SAN JUAN ISLAND EMS (EMS)

POLICIES AND PROCEDURES

SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1

DBA SAN JUAN ISLAND EMS

DBA VILLAGE AT THE HARBOR

DBA VILLAGE AT HOME

APPROVED BY THE SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT BOARD OF COMMISSIONERS ON 1/28/2026

SAN JUAN COUNTY
Public Hospital District No. 1

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SAN JUAN ISLAND EMS (EMS) – AGENCY SPECIFIC

GENERAL - SAN JUAN ISLAND EMS

Note: *The District also relies on the San Juan County Medical Protocols set by the Medical Program Director which is equivalent to Policies and Procedures for the patient care and carry the further weight of regulatory authority. Where these Policies and Procedures may differ from the medical protocols the medical protocols should be followed.*

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SAN JUAN COUNTY
Public Hospital District No. 1

SAN JUAN ISLAND EMS

AGENCY SPECIFIC POLICES AND PROCEDURES

These agency policies represent a continuation of the Policies and Procedures as outlined in "Administrative Policies and Procedures" and "Personnel Policies and Procedures" for The District (SJCPHD 1, also known as The District). They are separate only for ease of use but are considered a single and coherent set of Policies and Procedures.

EMS.1 ACCOUNTS RECEIVABLE

The District follows all applicable procedures for accounts receivable as laid out in the Administrative Policies and Procedures. This policy is intended to clarify EMS specific issues.

EMS 1.1 Checks, Deposits, and Handling of Cash

All funds should be properly accounted for in accordance with best practices and the District's policies and procedures.

Procedures for "Checks, Deposits, and Handling of Cash"

Funds received directly by EMS come from three primary sources, and fees for these services are covered in the appropriate sections elsewhere:

- Medical Billing payments
- Outreach Program Classes
- Miscellaneous Payments, Donations and Grants

San Juan County PHD 1 as official treasurer for The District has established a holding account with for which all monies collected directly by EMS are deposited into and then transmitted to the San Juan County treasurer in accordance with the Administrative Policies and Procedures. All transmitted funds will appear on the monthly detailed revenue report.

All funds received by the District must be transmitted to San Juan County Treasurer's Office, at minimum, one time each week.

- All transmittals will be reviewed and approved by Chief prior to transmittal.
- A receipt will be written for all cash funds received.
- All transmittals will include a proof of payment remittance, receipt of a copy of the check itself.

EMS.1.2 Patient Billing and Fees

Consistent with best practices, this policy and its procedures establish procedures regarding ambulance services billing and collections. This includes patient services fee schedule, collections, resident waivers, charity/assistance policies and identification of non-billable runs.

It is the policy of the District and federal law (EMTALA) that no person will be denied treatment or transport to a definitive care facility, based on the patient's or patient's family's ability to pay for service.

It is the policy of District to pursue payment for ambulance treatment and/or transport services provided according to the fee schedule approved by the District's Commissioners. While claims for service will be processed based on the patient's individual situation (i.e.: insurance, self-pay, etc.), the patent is ultimately responsible for the total balance due. Billing practices will be in compliance with State and Federal laws; specifically Medicare, Medicaid, and HIPAA guidelines.

Levy Waiver Residents of the District who comply with reasonable requests shall not be responsible for any "out of pocket" costs due to insurance co-pays or the lack of insurance coverage. Frequent abusers of the system may be determined to lose their levy waiver, see "Patients with Frequent or Special Issues."

Procedures for "Patient Billing and Fees"

Use of a Billing Company

The District will establish a contract with a 3rd Party Billing Company experienced in EMS billing. It is the responsibility of Chief to recommend the billing company to the head of the administrative division (currently the Superintendent).

District Responders writing the Electronic Health Record (EHR) are responsible for obtaining all patient information necessary in order to facilitate the billing process. An EHR will be the tool used to record patient information and passed on to the 3rd Party Billing Company.

Submission of Billing

EMS will generally do the following to collect and submit information as needed for billing:

- Adequate insurance and billing information will be obtained by Responders at the scene or at the end of the call that will facilitate the effective and timely billing of the patient and/or their insurance. Information collected by crews is limited to name, date of birth, address, and phone number. Insurance eligibility is verified and processed by our billing company.
- This information will be properly collected and written in a legible form and presented with all necessary supporting documents.
- On ground transports, insurance information, if available, will be placed into the EHR before submission to supervisor review.
- Upon completion, Responders will place paper records (if available) in the HIPAA compliant receptacle and or within the EHR for further processing by administration.
- Office Manager or designee will scan and send these reports weekly to the billing company. The billing company has electronic access to our EHR and exports them for billing remotely on a regular basis.
- Patients and their insurance will be billed according to accepted legal standards of ambulance billing and collection practices.
- Billing fees schedules and changes will be approved by the SJCPHD 1 Board of Commissioners, and based on individual assessment including budgetary status and organizational needs assessment.
- While timely billing is a priority, the District shall not be responsible for patient copays and deductibles incurred by patients for other providers because of delayed or inadequate billing or failure to follow guidelines except in the case of gross neglect.

Collection of Accounts

The 3rd Party Billing Company is to make a reasonable attempt to collect all due accounts as per the guidelines below.

- Upon receipt of the EHR), the third-party billing company will setup accounts and enter charges within 3 days. Charges with sufficient information will be billed directly to an insurance company. Accounts

without sufficient billing information will be billed directly to the patient, with a form requesting insurance information. Secondary insurance, if any, will be billed after processing by primary insurance. Any balance that can be legally collected from the patient shall be billed directly to the patient after all insurance payments are received unless exempt as a levy waiver resident

