gurney which raises and lowers the patient at the touch of a button and in conjunction with the Power-Load™ cot fastener system, automatically lifts and lowers the gurney into and out of the ambulance.

General Operating Guidelines:

- Maximum gurney load capacity is 700 lbs.
- Maximum unassisted lift capacity is 500 lbs.
- Consult the Stryker Operations/Maintenance Manual and read all labels on the gurney before using.
- Use a minimum of two (2) trained operators to manipulate the gurney while a patient is on the gurney.
- Use a minimum of one (1) trained operator to load or unload an unoccupied gurney.
- To avoid risk of electric shock, never attempt to open the battery pack for any reason. If the battery pack case is cracked or damaged, do not insert it into the charger.
- Do not remove the battery when the ambulance cot is activated.
- Entanglement in powered ambulance cot mechanisms can cause serious injury. Operate the ambulance cot only when all persons are clear of the mechanisms.
- Ensure that restraints are not entangled in the base frame when raising and lowering the gurney.
- Do not store items under the ambulance cot mattress. Storing items under the mattress can interfere with the operation of the ambulance cot.
- Before operating the cot, clear any obstacles that may interfere and cause injury to the operator or patient.
- Do not adjust, roll or load the cot without advising the patient.
- Transporting the cot sideways can cause the cot to tip, resulting in possible damage to the product and/or injury to the patient or operator. Transporting the cot in a lowered position, head or foot end first, will minimize the potential of a cot tip.
- Stay with the patient and control the gurney at all times.
- Never apply the wheel lock while a patient is on the gurney.
- Always use the patient seat belts and keep the side rails up when a patient is on the gurney.

All seat belts on the gurney must be locked when the gurney is being moved. This includes when the gurney is empty. Leaving the shoulder straps undone can cause them to be entangled in the “trolley”. This is causing failures to both the seat belt and the trolley. The metal clasp is causing the trolley to malfunction and the metal clasp on the belt is bending and breaking.

304.15 **MX-PRO® Stryker Bariatric Transport**
Effective Date: 9-29-2017 *Replaces: 12-15-2008*

The Stryker MX-PRO® Bariatric Transport is to be used for patients that do not fit on the standard gurney and/or are over 650 lbs or in situations where patient handling or safety could be compromised using the standard gurney. The Bariatric Transport is designed to transport patients weighing up to 850 lbs and is 6" wider than the standard R3 gurney.

General Operating Guidelines:

- Consult the Stryker Operations/Maintenance Manual and read all labels on the gurney before using.
- Use a minimum of two (2) trained operators to manipulate the gurney while a patient is on the gurney.
- Use a minimum of three (3) trained operators to manipulate the loaded gurney when loading and unloading from the ambulance. Two at the feet of the gurney and one manipulating the gurney legs.
- Do not adjust, roll or load the cot without advising the patient.
- Stay with the patient and control the gurney at all times.
- Never apply the wheel lock while a patient is on the gurney.
- Always use the restraint straps and keep the side rails up when a patient is on the gurney.

The following are guidelines for using the "Titan PC soft stretcher" (TSS).

The "TITAN PC soft stretcher" (TSS) will now be stocked on every ambulance and is designed to help assist in safe patient movement for the patient and you the provider. While you may have seen or used similar products, it is vital that you know how to use this specific product correctly.

- The TSS is designed to hold and lift patients weighing up to 1,500lbs.
- Despite the capacity for heavy patients, the device must be used anytime a patient needs to be moved regardless of their weight.
- The TSS is impervious to fluids and is designed to be re-used after it has been properly cleaned. Proper cleaning of the device includes:
  a. Cleaning with soap and water. Wipe the product down using a damp cloth and allow to air dry-not in direct sunlight.
  b. Disinfectant cleaners may be used as well.
  c. DO NOT use bleach.
  d. DO NOT machine wash OR dry the product.

PROPER USE OF THE TSS:

In order to use the TSS properly, you must follow the guidelines below:

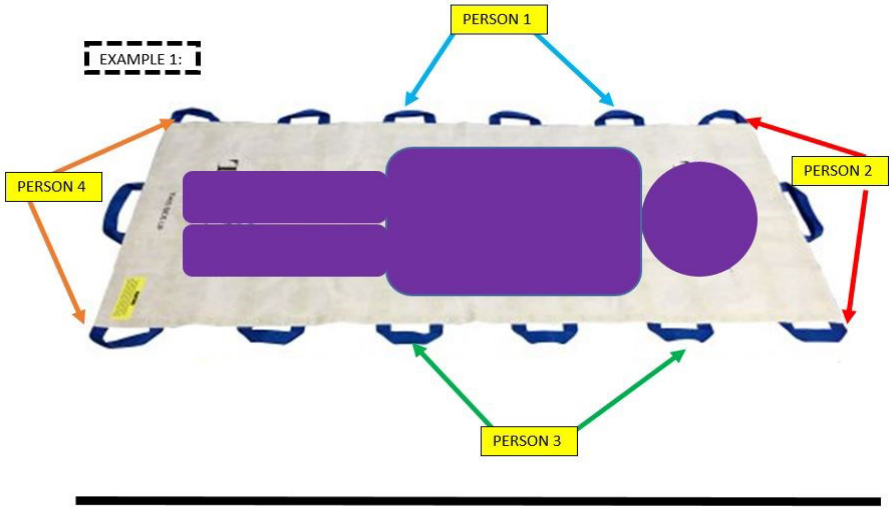
1) Always inspect the device for any tears or rips. If present, DO NOT use the device with a patient.
2) Lay the device out flat with the blue webbing on the bottom and the non-webbing side facing up and ensure that all handles are at the side and NOT underneath the device.
3) The patient should be placed into the center of the device.
4) ***A MINIMUM OF FOUR (4) PERSONNEL ARE REQUIRED TO USE AND LIFT THE PATIENT IN THE DEVICE:***
   a. The patient's weight or size does NOT determine the amount of personnel required to safely use the device. Four (4) personnel are ALWAYS required to safely use the device.
   b. The lifting personnel must be directly across from each other. Only use handles DIRECTLY ACROSS from the handles being gripped on the opposite side of the device.
      i. Example 1:

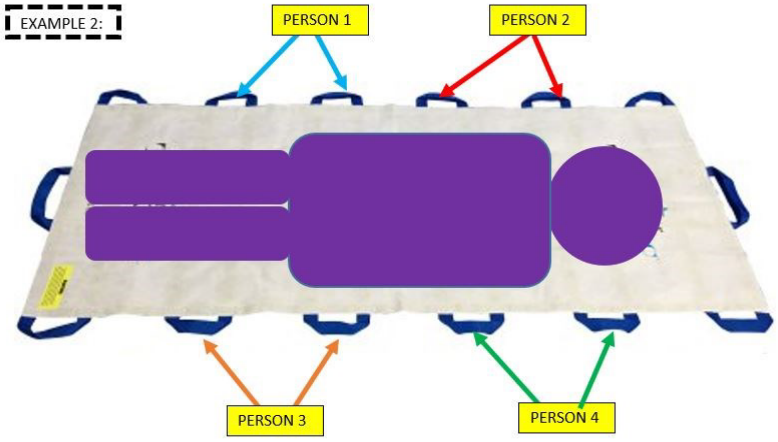
         1 person at the head, 1 person at the feet, 1 person on the left side and 1 person on the right side. The personnel on the side of the device must be lifting at the same points. See illustration on next page.

      ii. Example 2:

         2 people on the left side and 2 people on the right side. The personnel on the side of the device must be lifting at the same points. See illustration on next page.

5) All personnel must use proper lifting mechanics and lift in a coordinated movement when moving the patient. Communication with all persons lifting/moving must occur.
6) DO NOT drag the TSS across rough terrain or expose to sharp objects.
7) Once the patient has been moved to the desired location, the TSS can be removed or left in place underneath the patient.





304.18 **Stryker® Stair-PRO 6252**
Effective Date: 9-29-2017 *Replaces: 2-12-2014*

Stryker Stair-PRO stair chair provides close quarters and stairway mobility. In addition, Stryker's Stair-TREAD system enables operators to move patients up or down stairs without lifting, significantly reducing the risk of operator back injury.

General Operating Guidelines:

- Consult the Stryker Operations/Maintenance Manual and read all labels on the device before using.
- Maximum load capacity is 500 lbs.
- Use a minimum of two (2) trained operators to manipulate the Stair-PRO while a patient is on the device.
- Do not roll the chair, ascend, or descend stairs without advising the patient. Stay with the patient and control the chair at all times.
- Only use the wheel locks during patient transfer or without a patient on the chair.
- Always use the restraint straps when a patient is on the chair.
- Use properly trained helpers when necessary to control the chair and patient.
- An unlocked chair can fold during use, causing injury to the patient or operator. Always make sure the chair is locked in the unfolded position before use.
- To avoid injury, always verify the lift handles are locked in place before using them to lift the chair.
- Do not push the device with the upper control handle in the fully extended position. Pushing the chair with the handle in the fully extended position may cause the chair to tip when obstacles are encountered.
- Never leave a patient unattended on the chair or injury could result. Hold the chair securely while a patient is on the chair.
- The Stair-PRO is not recommended for use with suspected cervical, spinal, or fracture injuries.

304.3 Pedi-Mate Infant Restraint System

CAAS 202.01.02
Effective Date: 3-1-2019 *Replaces: 9-29-2017*

All ambulances carry a Pedi-Mate Infant Restraint System. This device is designed for patients who weigh approximately ten (10) to forty (40) pounds. If you encounter a patient who meets the requirements for the Pedi-Mate Infant Restraint System, you are to notify the Fire Department/Paramedics that this restraint system is available. If the Fire Department/Paramedics refuse the device, you should proceed with the call under their direction; if the restraint device is indicated but refused by the Fire Department/Paramedics, you are to document the following on an *Incident Report* section of MeRS "Fire Department/paramedics (include any and all applicable names) declined the pediatric restraint device for transport."

304.4 **Securing Medical Devices**

AMR SRM #1130 4.4

Effective Date: 6-1-2018 *Replaces: 9-29-2017*

Employees are expected to utilize available means to secure equipment within the unit, such as monitors, oxygen tanks, and other items that could become projectiles in the event of a collision or sudden vehicle stop.

See also: Safety 9.82

For 9-1-1 calls, it is *McCORMICK's* policy not to handle any personal belongings that are devices and other medical necessities, personal articles that may be accepted include comfort or security items such as a child's favorite stuffed animal.

Although sometimes bulky and space consuming, every effort should be made to secure and transport patient mobility devices such as canes, folding walkers, wheelchairs.

Non-emergency patients are allowed to bring along other necessary personal items such as medications, dentures, and clothing.