- Payments on accounts will be mailed directly to the third-party billing company made and payable to The District. The third-party billing company will deposit payments received in a San Juan EMS Wells Fargo payment account. Payment remittances will be sent to the District office for all deposits made. The District office shall notify the third-party billing company of payments made directly to the District. The third-party billing company shall maintain account activity on each patient. Mutually agreed upon month-end reports of account activity and balances will be sent to the district upon closing of the month's billing.
- They shall send monthly statements to accounts with a private balance owing until the account is paid in full or determined to be uncollectable. The third-party billing company shall make four billing attempts to the patient. If no payment or contact is received after the second statement, phone contact shall be attempted prior to sending the third statement.
- The third-party billing company shall be authorized to enter into a payment arrangement with a patient in order to avoid further collection activity. Such payment arrangements will have no finance charges applied. The District reserves the right to revoke payment arrangements and assign all unpaid balances to collections if an extended payment agreement is in default.
- For accounts with a balance owing of $100.00 or more who have not responded, a collection notice will be sent with the fourth and final statement. The collection notice shall include the date that they must respond by to avoid collections. If no response is received, the account shall be turned over to the District's contracted collections agency for further collection activity. The account shall be adjusted off the District's accounts receivable balance. Accounts of $99.99 or less shall be returned to the District and adjusted off the accounts receivable balance.
- The District's contracted collections agency shall maintain current account activity on each account turned over for collection. Collection and payment procedures and activity reports shall be monitored as set forth in formal agreement between the Collection agency and The District. Accounts in collections for more than two years may be waived by the Chief.
- The District will not pursue the delinquent patient accounts of "DED" (dead in the emergency District or dead in the field) through the collection process. The residual charges of these accounts will be waived after the third-party billing company has utilized all of the usual methods of obtaining payment, short of a collection district.
- Hardship/Charity: Those individuals that are unable to make payments on the owed amount or are requesting a discount or payment schedule to pay the balance owed will be handled on a case-by-case basis. To be eligible to receive the service at no charge or a reduced charge the patient, or designee, must contact the Billing Company and request Financial Assistance from the District.
    - An application for Financial Assistance shall be completed by the patient and returned to the Billing Company. The Billing Company shall notify the District of the request.
    - Consideration of these requests will be given with regards to insurance available to the patient, circumstances of the call, financial resources available, and ability to arrange payment.
    - If approved by the Chief, the Billing Company shall resubmit an adjusted bill to the patient.

Fee Schedule

Rates and Fees are set as follows:

Rates and Fees Starting January 1, 2026	
ALS Emergency Mileage	$ 20.50
ALS Non-Emergency Mileage	$ 28.6
ALS1 Emergency Base Rate	$ 1,500
ALS 1 Non-Emergency Base Rate	$ 1,500
ALS2 Base Rate	$ 1,500
BLS Emergency Base Rate	$ 1,500
BLS Emergency Mileage	$ 28.6
BLS Non-Emergency Base Rate	$ 1,500
BLS Non-Emergency Mileage	$ 28.6
Treatment/No Transport	$ 200.00

Currently the District does not charge for treatment with no transport unless the patient is determined to be abusing the system (see "Patients with Frequent or Special Issues").

Non-Billable Transports And Treatments

The following EHRs are not billable and will not be sent to the 3rd Party Billing Company

- Cancelations
- District Assists with no transport (e.g. Jail Blood draws…)
- Refusal
- No Treatment
- Standby
- Cardiac arrests that are terminated in the field

Billing Audits

EMS will conduct periodic audits of the 3rd Party Billing Company to verify:

- All runs submitted to billing were received by 3rd Party Billing Company.
- All payments posted as paid were deposited and received by EMS
- All payments made by Levy were for District residents
- All refunds and adjustments were made according to policy.
- That the account balances

EMS will request and 3rd Party Billing Company will provide an evidence of billing audit for of monthly runs. These will be reviewed by the Chief.

EMS.1.3 Charges in the Event of Crimes

District residents will be required to pay their ambulance bill in full, negating the waiver from co-payments usually afforded, because of illegal activity when the San Juan County Prosecutor's Office has requested the District's bill for services under applicable State statutes, or system abuse by the patient.

Procedures for "Charges in the Event of Crimes"

1. When a finding or plea of guilty has been determined and a specific request has been made by the San Juan County Sheriff's Office and/or Prosecutor's Office, the District shall supply all legally required documents in reference to the incident in question including but not limited to:
   - EHRs

- Supporting administrative and/or billing records
- Copies of itemized charges as determined by the contractual billing company

2. These records shall be sent to the requesting legal agency in a timely manner.
3. The district shall see these as fully collectible as laws permit.
4. The rate shall be the same as that normally determined for any other call of the same or similar nature for a non-resident with out-of-pocket costs due the District as legally applicable.
5. This policy shall also apply to patients who have shown a pattern of "system abuse" as determined by the Medical Program Director and the Chief. These shall be fully collectible under applicable laws and the rate shall be the same as that normally determined for any other call of the same or similar nature for a non-resident with out-of-pocket costs due the District as legally applicable.

EMS.2 DRIVING AND VEHICLE OPERATION

Responders are also subject to the administrative policies and procedures on vehicles. This policy expands on the requirements for emergency operation of vehicles.

EMS 2.1 Responders Operating Emergency Vehicles

Candidates for approval as Emergency Vehicle Driver Operator (EVDOs) must be at least 21 years old and must demonstrate the ability and maturity necessary to prioritize safety and to satisfy all current requirements. Candidates must also possess a valid Washington State Driver's license, current clean WA DOL driving abstract, and a WA Fire Chief's Emergency Vehicle Incident Prevention (EVIP) credential.

While responding on an aid call, the fitness requirements apply to the operation of the personal vehicle being used to respond.

Procedures for "Responders"

Chief's Statement

EVDOs are stewards of our public image whether under emergency response conditions or not. Responding to any emergency call, the District places a great deal of additional responsibility on our EVDOs. Not only must we provide prompt conveyance of the vehicles, equipment, and Responders to provide service to those in need but must accomplish this task in the safest and most prudent manner possible.

Drivers have in their care most of the district's major assets including Responders, vehicles, and portable equipment. Drivers also enable the care of our sick and injured neighbors and visitors while leaving them with impressions about our district's service quality and integrity. As EVDOs, we must recognize the higher standard of care needed alongside the general motoring public and must make every attempt possible to provide due regard for the safety of others. We must constantly monitor and reduce the amount of risk and exposure to potential losses during each, and every, response. Safe arrival at the destination remains our first priority. To accomplish this enormous task, it's important for emergency vehicles drivers to become familiar with, and abide by, the following guidelines and procedures.

This policy incorporates a Safety Management System concept designed to improve safety outcomes through focus on multiple fronts including education, commitment to industry best practices, risk management principles, and safety culture and promotion. While there are safety education requirements that must be fulfilled and maintained, no amount of training or credential makes an individual safe. Safety is a choice, a commitment, and a mission. Everyone goes home.

Selection

Selection of students for EVDO training of fleet vehicles occurs after completion of clinical and operation FTEP. A Task Book process is utilized to improve and ensure skill, knowledge, and comfort with the duties of the position. Candidates may begin training and preparation prior to their 21st birthday.

This process is necessary to operate district vehicles but does not apply to Responders responding in their own vehicle to an aid call while following all traffic laws.

Currency

No EVDO shall operate an equipped emergency vehicle in Lights or Sirens mode without complete EVIP in good standing. Credentials include district membership, medical clearance, sign off from the Assistant Chief of Operations and Training, compliance with the district's driving record policy (see "Motor Vehicle License Check (Driving)" under the District's Responders Policies and Procedures, section "Employment with the Hospital District"), and a formal skills and knowledge review with renewal every 4 years. Responder's falling out of good standing must renew all credentials prior to operating Lights and Sirens.

This procedure is required to operate district vehicles but does not apply to Responders responding in their own vehicle to an aid call while following all traffic laws.

Reciprocity

Lateral district responders bringing emergency vehicle operator credentials from other jurisdictions or systems will be evaluated for preparation, training, and readiness on a case-by-case basis and cleared for service by the Assistant Chief of Operations and Training.

Fitness

All EVDOs shall maintain suitable physical and mental fitness when operating district Emergency Vehicles. Certain fitness elements may disqualify a responder from consideration as a EVDO altogether. Physical fitness includes longer term considerations such as adequate vision and hearing, a functioning nervous system, and the absence of debilitating conditions that may lead to loss of consciousness including some heart conditions, stroke, or epilepsy. Short term compromise from illness or injury may impede reaction time or dull senses. Mental fitness includes sufficient rest, lack of distraction, the absence of substance use disorders and some clinical behavioral health conditions. Fitness also includes the lack of influence of intoxicants, controlled substances, and medications that impair decision making and/or performance.

The District has a zero tolerance for operating Emergency Vehicles under such influence. A standard 8-hour intoxicant-free period before any vehicle operations is expected. The district may require medical clearance prior to endorsing driving privileges or at any time during a responder's tenure without cause.

This applies to the operation of personal vehicles while responding on aid calls on behalf of the District.

Personally Operated Vehicles (POVs)

Any district responder responding in a personal vehicle to any incident must carry acceptable proof of insurance and current registration in accordance with Washington State Law. No operational privileges or exemptions are provided, or implied, by Washington State or EMS in the operation of personally owned vehicles. The District does not endorse or approve of the use of green warning lights on POVs for District use.

Responders in POVs shall park where they do not impede the flow of emergency vehicles or scene operations and on the same side of the roadway as the accident when possible. POVs should leave their hazard lights on and vehicle off and secured when on scenes. POVs shall not be left in a hazardous or unsafe state which may impede the future flow of traffic or impact access to private property beyond the period of scene operations.

Fitness requirements apply to responding in personal vehicles as well (see above).

When responding in a personal vehicle, the responder is by definition not traveling Lights or Sirens. The responder will follow all traffic laws. Use of four-way flashers in private vehicles while responding to emergencies is unlawful. POVs MAY NOT follow emergency vehicle at an increased rate of speed and must pull to the right and yield right of way as all other traffic is expected to do.

Upon arrival at the scene, all POVs shall be parked where they do not impede the flow of emergency vehicles or scene operations. POVs shall not be left in a hazardous or unsafe way, which might cause an accident or block the normal flow of traffic, unless needed for scene safety initially. POVs shall utilize four-way flashers, with headlights off if there is a necessity to park in a non-standard parking space or at roadside. Great care should be taken to assure that arriving emergency Vehicles has the most plentiful and CLOSEST access to the patient and the scene as possible.

EMS.2.2 Vehicle Operations by Responders

The priority of vehicle operations is safety.

Administrative policy and procedures "Employment With The Hospital District" defines acceptable driving records for all Responders. Where the WAC or RCW is stricter than the District's Policies and Procedures for EMS Responders, the law or WAC should be followed.

Procedures for "Vehicle Operations"

Pre-Departure

Operations from established quarters should focus on response preparation, crew loading and preplanning. In advance of calls for service, fleet readiness must be ensured through daily inventory, vehicle inspection and maintenance, weather evaluation, route planning, and ensuring the safe loading of duty staff and other riders prior to movement. Accommodation for inclement weather may include scouting, modified route selection, reduced speed, use of AWD, drop chain use, placement of snow chains, and similar traction and safety systems. Every EVDO must understand such systems and know how to utilize them. For all operations, EVDOs should consider whether their skill levels and fitness are matched with the mission and driving conditions.

Emergency response routes shall be pre-selected prior to the emergency vehicle responding. KNOW EXACTLY WHERE YOU ARE GOING BEFORE YOU RESPOND! Four basic factors to be considered:

1. Location of emergency, its entrances and exits.
2. Events affecting traffic flow-construction, power lines down, etc.
3. Characteristics of local roads and streets.
4. Road conditions, time of day (school zones, community events, etc.).

Prior to any patient transport, the EVDO must complete the Pre-Run Checklist. This includes the following:

- Tires appear intact and inflated
- Exterior Compartment Doors closed
- Fuel, Gauges in working order and adequate amount of fuel for the response
- Portable Radio in their possession
- Seat Belts secured
- Garage Door fully opened
- Full Walk around of Vehicle, including under the vehicle.
- Before pulling out of the bay ensure that the auto-ejector for the charging cable has disconnected

Circle of safety

Prior to entering the cab and starting the vehicle, EVDOs must make a circle of safety around the vehicle to see that all equipment is secured, all compartment doors are securely closed, and any physical obstructions are moved out of the way. During the circle of safety, visually inspect all four sides, the underside, and the overhead of the vehicle before entering the cab. This procedure shall be completed prior to moving the vehicle regardless of whether the vehicle operation is Lights and Sirens or not.

Use of Occupant Restraints: Responders

Seat belts shall be worn by each occupant while any emergency vehicle is in motion. Unrestrained movements of team responders may be necessary for essential patient care, but such operations shall be minimized. The EVDO will verify that Responders are properly seated and in seat belts before the vehicle is moved and will be notified underway by anyone deviating from this guideline. Standard verbal communication will be utilized between crew responders regardless of the presence of additional onboard safety technology.

Use of Restraints: Patients

Patients shall be secured with all available safety harnesses connected to an Vehicle stretcher that does not inhibit care. A minimum of three adjustable belts at the chest, waist, and legs will be utilized with additional shoulder-style belts placed whenever not impeding care or prevented by field packaging. Coverings, bedding, packaging, restraints, care equipment and belongings shall not obscure the visualization of safety equipment, including belts, at any time. Complex incidents requiring transport of multiple patients in one Vehicle will utilize any seatbelts or harness available to secure the patient(s). Transport of supine, prone or laterally positioned patients on the passenger-side bench shall be minimized. Additional safety equipment designed to limit the movement of unsecured kits and medical devices will be utilized and not modified or defeated.

The transport of pediatric patients shall utilize the dedicated commercial restraint device in inventory. Unsecured pediatric patients transporting in a parent or caregiver's arms, or lap is not authorized.

Distracted Driving

Responders should avoid use of a cellphone, even when hands-free, for any reason by the EVDO except when it is an emergency and another crew responder is not able to assist.

Restrict conversation between crew responders to only operational tasks during a patient transport and whenever the vehicle is in emergency response mode.

Prohibit the EVDO from using the radio unless another crew responder is unable to operate the radio and it will not cause the driver to become distracted.

Prohibit the use of earpieces or headphones, except an employer-provided radio headset, while driving the Vehicle.

Requiring the GPS, whether onboard the Vehicle or on a smartphone, to be set before the vehicle is in motion and for the EVDO to safely pull over to the side of the road if changes need to be made enroute.