GUIDELINES FOR PERSONAL ITEMS IN NON-EMERGENCY SITUATIONS

Patient belongings that can be transported must be limited to what can be physically carried by the crew in one trip with the gurney from the back of the ambulance to the patient's destination without compromising patient care or safety. At no time will *McCORMICK* transport excessive belongings. This is so a patient's personal items are never left unattended during the transfer of the patient. The following are the guidelines for the transfer of personal items.

- All loose items must be bagged to prevent them from getting lost. This is particularly important for patient necessities such as medications.
- It is also important to confirm the content of bagged items and to have the person accepting the belongings reconfirm the contents upon receipt.
- No item, object or substance can be transported by a crew if it falls under one of the following categories:
  - Weapons and potentially explosive materials
  - Radioactive material
  - Alcohol or illegal drugs
  - Pets (non-service animals)
  - Sharp objects/dangerous tools
  - Items of unknown substance or origin
  - For any other potentially hazardous materials contact your supervisor for transport authorization.
- Any patient item that cannot be safely secured in the patient compartment must not be transported by ambulance.
- Any item that may interfere with the normal duties of the attendant or that limits patient space must not be transported.
- Any item that compromises the vehicle's center of gravity or affects the operation of the vehicle in any way must not be transported.

Prohibited items include, but are not limited to, are, powered wheelchairs, televisions, large radios, loose jewelry and watches, breakable items, flowers/plants, food, and illegal items.

PROCEDURES FOR HANDLING PERSONAL BELONGINGS

- Upon arrival at the originating facility or residence, the driver should check that patient belongings to be transported do not violate Company guidelines.
- Confirm with the patient those items to be transported.
- If it is determined that an item cannot be transported, explain to the patient the reason why.
- All patient items must be placed in the patient compartment of the ambulance. Do not put an item anywhere it can interfere with patient care or patient comfort or compromise general safety considerations. Secure all patient items. Larger items such as walkers and wheelchairs must be secured using spare gurney restraints with the device being strapped to the inside of the patient compartment door.
- In the event that the patient's wheelchair or walker are soiled and contaminated, they can be decontaminated on scene if time permits and/or a large red biohazard bag can be placed over the device to prevent inadvertent contact during the transport.
- Powered wheelchair or other powered mobility devices are not to be transported due to their size, weight and inability to safely secure within the patient compartment of the ambulance.
- Upon arrival at the receiving facility or residence, take all patient belongings from the unit to the appropriate place within the building.
- Confirm with the patient that all items are present and that nothing has been left behind.

Document what patient belongings you are transporting along with the confirmation from the patient in the narrative field of the mobile Patient Care Report.

PERSONAL ITEMS LEFT ON BOARD FOR 9-1-1 AND NON-EMERGENCY

In the unlikely event patient belongings have been left on board the ambulance after a transport, the crew must immediately notify the Communications Center. This includes articles used to identify the patient and/or obtain insurance information such as Driver License, Social Security and insurance cards. The Communications Center must notify the on-duty supervisor and the residence or facility to which the patient was delivered. The Communications Center will then advise the receiving facility or residence that McCORMICK will bring the patient's belongings to that location as soon as possible. The supervisor or the crew must make every effort to return the belongings to the owner at least by the end of the shift. In the case of medicines or supplies required for patient care, and IDs/insurance cards, the crew or supervisor must deliver the items immediately.

Should operational requirements or geographical distance prevent the rapid return of personal articles, the items should be stored at the division's field supervisor office. Patient belongings must be logged in by the on-duty supervisor and inventoried by off-going and oncoming supervisors. In any event, storage of patient belongings should be temporary. All efforts must be made to return personal items promptly.

Reported Lost Items: (Calls from patients regarding lost items.)

- The employee that receives the report of a lost item will complete and submit the electronic Lost / Found Item report.
- Determine if item is in the lost and found. If unable to locate, contact the on-duty supervisor to begin the investigation into the missing item.

Found Items:

- In the event that a patient belonging is found, the employee must immediately complete and submit the electronic Lost / Found Item report and then place the item in the Lost and Found envelope. The envelope is to be placed into the locked paperwork box located inside each station.
- The employee must then notify the on-duty field supervisor regarding the found item.
- Supervisor will pick up the item and deliver it to Communications Center. All found items will be placed in the bucket inside the Communications Center. Both the supervisor and Communications Center supervisor will begin the investigation process.

If the item and patient can be positively matched, a scheduled time for the item to be picked up by the patient will be arranged. If unable to schedule a time the item will be delivered to the patient by a field supervisor as soon as possible.

The Returned Item form must be completed by the field supervisor or communication supervisor and then signed by the patient stating that they received their lost items back.

If the patient is deceased, then the requesting person must show proof that they are the person responsible for healthcare decisions or the trustee of the trust or the executor of the will. They must bring in copy of the trust and identification, a copy of the will and their identification, or a copy of the healthcare directive and identification.

See also: Safety 9.85 and 12.93, Transporting Egg Crates

In the event the mobile Patient Care Report computer fails to operate or is otherwise incapacitated, and a field supervisor is unable to replace your failed computer, a paper PCR (Form SH6001 also titled "Patient Care Report") must be filled out. All information on the paper PCR must be completed by the attendant and reviewed by the driver. As soon as a mobile Patient Care Report computer is made available, the information from every paper PCR must be transferred into the mobile Patient Care Report computer. Even if you have transferred the information into the mobile Patient Care Report, because there will be necessary signatures obtained on the paper PCR, it must be submitted into the paperwork box located within each station. If you must complete a paper PCR you must submit an Incident Report with the completed paper PCR stating why your mobile computer was not used. This allows the Company to track problems with mobile computers more effectively.