Lights and Sirens Response

When responding to a true emergency, audible and/or visual warning devices will be operated when the public and other Emergency Vehicles are, or might be, present regardless of time of day and/or traffic conditions. Such responses will be referred to as "Lights and Sirens." A response to an emergency call without lights and sirens is referred to as "No Lights or Sirens" response.

Lights and Sirens responses in Vehicles are required to have two responders seated in the cab. If the EVDO is in training, a certified Emergency Vehicle Driver Trainer (EVDT) must be in the attendant in charge seat at all times to coach and mentor.

Understand that warning devices are not always effective in making other EVDOs aware of your presence. Warning devices only request the right-of-way, they do not assure it.

The discretion of the use of Lights and Sirens rests exclusively with the EVDO. They are the ones who will be held civilly and criminally liable should a collision occur. It has been proven in our industry the use of Lights and Sirens does not save a lot of time and the emphasis should be on deploying after dispatch within our required 60 seconds daytime and 180 seconds nighttime for high acuity responses.

Lights and Sirens use for non acuity calls, such as IFTs, lift assists, welfare checks, blood draws, non injury motor vehicle collisions, marine calls, BLS medical emergencies is not recommended and adds increased risk.

Responding with Lights and Sirens for high acuity calls during the summer time down Spring Street into downtown Friday Harbor should be avoided if at all possible, due to the congestion of vehicle and pedestrian traffic. Attempt to use side streets.

- The EVDO should avoid operating radios, reading maps, or conduct any activity other than driving.
- Generally, the Attendant-In-Charge (AIC)/Officer in the right seat should operate the siren, though the operations of the Vehicle in motion are under the control of the EVDO. The EVDO may switch the siren control to “HF” (“hands-free”) so that they can operate the siren using the steering-wheel controls.
- The AIC shall operate the radios, talk on the radios, operate the siren controls (except as noted above) and do the map reading.

Give sufficient notice and consider reaction times when operating this equipment. Audible warning signals include various siren patterns and pitches, horns, and public address speakers. EVDOs are expected to utilize these, or direct their use, for maximum public notice. This includes when stopped or standing against the normal flow of traffic or while exercising exemptions.

Siren patterns should be altered during approach to intersections and on approach to unseen portions of roadway for maximum effectiveness and reasonable notice. Headlights shall be utilized whenever an emergency vehicle is in motion. Use of white or directed lighting should be minimized on roadside incidents in the presence of other traffic due to glare and distraction.

An ambulance operated by a single EVDO with no EVDT or AIC will respond No Lights or Sirens.

Vehicle control and right-of-way

Attempt to maintain control of the vehicle in a manner that provides the maximum level of safety for both the passengers and the public. Be aware that civilian vehicle operators may not react in the manner that is expected or felt to be appropriate. Attempt to have options available when passing or overtaking vehicles. If another vehicle operator fails to yield the right-of-way to an emergency vehicle, the EVDO cannot force, or assume, the right-of-way. Due Regard must be exercised during responses.

EVDOs must manage rate of closure on other vehicles and pedestrians to make sure an appropriate approach speed and/or safe following distance is established and maintained. One safe following distance convention allows one second of following distance for every 10 feet of vehicle length for speeds under 40 MPH and add one additional second for each 10 MPH for speeds over 40 MPH.

Response speeds

When responding to an emergency, EVDOs shall conduct the emergency vehicle with judgment rather than speed. Speeds in excess of 15 MPH over the posted speed limit can be dangerous in Vehicles, rarely produce faster patient contact times, and should be avoided unless extenuating circumstances exist.

Conditions requiring slower response speeds include but are not limited to:

- Complex patient care scenarios in the treatment area
- Road hazards
- Inclement weather
- Poor visibility
- Poor traction
- Heavy or congested traffic conditions

Intersection Practices

Take extreme care when approaching any intersection as they are the locations responsible for a large percentage of major accidents involving emergency vehicles. EVDO are required to practice the District's intersection operating guidelines during all emergency responses.

Controlled intersections - any intersection controlled by a stop sign, yield sign, yellow traffic light or a red traffic light - requires prudent action by the emergency vehicle driver. Consider the following steps:

- Do not rely on warning devices to clear traffic.
- Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast, etc.) and driver options.
- Begin to slow down well before reaching the intersection and cover the brake pedal with the drivers' foot. Continue to scan in four directions (left, right, front, back).
- When approaching a traffic signal, be aware of "stale" green lights or yellow caution lights, begin to slow and prepare to stop as these will be turning red.
- Change the siren cadence around 200' from the intersection.
- Scan the intersection for possible passing options (pass on right, left, wait, etc.). Avoid using the opposing lane of traffic if possible. Consider using the lane of least resistance that is consistent with your intended direction of travel.
- Anticipate that motorists move to the right when recognizing an emergency vehicle underway and may complicate intersection travel
- During emergency response, bring the vehicle to a stop for the following:
    - When directed by a law enforcement officer
    - Red traffic lights with any obstructed sightlines for oncoming traffic
    - Stop signs with any obstructed sightlines for oncoming traffic
    - Negative right-of-way intersection
    - When the driver cannot account for visible traffic in multiple intersection lanes
    - When other intersection hazards are present
- Establish eye contact with other vehicle drivers, have partner communicate all is clear, and reconfirm all other vehicles are stopped.
- Account for traffic one lane at a time, treating each lane of traffic as a separate intersection.

Uncontrolled intersections - any intersection that does not offer a control device (stop sign, yield or traffic signal) in the direction of travel of the emergency vehicle - complete the following:

- Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast, etc.).
- Observe traffic in all four directions (left, right, front, rear).
- Slow down if any potential hazards are detected and cover the brake pedal with the driver's foot.

- Change the siren cadence around than 200' from the intersection.
- Avoid using the opposing lane of traffic if possible.
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Non-emergency Response

When responding to an incident or transporting a patient No Lights or Sirens, EVDOEVDOswill not utilize audible or visual warning devices and will comply with all state motor vehicle laws that apply to pedestrian traffic.

Ordinary travel procedures

When not responding or transporting emergently, all EVDOs of District owned vehicles will obey all traffic laws and traffic control devices and give normal right-of-way to other emergency vehicles in emergency mode.

Frequently observed driver habits include incomplete stops at intersections, failure to use turn signals, failure to cede right-of-way to other traffic, inconsistent use of backers/guides, and excessive speed.

Any driver observed breaking any traffic laws or driving any vehicle in an aggressive manner, including those that are personally owned, will be subject to disciplinary action including suspension of driving privileges.

Ride Along/Rider policy

During emergency response or transport, occupants of District vehicles shall only include district responders, partner-district staff, patients, legal guardians or caregivers, and/or family or dependents of patients pre-approved by the Chief, Assistant ChiefRoutine transports of other individuals shall be avoided or accomplished by private vehicle, public transit or partner agencies.

Observers may be approved by signing the appropriate form and being authorized by the Chief or Assistant Chief.

Backing

The District recognizes that backing emergency vehicles is hazardous because the EVDO lacks visibility with numerous blind spots and poor turning characteristics. Avoiding the need for backing whenever possible is recommended. When necessary, use one of the two following measures:

The District's first choice of backing procedures is to have a backer in place near the rear of the vehicle before the vehicle is put into reverse and moved. It is important the backer is always positioned safely in view of the EVDO. If at any time the EVDO loses sight of the backer, they shall stop immediately until visible again.

If conditions exist that make use of spotters impossible, first conduct a circle of safety to ensure that no persons or hazards are directly behind the vehicle or in its intended path of travel, all equipment is secured, all compartment doors are closed securely, and that any physical obstructions are moved or can be avoided.

Emergency Scene Operations/Highway Safety

EVDOs are responsible for the reasonable staging of Emergency Vehicles on incident and roadside scenes. Operational goals of patient access, stabilization, packaging, and transport must be weighed against responder and public safety.

Vehicle staging should accommodate safe access to doors, compartments, and equipment including the unloading and loading of gurneys. Considerations for crash protection zones, safe footing, sufficient lighting, and visibility to other motorists, must be addressed early and adjusted as needed on roadway incidents.

Fend-off orientations should be used on roadway scenes to limit exposure from other motorists. EVDOs shall ensure the use of ANSI approved reflective/breakaway vests by all EMS Responders and shall assist Incident

Command in establishing traffic control as needed. Vehicle lighting, cones, flares, traffic paddles, and all other vehicle-equipped inventory should be utilized as needed in safety promotion on roadside incidents.

Emergency vehicles should remain running unless contraindicated by exhaust hazard or other reason. Vehicle should remain lighted with emergency lighting and directional lights when blocking roadway or otherwise parked in a non-traditional way. Lighting should also continue to be utilized when it may alert other responders to the presence of the scene.

Accident Procedures and Reporting

The following procedures apply to District vehicles involved in accidents and/or discovering other accident events during routine business. Careful documentation of involved accidents is essential and must be timely.

1. It is the responsibility of each EVDO to report immediately all accidents to the Assistant Chief, or if unable to reach, will notify the Chief at the time of the incident to ensure the proper investigative measures are conducted Investigations will not be conducted by the crew involved.
2. It is the responsibility of the involved EVDO to complete all the required forms immediately following the incident, which is located in the glove box and on the Safety Boardt.
3. This includes documenting the following on scene and notifying the Sheriff's Dispatch of:
    - Exact location of the accident.
    - Nature of the accident: pedestrian, two-car, etc.
    - Number of injuries and assistance required: aid car, tow truck, etc.
4. The Vehicle involved will render assistance or aid to the injured.
5. The Vehicle involved will continue response to the dispatched emergency only under the following conditions:
    - A mechanical evaluation of the vehicle to determine that any damage incurred will not affect vehicle operation.
    - The assignment of one responder with radio and a first-aid kit to render assistance, initiate accident investigation, and await backup response as staffing allows.
6. Vehicles will be placed out-of-service under the following conditions:
    - Serious injury or suspected death.
    - Serious damage to property.
    - Damage to the Vehicles where, in the opinion of the driver, the vehicle cannot safely continue response, i.e., damage to steering, brakes, lights, etc.
7. If the vehicle is unable to respond to the emergency, leave in place until released by the Sheriff.
8. Evaluation of the accident will include;
    - Names, addresses and phone numbers of any witnesses.
    - An urging of witnesses to remain on the scene until the deputy arrives.
    - Caution in making any statements which may be construed as admitting guilt or laying blame for the accident.
    - If the Vehicle is in-service and comes upon an accident, they are to stop, call it in, render aid and transport if able.
9. If the scene of the call requires additional resources not available with the current team or vehicle, additional response should be requested through Dispatch.
10. After the completion of the call, the EVDO involved in any accident will immediately undergo a blood and/or urine drug test for the presence of alcohol and or other legal or illegal substances which may have impaired the safe operation of the vehicle at PIMC ER under the direct supervision of the Assistant Chief or Chief

Sterile Cab

To maximize safety for all Emergency Vehicle operations, responders should prioritize keeping cab areas clear and organized. Clutter, personal gear, and even response equipment can inhibit or prevent access to essential vehicle controls and become hazardous during unplanned movements or accidents. Dashboard areas must be kept clear of loose objects.

All equipment including flashlights, map books, marker bags, PPE and vests should be secured when not in use. Distractions including OEM radio use, food, and use of cellular telephones and navigational aids should be minimized generally and must be avoided by EVDOs.

Weather Planning/Accommodation

When severe weather is threatening, the responders on duty shall keep apprised of the changing weather situation and make necessary plans and or arrangements for the safe and effective response of District Vehicles at their discretion.

When snow is to exceed 3-4 inches, use of chains should be considered. Maximum speed with chains or cables is 35 MPH, regardless of road conditions. Vehicles shall be routinely outfitted with all weather year round as per the Washington State Patrol emergency vehicle recommendations. Vehicles should be operated in 4x4, as needed and as available, with speeds appropriate for road conditions and weather.

The Shift Captain shall determine the appropriate Vehicles for response given weather and road conditions and may adjust normal response guidelines to increase safety for patients and responders.

Special Considerations

School buses - When approaching a school bus which is displaying flashing lights to load or unload passengers, all emergency lights and siren shall be switched off and the Vehicles brought to a complete stop until such time that the bus ceases to display its warning signals and all pedestrians are clear of the roadway. Bus operators may provide hand signals to further direct Emergency Vehicle movements.

School Zones - While responding Lights or Sirens through a school zone, all lighting and sirens are to be in continuous operation, but with enhanced attention to the movements of people and vehicles.
Responders should never exceed the posted school speed limit under any circumstance. A stopped bus with lights and it's stop sign deployed should never be passed – a school bus right of way trumps emergency vehicles as children may be crossing.

Hazards - All vehicle operations around atypical road hazards, including but not limited to pedestrians, bicycles, domestic animals, mounted horses, and agricultural/construction equipment, etc., must be conducted with increased caution, attention to due regard, and accommodation. EVDOs must anticipate the need to cede sufficient spacing, the possible actions of other drivers, and the ability to stop, if necessary, particularly with oncoming traffic. Road segments with limited view lines, blind corners, intersections, adjoining activity areas, and high traffic zones require extreme caution, especially during adverse weather, low light, and poor visibility periods. The addition of emergency response mode greatly increases risk and must be factored into decision making. Sufficient notice and temporary reduction to non-emergent operation may be utilized by the EVDO when audible signals and lights might increase unpredictable actions from these hazards

Exhaust – While modern fleet vehicles are much improved, internal combustion engines produce harmful exhaust that can persist in interior air and on surfaces for long periods. Generally, vehicles operating in emergency response will remain powered on to ensure sufficient power supply of lights and portable equipment and to heat or cool treatment space. EVDOs should ensure minimal idle times in and around quarters, healthcare facilities and other occupied structures accordingly.