GENERAL INSTRUCTIONS

- Use a black ballpoint pen.
- Write legibly. The paper *PCR* is a legal document.
- The paper *PCR* must be completed within 20 minutes of call completion.
- The completed paper PCR must be completed by the attendant and reviewed by the driver.
- Press firmly as you write.
- Make sure that the record is complete and the information accurate. If patient assessment and treatment information is not documented in writing on the paper *PCR*, there will be no way to prove that the treatment was performed or that the patient was evaluated appropriately.
- If an item is unknown or no information is gathered, leave the field blank.
- Use the twenty-four (24) hour clock (military time) to record times on the paper *PCR*.
- Record only one character or number in a constraint box. Do not use dashes, hyphens or symbols. Leave unused boxes empty.

See Also 117.1, Mobile Patient Care Report Care, and 117.3, Mobile Patient Care Report Exporting Calls

The Patient Care Report is a legal document and must be completed immediately after completing a call. When completing the Patient Care Report, make sure that the record is complete and the information accurate. If patient assessment and treatment information is not documented completely on the Patient Care Report, there will be no way to prove that the treatment was performed or that the patient was evaluated appropriately. All segments of the PCR should be completed as accurately as possible. Any missing patient demographic information shall have a note in the narrative stating why the information is missing. For example: No phone number obtained due to patient being altered.

MEDICAL Patient Care Report INFORMATION DOCUMENTATION MINIMUM

McCORMICK Ambulance uses EMT and Paramedic clinical protocols as promulgated by the L.A. County Department of Health Services EMS office. The current protocols do not address minimal reporting (documentation and oral report) at the current time. However, McCormick Ambulance does require certain documentation on the patient care report. The company provides the included screen captures from the electronic patient care report computer screens as evidence of this documentation.

Non-9-1-1 Patients:

1. Patient's name, age, phone number, Social Security number, and pick-up and drop off locations.
2. Patient's allergies
3. Patient's vital signs, any pertinent medical findings during transport
4. Notification of any IVs, IV medications administered during transport
5. Hand-off of any paperwork (Transport envelope)

9-1-1 Patients:

1. Patient's, name, age, and pick-up and drop off locations
2. Patient's chief complaint, circumstances that led to the 9-1-1 call
3. Patient's medical history, allergies
4. Patient's initial vital signs and any improvements or negative vital sign changes during transport – 3 sets are required
5. Patient assessment findings, pertinent negatives
6. Patient's treatment plan enroute to the hospital (02, IV, etc.)
7. Fire Department Sequence Number (LA COUNTY EMS REQUIREMENT)

   When you run a call with any Fire Department, YOU MUST OBTAIN THEIR SEQUENCE NUMBER and document the number correctly and in the correct location within the program.

   You may not enter "0" or "UTO" or any other information in order to clear the field.

   If you did not obtain the sequence number from the FD personnel at the time of the call, you are required to notify your field supervisor and contact the FD station so that you can obtain the required information.

MISCELLANEOUS Patient Care Report REQUIREMENTS

Pain Documentation in the Patient Care Report

There is a County-wide QA indicator that is looking at the pain scale documentation of patients 14 years old and older that are transported by BLS after evaluation by ALS providers.

The County is looking specifically for an assessment of pain being performed and documented by the BLS transport crew within 5 minutes of the transfer of care from the ALS providers. So, for all 9-1-1 calls in which the patient is transported BLS to the ED, you must perform and document the patient's pain scale number within 5 minutes of the transfer of care.

What Defines The Transfer Of Care Time?

The time that is being used to measure the transfer of care from ALS to BLS is the Transport time in the Patient Care Report. Example: You respond to a 9-1-1 call with a Fire Department and arrive on scene at 1230. The patient is assessed by the paramedics and it is determined that the patient can be transported with BLS care. You begin your transport at 1245 and arrive at the ED at 1300. The transfer of care time for this call is 1245 and you must assess your patient's pain level and document it between the time of 1245 and 1250.

Pain Assessment:

- Assess you patient's pain level by asking them to rate it on a scale of 0 to 10, with zero being no pain at all and ten being the most pain they have ever felt.

- Document this number in the vital signs section of the Patient Care Report.

What If The Fire Sheet Already List The Pain Level?

You must still assess the patient's pain level once care has been transferred to you by the medics on scene.

What if patient does not complain of any pain during the Primary/Secondary Assessment?

No matter the chief complaint of the patient, you still need to ask them if they are experiencing any pain.

What If The Fire Sheet Has The Pain Level Documented As Something Different Than What The Patient Tells You?

You must document what the patient told you their pain level was regardless of what is documented on the Fire Sheet.

Will Documenting A Different Pain Level Than What Was Written On The Fire Sheet Get The ALS Providers On Scene In Trouble?

Not at all. A patient's pain level can increase or decrease at any point and therefore it is acceptable for your documentation to be different than the Fire Sheet.

Why Is The County Looking At This Information?

The County is trying to evaluate if the ALS providers are treating pain in accordance with current protocols. This is the first step in data collection to get a "look" at what is happening in the field. Based on the data collected, there may be changes to ALS protocols, BLS protocols or no changes at all. For every patient 14 years and older you must assess your patient's pain level within five minutes of the transport time for –PMA / BLS only, to the ED on all 9-1-1 calls.