Parking brake - The parking brake of an emergency vehicle shall be set any time the vehicle is not in quarters.

Lights or Sirens Transport

Lights or Sirens transport is generally avoided. It may occur when deemed necessary based on patient acuity in the judgement of the EVDO.

An effort should be made to have a second EVDT or EVDO in the AIC right seat position in the vehicle during any Lights or Sirens transport, especially if outside daylight hours, though this may not always be possible.

Cross District Vehicle Operations

Responders from other agencies are not authorized to operate our vehicles. Incidental movement of District SUVs on scene is permitted by a partner agency with permission from Incident Command or the senior officer at all times using responsible judgement and discretion.

EMS.2.3 Non-Medically Trained Drivers

The WA Department of Health allows for a rural exemption that permits non-medically trained drivers to operate Vehicles (RCW 18.73.150). This must be included in the District's license to provide EMS services.

Non-medically trained drivers must meet all the operating requirements Responders as outlined below with a few exceptions and special rules, outlined in the following procedures. They must also meet all Responders requirements, e.g. background checks, drug tests, etc., as required for other responders and Responders.

Procedures for "Non-medically Trained Drivers"

Initial Training

The EVDO must undergo the following training provided by the district and complete the associated certifications:

- EVIP, including completion of the course, driving practice, and road evaluation.
- HIPAA training
- Infection Control training
- Hazard Materials Awareness (HMA) training
- Advanced First Aid and CPR Training (High Performance CPR required)
- NIMS training via FEMA: 100, 200, and 700, 800 (may be completed within six months of enrollment)
- Radio usage orientation
- Prior to responding as an EVDO, all required trainings must be complete, and the non-medically trained driver cleared for duty by the Assistant Chief.
- Completion of the EVDO Task Book.

Ongoing Training

New EVDOs are required to complete the EVDO Task Book in their first year. All EVDOs are required to complete at least 2 hours of non response drive time supervised by a EVDT, recorded on their log, and attend an EVIP refresher once in the 4 year EVIP certification cycle.

- Assist in providing CPR care and first aid if necessary but within the bounds of their certification and ideally under direction of EMTs and paramedics except in extremis.

EMS.2.4 Service Animals in Emergency Vehicles

On occasion a patient may have a service animal. The overwhelming factor which must govern the provider's determination on transporting a service animal is the district's requirement to comply with the ADA, weighed against any objectively real risk to the patient or crew. Due to ADA regulations, only clear and compelling concerns for the

patient or crew responder's safety should be utilized in denying transport of any service animal (with the patient). Absent of documentation of clear and compelling circumstances supported by objective factual criteria, the service animal and patient should remain together for transport.

Responders should be guided in determining whether service animals should be transported with the individual or whether alternate methods of transporting the service animal should be utilized.

Procedures for "Service Animals on Emergency Vehicles"

The following considerations should be reviewed when dealing with service animals:

- Service animals must be certified and handlers must produce certification on request to be considered for transport.
- District vehicles, PIMC, and the air transport services do not have cages to transport or hold service animals.
- Service animals, for example, guide dogs utilized by visually impaired persons or other animals assisting persons with disabilities, shall be permitted to accompany the patient unless the presence of the service animal is anticipated (based on clear and perceptible factors) to disrupt emergency or urgent patient care. If there is a clear and perceptible basis for responders to believe that the safety of the crew, the patient or others would be compromised by the presence of the service animal then alternate transportation must be arranged if the animal is not taken in the same vehicle with the patient.
- Responders should assess the level of care required to provide competent medical attention to the patient and assess the service animal for transport continuity.When all facts pertaining to the matter clearly establish that the presence of a given service animal in the squad will interfere with patient care or jeopardize the safety of the crew or the patient, arrangements should be made for simultaneous transport of the service animal to the receiving facility. In such cases, unless emergency conditions dictate otherwise, absolutely every effort must be made to reunite the patient with the service animal at the time of the patient's arrival at the destination.
- Acceptable alternative methods of transporting a service animal include, but are not necessarily limited to, a family responder, friends or neighbors of the patient, deputies, or other Responders with the district. Attempt to obtain and document the consent of the patient for transport of the service animal by such person. If you are unable to accomplish transportation have additional manpower respond to transport the service animal.
- Responders should document instances where the patient utilizes a service animal, and should document on the EHR whether or not the service animal was transported with the patient. If the service animal is not transported with the patient, you must document the specific clear factual circumstances under which the decision was made and the clear and compelling reasons why such decision was required under the circumstances, and you must further document the means of service animal transportation, including when the service animal was reunited with their owner, if known.

EMS.2.5 CPR During Transport

The District has a responsibility to provide excellent patient care while also providing for the safety of responders. Responders should balance the need to provide active chest compressions and the increased risk to responders as this may require the removal of safety restraining devices to provide that care.

Procedures for "CPR During Transport"

- CPR will not be performed in emergency vehicles unless the patient deteriorates into cardiac arrest during a transport.

- The EVDO will stop in a safe area and discontinue the transport. The EVDO will contact Dispatch for an ALS CPR assignment, which will include All Agency Tier 3 pages for our District and SJIFR, and a SJCSO response.
- The transport will continue once the patient has ROSC and an air transport transfer will take place.
- If the patient is pronounced dead in the field, Evans Funeral Home will meet the emergency vehicle in a jointly agreed upon location.

EMS 3: EQUIPMENT AND FLEET

Responders must be prepared to meet a variety of emergencies and be prepared to address them competently and capably. This policy establishes procedures for maintaining equipment and fleet at a state of full readiness.

EMS.3.1 Emergency Response Rig Checks and Maintenance

District Responders should maintain supplies, patient care equipment, and vehicle readiness at all times.

Procedures for "Emergency Response Rig Checks and Maintenance"

Rig Checks

In general, there are four kinds of rig checks:

1) Post Call Re-Service – after a call, all supplies used should be replaced, vehicle cleaned, and otherwise restored to its prior fully-functional condition
2) Daily Rig Check – Responders will check the Vehicles are each fully operational and no defects noted on sirens, lights, tires, etc.
3) Weekly Rig Check –technical rig check performed by the fleet liaison EMT
4) Monthly Rig Check / Outdates – Once per month all of the supplies and medications should be checked for outdates, as well as all consumables

Command staff and others responding using District Vehicles will be responsible for their assigned vehicle.

Line staff are responsible for all Vehicles, not just the first out Vehicle.