What if the Receiving MD/RN signature is obtained before the transfer of care?

Open the Receiving MD/RN signature up and and you will be able to input the correct time once the transfer of care occurs.

Addendums

Addendums are required anytime information needs to be added to ePCR after it has been transmitted. Calls under 30 days old will have addendums done electronically. Calls beyond 30 days will have a paper addendum completed and then scanned and attached to the call.

Vitals

The County EMS Agency is requiring that a full set of vitals (BP/HR/RR/Pain Scale) along with a GCS be documented at the time of the patient Transfer of Care (TOC) to facility staff. County EMS defines the time of TOC as: "The time at which the patient was off of the EMS gurney and onto the facility bed/chair." *McCORMICK* captures this time as the time in which a unit goes "Partially Available" with dispatch. In the Patient Care Report, this time is displayed as the "In Service" time. So, for every patient transported, you must document a full set of vitals and GCS scale within 5 minutes (either prior to or after) the "In Service" time in the CAD.

For Example: You transport a patient to Centinela ER for abdominal pain:

- Your "Left Scene" time is 1215
- Your "At Destination" time is 1228
- Your "In Service" time is 1332

You should be obtaining and then documenting a full set of vitals and GCS with a timestamp between 1327 and 1337. Our Patient Care Report program captures the vital sign and GCS data in two separate areas. Be sure to document the GCS at the TOC time in the "Glasgow Coma Score Time Two" section. If you have already entered in a 2nd GCS in this section, enter the GCS data in the "Comment" section of the vital sign line for the TOC time.

Please Remember. You are required to notify dispatch as soon as possible once the patient is off your gurney by informing them that you are "Partially Available". Once you and your partner are able to return to service, you must notify dispatch that you are "Available". The point of this QA/QI indicator is to ensure that patients are still being monitored and assessed while they wait on EMS gurneys at the ER. Obtaining and documenting a full set

of vitals and GCS at the time of the transfer of care is benchmark that the County wants all providers to achieve.

If you run a call with any department that is utilizing the Patient Care Report system, you will not be given a paper Fire Sheet/EMS Report from them. In order to be able to match our Patient Care Report with their Patient Care Report, YOU MUST OBTAIN THEIR SEQUENCE NUMBER.

In order to obtain the sequence number from the Fire Department paramedics, you must ask them for it and they will provide it for you. Please ensure that you document their sequence number accurately in the space provided. As Fire Departments continue with the implementation of their Patient Care Report systems, there will be additional changes and requirements for your documentation.

Medical Record/Registration Number/Hospital Visit Number

The medical record number must be documented in the Patient Care Report in the “Hospital Visit Number” data field located in the Transport Information section of the Patient Care Report. If you are unable to obtain a medical record or registration number for your patient, you must clearly explain the reason why in the narrative section. The reason why this information is crucial for us to obtain and document is that it proves that the patient was in fact transported to the facility. As Medicare fraud still exists, we are being required to provide additional information that proves that our Patient Care Report is not fraudulent. It is absolutely critical to obtain for patients in which the patient’s name is unknown. The only way for us to obtain patient information after the call is by providing the facility with the medical record number that was issued to the patient when they arrived at the facility.

Electronic copies of the patient care report are also available to hospitals. The MEDS system allows PCRs to be faxed to hospitals that are set up with a fax number in MEDS. Hospitals may also request MEDS PCR Viewer access to obtain PCRs at their convenience.

305.1 **Daily Mobile Patient Care Report Non-Form Log (Form C-221)/Non-Form Codes**

Effective Date: 9-29-2017 *Replaces: 1-15-2015*

DAILY MOBILE Patient Care Report NON-FORM LOG

Documentation of non-forms (as defined below) reconciliations must be made on the *Daily Mobile Patient Care Report Non-Form Log* (C-221) and turned in, in accordance with SOP 117, Paperwork Completion.

For each transport, record ***Tag #***, ***Booklet #***, and total ***# of Non-Forms***. If there are no Non-Forms for that transport, record 0 in that field.

NON FORM CODES

Supporting paperwork must be turned in with the with your *Daily Mobile Patient Care Report Non-Form Log* (Form C-221). All supporting paperwork must have the ***Tag #*** , ***Booklet ID #*** and one of the corresponding non-form codes listed below recorded in a blank area toward the middle of the page and circled. The following are non forms.

1. Face sheet
2. *EMS Report Form Page 2*
3. *Los Angeles County Emergency Medical Services Report Form*
4. *Restraint Application Form* (C-218)
5. Copy of patient's insurance card
6. *Physician's Certification Statement* (Form C-113)
7. Copy of 5150 or DNR or POLST form.
8. Other
9. Advance Beneficiary Notice of Non-Coverage (C-112)
20. EKG Strip
24. Post Automatic External Defibrillator Application Report
25. Future Non-Form Code
101. DSH Flex Fields For EMT-P

305.4 Approved Medical Abbreviations

Effective Date: 9-29-2017 *Replaces: 4-7-2014*

The following list are approved medical abbreviations you may use when documenting patient care and treatment. Use of any other abbreviations are not permitted.

5150	Involuntary psychiatric hold.
A&O X	Alert and Oriented times ___
ABD	Abdominal
ALOC	Altered Level of Consciousness
ALS	Advanced Life Support
ASHD	Atherosclerotic Heart Disease
B/P	Blood Pressure
BLS	Basic Life Support
BVM	Bag Valve Mask
CA	Cancer
CHD	Coronary Heart Disease
CHF	Congestive Heart Failure
CO2	Carbon Dioxide
c/o	Complains of
COPD	Chronic Obstructive Pulmonary Disease
CPR	Cardio Pulmonary Resuscitation
CVA	Cerebrovascular Accident
dx	Diagnosis
ECG	Electrocephelogram
EKG	Electrocardiogram
GCS	Glascow Coma Scale
GI	Gastrointestinal
GSW	Gunshot Wound
Hx	History
Im	Intramuscular
IV	Intravenous
MCI	Multi-casualty Incident
MI	Myocardial Infarction
MSRA	Methicllin Resistant Staphalococci Aureus
O2	Oxygen
OB	Obstetrical
OBS	Organic Brain Syndrome
PERL	Pupils Equal and Reactive to Light
po	By Mouth
Pt.	Patient
r/o	Rule Out
sl	Sub Lingual
SOB	Shortness of Breath
sq	Subcutaneous
TC	Traffic Collision
TIA	Transient Ischemic Attack
tko	To Keep Open

On February 24, 1999, the Healthcare Financing Administration (HCFA) imposed new requirements for the reimbursement of ambulance transportation for Medicare beneficiaries. These new regulations require a certificate of medical necessity signed by the patient's physician (doctor's order) before non-emergency ambulance transportation may be provided:

> *"In the June 1997 proposed rule (62 FR 32719), we [HCFA] proposed that if a beneficiary is "bed-confined other means of transportation would be presumed to be contraindicated". We also proposed that "bed-confined" would be defined as the inability to:*
>
> - *Get up from bed without assistance;*
> - *Ambulate; and*
> - *Sit in a chair, including a wheelchair.*
>
> *In addition, non-emergency transportation would only be covered if, before furnishing the service, the ambulance supplier obtained a physician certifying statement (PCS) stating that the beneficiary must be transported in an ambulance because other means of transportation are contraindicated."* (§ 410.40 Section (d) (2).

A registered nurse employed by the attending physician, the hospital or the facility where the patient is treated may sign the *Physician Certification Statement* (PCS) in consultation with and on the oral order of the attending physician.

Therefore, before Priority 3 and Priority 4 non-emergency private medical transportation may be provided, a doctor's order stating the reason a patient's physical or medical condition requires ambulance level transportation (other forms of transportation contraindicated) must be obtained.

The doctor's order must be documented on the PCS and signed, at minimum, by the registered nurse employed by the attending physician, the hospital, or the facility where the patient is treated.

You must turn in a *Physician Certification Statement* (Form C-113), with your *Daily Mobile Patient Care Report Non-Form Log* (Form C-221) completed by the registered nurse, the physician or an authorized representative from the facility where the patient is being treated.as a Non-Form code "6" document. A signature alone does not validate this form.

If the crew is unable to get this form completed and signed the registered nurse of physician or an authorized representative from the facility where the patient if being treated, they must fulfill the transport and contact their supervisor after the call. A note stating why this document was not obtained must be documented in the mobile Patient Care Report narrative.

Although HCFA proposed that if a beneficiary is bed confined, other means of transportation would be contraindicated, to this date, **bed confinement alone does not constitute a reasonable and necessary medical condition**. Bed confinement is classified as a symptom and not a medical condition.

306.7 Advance Beneficiary Notice of Non-Coverage (Form C-112)

Effective Date: 9-29-2017 *Replaces: 2-14-2014*

Anytime a Medicare patient is transported in a Priority 3 or Priority 4 non emergency situation by ambulance, an Advance Beneficiary Notice of Non-Coverage (ABN), must be filled out and signed by the patient or the patient's representative.

Medicare will only pay for services determined to be “Reasonable and Necessary.” If Medicare determines an ambulance transport does not meet that criteria, payment is denied. In that event, *McCORMICK's* only recourse would be to bill the patient directly for those services for which payment was denied. In order to do this, the Company must have notified the patient prior to providing services that, Medicare would likely deny payment and obtain a signature from the patient or person acting on behalf of the patient such as a family member.

Field A (Notifier): McCORMICK already entered.

Field B (Patient Name): Enter the patient’s name.

Field C (Medicare ID#): Enter the patient’s Medicare number

Run Number/TAG: Enter the call run number.

Field D (Service we feel Medicare will not pay for.): *"Ambulance Transport"* already entered in this field.

Field E (Reason Medicare May Not Pay): *"Non-Emergency Ambulance Transport"* already entered in this field.

Field F (Estimated Cost): *"$800.00"* already entered in this field.

Field G (Options): Have the patient choose one of the three options.

- ❒ Option 1: I want *non-emergency ambulance* service (D) listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn’t pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ❒ Option 2: I want *non-emergency ambulance* service (D) listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- ❒ Option 3: I don’t want *non-emergency ambulance* service (D) listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

Field H (Additional Information): Enter any additional pertinent information.

Field I (Signature): Have the patient sign in this field.

Field J (Date): Have the patient enter the current date.

You must turn in a completed *ABN* (Form C-112), with your *Daily Mobile Patient Care Report Non-Form Log* (Form C-221) as a Non-Form code "9" document.

If Option 3 is chosen by the patient, contact the Communications Center supervisor so that they can confirm with the patient that transport will not be provided.