Process for Rig Checks

The following procedures should be followed for rig checks:

1. Shift Captains will assure each vehicle is comprehensively checked
2. The EVDO will check and initial the daily rig check sheet.
3. The Assistant Chief and Shift Captains will track compliance and review rig checks for deficiencies to be corrected, scheduling regular and corrective maintenance and repair as needed.
4. Any deficiency that would decrease safety or operation of the vehicle for its intended purpose should be immediately reported and recorded on the Blue maintenance form (or other form as directed) and sent to the Assistant Chief, Logistics Officer, or Chief and/or the fleet manager (Fire Fleet Maintenance)
5. All Vehicles should be electrically plugged in and charging whenever possible, including while at the station and at home.
6. If the vehicle is to be placed out of service for greater than 24 hours, it should be secured at an EMS Station unless otherwise approved by the Chief or Assistant Chief. Regardless of location, the above actions are to be completed prior to the vehicle being placed out of service.
7. When not in operation, the vehicle is to be locked or behind locked doors (e.g. the bay doors). Narcotics should be locked and secured at all times in the station safe when they are not in use by a a District Paramedic.

8. All vehicles are to be cleaned inside and out as needed and at minimum of at least daily. Vehicles are a visible sign of our professionalism and a sign to our community we take pride and care for their public dollars and resources.
9. Vehicles are District property and are not considered a benefit of employment but as a necessary tool of the District.

EMS.3.2 Equipment Preventive Maintenance and Repair

Preventive inspection and maintenance should be performed for all District Vehicles and equipment, and an accounting should be done of this work.

Procedures for "Equipment Preventive Maintenance and Repair"

The Assistant Chief or the EMT Fleet Liaison will inspect District vehicles and capital equipment according to manufacturer recommendations at intervals to meet or exceed manufacturer scheduled maintenance guide recommendations. Vehicle inspection, maintenance, and repair is to be accomplished by a certified Emergency Vehicle Technician (EVT) when dealing with major systems and mechanical components.

An appropriate maintenance schedule will be determined and recorded in an appropriate program or mechanism for equipment maintenance and repairs for each piece of equipment. Routine inspection of all vital equipment shall occur on a schedule devised, maintained, and monitored by the Assistant Chief or the Chief.

When any piece of equipment is found to be misplaced, defective, in need of repair, damaged, or sent with a patient to the mainland, the event will be recorded on the Blue maintenance form and sent to the Assistant Chief, Logistics Officer, or Chief and/or the fleet manager (Fire Fleet Maintenance)

If a "vital" piece of durable equipment is damaged, malfunctions or is destroyed or misplaced, the Assistant Chief is to be immediately contacted for further determination or action.

EMS.3.3 Vehicle Security

The security of the Vehicle and its contents are paramount to patient and crew safety. Therefore, care providers must be aware of the surroundings and condition of the Vehicles and other emergency vehicles.

Procedures for "Vehicle Security"

Vehicles will be kept in a locked Vehicle bay, next to the Vehicle bay, or otherwise as secure as possible.

- Vehicles will be kept locked at all times and plugged into electricity when possible. If left in an unsecured area for an extended period of time, narcotics will be removed and locked in the station safe.
- Any flagged item or area of security/safety concerns will be brought to the immediate attention of the Assistant Chief, or Chief.
- If a vehicle is ever suspected to have been broken into or items missing, it will be taken out of service and fully inventoried to be sure that it is put back into service. LSJCSO will be notified if appropriate.

Care should be taken to ensure the parking lot has adequate lighting and doors to the station are secured.

EMS.3.4 Assigned Vehicles

Certain responder such as the Chief, Assistant Chief, Logistics Captain, and On Call EMTs may be assigned vehicles where District resources permit. Procedures should be in place to ensure accountability and return on investment for the District.

Procedures for "Assigned Vehicles"

Responders should follow the following procedures:

- Vehicles should be maintained by the fleet manager, currently Fire Fleet Maintenance LLC. The responder will need to make it available to the fleet manager when requested.
- Responders should ensure their equipment is in working condition and up to date; any medications issued are not outdated, any narcotics secured consistent with District policy
- Vehicles should be cleaned regularly to present the best possible face to the public
- If an responder is issued a vehicle it is intended to be used for District purposes. It may be used as follows: (a) professional use on or off island (b) commuting to and from the responder's home, and (c) reasonable personal use on island provided that during such personal use the responder is able to respond to emergency incidents.
- Should not operate District vehicles if they are at all impaired or even a single drink of alcohol in the last eight hours. This needs to be consistent with the EVDO fitness standards.
- Do not permit nonresponder District responders to operate the vehicle.
- The responder may have non Responders in the vehicle, but may not transport patients in the vehicle; because the responder must be able to respond on an emergency, minors (or adults) who can't be left on their own or trusted to remain safely in the vehicle on a call should not be given rides in the vehicle unless another adult is present who can care for them in the absence of the responder.
- On Call EMT SUV Check Out Procedure
- Check in with Shift Officer
- Shift Officer issues keys and radio
- Check out portable radio
- Passport on whiteboard and SUV
- Transfer personally issued BLS kits to SUV
- Perform mechanical rig check
- Fuel and wash rig as needed
- Radio Call Sign: EMT Last Name
- End of shift: Park & plug vehicle in
- Passport off whiteboard and SUV
- Turn keys/radio into Shift Officer
- Record hours on Stipend form

EMS.4 MARINE RESPONSE

Most responses on an island outside of San Juan will precipitate a marine response with a partner district, whether a Fire District, SJCSO, DHS CBP, USCG, USN, ALNW, LFN, IAA, WA State Parks.

Procedures for "Marine Response"

Primary Response Zone: In-District Outer Islands Coverage

The District has a duty to respond and provide EMS services to the outer islands within the boundaries of the District. This includes the inhabited islands of Brown, Henry, Pearl, Spieden, Johns, and Stuart, as well as numerous smaller islands.

In the event of a call to an outer island within the District:

- Dispatch will page a District All Agency Tier 3 to meet at either the Port of Friday Harbor to staff SJCSO Boat 1 or Jensen's Marina to staff SJIFR Boat 31
- The Shift Captain/Paramedic and Lieutenant/EMT will respond as soon as practical No Lights or Sirens to the designated marina.
- The Shift Captain will fill the appropriate ICS role as needed for the incident type.

- The Shift Captain will determine the level of response needed in coordination with the IC, MPD, RP and the Command Officer of the day. It may be appropriate to stage, awaiting for an air transport agency to first arrive, send only a BLS response, or cancel our response, as the situation dictates.
- The Command Officer of the day will find and provide backfill and manage the EMS system on San Juan Island.

Secondary Response Zone: Out-of-District Outer Islands Coverage

The District will support a response outside of its primary response zone when possible, and at the request of the Sheriff's Office, but it should be within the District's secondary response zone of San Juan County.