If the patient or responsible party refuses to sign this form, the crew must still fulfill the transport and contact their supervisor after the call. A note stating why the patient or responsible party refused to sign this form must be documented in the signature area of the Mobile Patient Care Report.

306.8 Medi-Cal Private Non-Emergency Document

Effective Date: 9-29-2017 *Replaces: 2-14-2014*

For Medi-Cal patients on non-emergency private (Priority 3 and 4) transports from a hospital to a patient's residence or to another hospital we require the sending facility to provide the crew with a discharge order or a paper signed by the patient's physician. This will not be required for hospital to skilled nursing facilities. This can include an order already signed by the patient's physician as long as it includes purpose for trip, date of requested transport, the medical conditions(s) which prevents the patient to go by other means of transportation other than ambulance, and the physician's signature.

The Communications Center is requesting this paperwork from the discharge planner during the scheduling of the transport. It is the crews responsibility to make sure that this documentation is present and is included with the Patient Care Report for billing.

You must turn in discharge order with your *Daily Mobile Patient Care Report Non-Form Log* (Form C-221) as a Non-Form code "8" document.

If this paperwork is not present at time of pickup, the crew must fulfill the transport and contact their supervisor after the call. A note stating that this documentation was not contained with the hospital discharge papers must be made in mobile Patient Care Report narrative field.

On all calls where restraints are applied, you MUST fill out a *Restraint Application Form* (Form C-218) with your *Daily Mobile Patient Care Report Non-Form Log* (Form C-221) as a Non-Form code "4" document. This form and it's documentation is L.A. County mandated. Any incomplete *Restraint Application Form* will be sent back to the documenter for corrections. Any missing or incomplete Restraint Application Form will result in discipline, up to and including termination.

The following fields must be filled out:

- ***Patient Name***
- ***Date of Service***
- ***Tag/Run Number***
- ***Booklet Number***

The following fields must be checked off:

- ***Restraint Type***
- ***Reason for Application***
- ***Agency Applying Restraints*** and ***Extremities Restrained (Check all that apply)***

Document the time restraints were initially placed on patient.

Circle the ***Ongoing Assessment*** Boxes and add your assessment times at the top of the boxes. Missing times render this form INCOMPLETE.

Documentation must also be completed on the mobile Patient Care Report, Provider impression (PI) field box for restraints, ***Restraint Needed*** box must be checked. Documentation of the restraints being used must also occur in the in medical need section, flow chart and narrative sections of the Patient Care Report.

See also SOP 107.5 Application of Patient Restraints.

306.97 **LA County DHS N.I.C.U. Transport Safety Checklist**

DHS L.A.C. Ref #405.1

Effective Date: 9-29-2017 *Replaces: 9-2-2014*

As part of the Los Angeles County Emergency Medical Services agency overflow agreement, we are active participants in the Neonatal Intensive Care Unit (NICU) program. The following is the checklist to be used on all NICU calls. This form is provided by the isolet and NICU team.

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
AMBULANCE SERVICES
N.I.C.U. TRANSPORT SAFETY CHECKLIST

THIS CHECKLIST SHALL BE REVIEWED BY AMBULANCE PERSONNEL
PRIOR TO MOVING NEONATE PATEINT IN TRANSPORTER

PRIOR TO TRANSPORT

- Identify pickup and destination facilities. Determine driving route.
- Advise NICU Team of your arrival and locate transporter.

TRANSPORTER CHECK

☐ Are batteries fully charged?

☐ Does transporter move up and down?

☐ Does transporter roll freely?

If answered "NO" to any question, advise NICU team immediately.

TEAM HUDDLE

SAFETY CONSIDERATIONS BEFORE TRANSPORT

- NICU team responsible for medical care of infant and safety observations.
- EMTs responsible for movement, loading and unloading of transporter and transport.
- Observe for hoses, cables, tubing or impediments to transporter movement.
- Avoid obstructions & vibration.
- Review correct loading and unloading procedures.
- Review route to ambulance (ensuring smooth movement of transporter)

INFANT SAFETY

Confirm with NICU team that infant is secure!

- Is patient restraint device in secured in place?
- Is plexiglas cover securely latched?

If answered "NO" to any question, advise NICU team immediately.

DURING MOVEMENT

TRANSPORTER MOVEMENT CONSIDERATIONS

- Move transporter safely and avoid sudden stops and turns
- Use caution in crowded areas or in tight spaces.
- Observe and maintain transporter in a level position at all times, ensuring smooth movement.

LOADING/UNLOADING

☐ Observe and verbally confirm that transporter is loaded in a straight direction, maintaining wheel contact and position with floor surface.

☐ Observe and verbally confirm that safety bar catches the safety floor hook.

☐ Observe and verbally confirm that transporter latches into the Gurney Locking Bar. Pull on transporter base to confirm it is locked.

☐ Advise NICU Team that transporter is locked.

DATE:_____

TIME:_____

AMB COMPANY:_____

AMB UNIT:_____

We affirm the above procedures were reviewed and followed.

_____
AMB DRIVER NAME

_____
AMB ATTENDANT NAME

Return completed checklist to Ambulance Services Operations at 10100 Pioneer Blvd, Suite 200, Santa Fe Springs, CA 90670 within 24 hours.

REFERENCE NO. 405.1

Immediately following clock in and logging on, the *Operative IQ* (electronic Daily Shop Checkout) must be completed by both driver and attendant no later than two hours after the start of the shift. All sections of the *Operative IQ*, except for the "Supervisor Oil Check" section must be completed. If the ambulance is in quarters at shift start, the *Operative IQ* must be completed prior to cleaning of ambulance and station, and prior to any station downtime regardless of the two hour window. If for some reason you are unable to complete the *Operative IQ* prior to this two hour window, you must notify your supervisor.

The Operative IQ system is accessed by clicking the shortcut on the home screen of any Toughbook.

This system allows users to complete the shop checkout electronically as well as check out assigned durable medical equipment (DME) to the shop (gurney, stair chair, KED, etc.) and request supply restock all from within the system. When checking out DME, it is important to not only verify its presence, but to also make sure it is in operating condition. When checking out medical supplies, you must also check for expiration dates on applicable items.

All BLS level ambulances may only stock BLS level supplies. If your unit has inventory that is not on your approved checkout list please contact your field supervisor. If it is FD equipment it must be returned.

All ALS level ambulances may only stock ALS level supplies. If your unit has inventory that is not on your approved checkout list please contact your field supervisor. If it is FD equipment it must be returned.

When an ambulance compartment medical cabinet gets fully stocked according to the required *Operative IQ* numbers, the compartment is to be sealed with a numbered breakaway tamper proof seal. The seal number is to be entered into *Operative IQ*. This means that you may update the *Operative IQ* systems information multiple times during your shift. This is to insure needles and medications on ALS units, as well as general medical supplies on BLS units are protected against obvious tampering.

When performing a daily checkout, you may bypass a sealed cabinet as long as the number on the seal matches what is recorded in *Operative IQ.*

The California Highway Patrol (CHP), *McCORMICK's* regulatory agency, requires that a daily checkout be performed and that the electronic checkout forms be kept on file to verify compliance. The CHP conducts random inspections and will also request records should any accident or lawsuit occur.

Most importantly, a properly performed *Operative IQ* ensures the ambulance's response ready status, both mechanically and medically. Failure to comply with this mandate and related documentation will result in disciplinary action.

If the vehicle needs to be taken out of service, you must also complete a *Shop Out of Service* (Form VM-108). The *Shop Out of Service* form is a checklist of common mechanical problems.

See also SOP 212: Shop Out of Service.

307.5 **Equipment Left at Facilities**
Effective Date: 9-29-2017 *Replaces: 12-15-2008*

Every effort must be made by the crew to recover and put back into service reusable medical equipment upon call completion.

In the event that this is not possible, the Communications Center must be notified when going available that reusable medical equipment has been left behind. If the unsuccessful recovery of equipment puts the ambulance out of service, the crew must also notify the on duty field supervisor.

If a crew finds equipment left behind by another *McCORMICK*, that equipment must be picked up, space permitting.

Medical equipment must be maintained in accordance with manufacturer policies and procedures. The process for reporting deficiencies and malfunctions related to durable medical equipment is outlined in *SOP 207.7: Vehicle/Equipment Failure*. It is the responsibility of the Paramedic Coordinator to oversee the maintenance and replacement of all advanced life support (ALS) equipment. It is the responsibility of the supply coordinator to oversee the maintenance and replacement of all basic life support (BLS) equipment.

MALFUNCTIONING EQUIPMENT

Any device used for the delivery of prehospital care must be inventoried and checked for correct operation on a daily basis by the employee assigned to patient care. Deficiencies, malfunctions or damage to medical equipment should be reported immediately to the on-duty supervisor or to the Communications Center and documented on the an *Incident Report* Be sure to include what shop number the equipment is from and the equipment's serial number or gurney number.

EQUIPMENT REPLACEMENT

Equipment that has been deemed not repairable must be replaced. A written request for equipment replacement should be completed by the supply coordinator and forwarded to the Operations Manager for approval. ALS equipment should be inspected by the paramedic coordinator on a quarterly basis. Recommendations for new or improved ALS equipment should be made through the paramedic coordinator.

EQUIPMENT MAINTENANCE

All equipment should be inspected and serviced annually or as recommended by the manufacturer. It is the responsibility of the paramedic coordinator to schedule and oversee the routine maintenance of all medical equipment used to perform advanced life support. It is the responsibility of the supply coordinator to schedule and oversee the routine maintenance of all medical equipment used to perform basic life support.

DURABLE MEDICAL EQUIPMENT

Mechanical and electronic equipment used in the direct care of patients shall not be repaired, disassembled or modified beyond the normal of routine preventive maintenance. Such maintenance shall be limited to cleaning, testing and the replacement of disposable adjuncts or accessories.

Manufacture recommendations' regarding vendor certified inspections, testing or repairs should be followed.

See also SOP 207.7 and Safety 5.80.

All in service ambulances are issued automatic external defibrillators (AEDs). It is the responsibility of the oncoming crew to check the AED on a daily basis and document their inspection within the OPIQ system. The crew must document the date, AED #, name and badge number of the driver and attendant and shift assignment. Furthermore, the AED's status indicator will be checked, and the presence of two (2) adult pads, one (1) pediatric pad, and one (1) razor will be verified.

Any missing items or problems must be reported to the on-duty supervisor.

Anytime the pads are attached to a patient, the crew must complete and submit the AED Usage form within the MeRS system.

If pads are attached to a patient , the AED is out of service until a field supervisor can download the info onto the Company computer, log the event in the AED Records File, and back it up onto a secondary storage USB device. Field supervisors should reference the electronic document titled, "AED Data Upload Process" stored within the AED folder within the Dropbox folder for step-by-step instructions on how to upload the AED data.