- There is no duty to respond outside of the District's primary response zone. Any response is subject to conditions and the availability of resources, both for the response itself, and for backfill to the District on San Juan Island.
- If ALS is requested, the Command Officer of the day will attempt to find ALS backfill for San Juan Island. If none is available, a BLS only response will be considered.
- If backfill for a BLS response is not possible, or inadequate crew for the boat is not available, then the mission should not be attempted.

San Juan County EMS MPD Medical Protocols Marine Response:

These protocols should be followed:

- Safety Guidelines for all Marine Responses
- Responders should preplan at the EMS Station for water, food, clothing, dry suits, and any other extrication equipment needed for extended operations.
- Four responders are required to respond via boat, and at least two should be District responders.
- SJCSO Boat 1 at the Port of Friday Harbor is the primary vessel to be used for response. SJIFR Boat 31 at Jensens Marina is the secondary vessel to be used for response. Other boats may be used if conditions dictate. If the standard boats are not able to respond (weather, crew, etc.), and customary airlift resources cannot respond (Airlift Northwest, Life Flight, Island Air), then mutual aid resources should be contacted such as US Coast Guard, US Navy, etc.
- The highest certified EMS responder will contact the reporting party and determine the type of response needed.
- The Captain of the marine vessel shall retain final authority in regard to safety and conduct of the boat, crew, passengers.
- All Responders are required to have a WA Boater Safety certification and trained in the safe operation of the boat or be confined to a safe zone of the boat under the direction of the boat's Captain.
- Responders will wear a Personal Flotation Device (PFD) at all times while in the boat or while transporting the patient on a dock or beach or near water. If on an open boat, consider the use of an exposure suit. District vehicles are equipped with extras for all responders.
- Patients are required to wear a PFD. They also should only be secured with the stretcher chest strap in case of a stretcher capsize and immersion for self rescue.
- Before departing the marina for a response, a response route should be determined, and an evaluation should be made to ensure that conditions are safe for a response on the travel route. Environmental conditions such as wind, tides, currents, etc., should all be considered.
- The Shift Captain/Paramedic makes the final determination on whether it is sufficiently safe for responders to launch. Any responder may cancel the mission by indicating they feel it is unsafe.

- Amber GAR scores higher than 24-44 will be assessed by the boat Captain will be communicated to responders for a determination of responding. Responders will not respond when GAR scores are Red over 44.
- The responding crew should check with any partner agencies who are also responding to establish communications protocols and coordinate response to the extent possible using the ICS.
- Key equipment may be kept on the vessels to ensure a response ready asset, but should be checked regularly for functionality.

Transport of Patients

Many marine responses will result in supporting a medevac from the destination island. However, it may be necessary to transport a patient by boat, whether from an outer island or from San Juan Island due to the lack of other transport resources. The following parameters are intended to help with such decisions:

- If it is appropriate for patient care, if there is an available resource, and the patient can be safely transported to an adequate airlift landing site on the outer islands, then the patient should be evacuated directly from these islands by air and not transported by boat.
- If the patient is transported by boat, the patient shall be taken to the most appropriate destination as determined by the Shift Captain/Paramedic on scene, in consultation with medical control and Dispatch as necessary. Travel all the way to the mainland is permissible, if necessary, but generally the closest and safest destination that still provides adequate care to the patient is preferred.
- In the event of a patient with violent or criminal behavior, a Deputy from the Sheriff's Office will be requested to accompany Responders to outer island calls.
- The Shift Captain/Paramedic will gather all the facts concerning the incident:
    - Reporting party's name, phone #, contact info, insurance
    - Patient's age, sex, and weight
    - The location of patient
    - The location of nearest LZ/RP
    - Local resources, e.g. transport, foot path vs car/truck/Vehicle/golf carts/ATV
    - Other metrics as needed for the EHR
    - Information needed for billing: mileage, Responders, equipment/supplies/medications consumed.

EMS.5 MISSION AND VALUES

San Juan Island EMS is a part of the hospital district and shares the strategic vision of the broader District. EMS also has its own mission and values within that broader framework.

EMS.5.1 Mission

San Juan Island EMS mission is to serve our community before, during, and after an emergency. We strive to exceed the expectations of our unique island community by upholding the values of trust, teamwork, safety, respect, and commitment.

EMS.5.2 Vision

Our vision is to exceed the expectations of our unique island community.

EMS.5.3 Framework for Continuous Improvement

The framework for Continuous Improvement was approved in 2018.

EMS.6 OPERATIONS

It is the District's policy to comply with the San Juan County EMS Medical Program Director's (MPD) medical protocols. The Medical Protocols define the scope of practice for all responders.

Medical protocols further define method and standards for triage in the field, medical record documentation standards, guidelines for medivac from the field, etc. These protocols are not replicated in these Policies and Procedures but should be followed.

The District possesses an ALS and BLS transport license. We have a duty to respond to 911 calls within its primary response zone, which is the same area as its taxing district. It has a secondary response zone including outer islands through the rest of the county, which it will attempt to respond to if it is able at the request of the Sheriff's Office or another EMS district.

EMS.6.1 Response Guidelines

San Juan Island EMS endeavors to respond in a timely fashion to all aid calls, managing resources efficiently in complex and demanding environments. Paging of calls is handled by administrative direction from the Chief based on operating guidelines.

EMS.6.2 Multiple Patients

When it becomes necessary to transport multiple patients on a single Vehicle, responders will take reasonable precautions to provide safe transport. '

> Procedures "Multiple Patients"
>
> Transport of multiple patients in the same Vehicle should generally only be done in the event that every Vehicle is in service, and it is essentially a last resort, if a second patient has very minor injuries but there are not enough Responders to stay with the patient and wait for a second Vehicle, or there is a conflict between patients or diverted destinations. In such conditions a field rendezvous with a second Vehicle should be considered.

Adequate patient restraints must be utilized. All medical equipment must be secured during transport. The most acute patient will be transported in a position that allows for optimal patient care. OB patients will be placed on the stretcher.

Patient acuity must be considered when transporting multiple patients. While it is impractical to list every possible scenario, Mass Casualty Incidents (MCI) can quickly overwhelm available transport resources. It is ultimately the call of the IC/MGS to determine the appropriate utilization of transport vehicles. If two patients require cardiac monitoring, a second monitor/defib will be provided for transport if at all possible.

EMS.6.3 Bariatric Patient Movement

The District will make every effort to safely move large, obese, and awkwardly loaded gurney patients. This may require adaptation.

Procedures for "Bariatric Patient Movement"

When it is clear that more Responders will be needed to help move a patient the responding crew should request additional help as early as possible.

When transporting patients, the gurney rails should generally be in the upright and locked position. Stretcher straps should be employed including the shoulder straps, unless it inhibits effective patient care.

A four (4) person moving, loading, and unloading team (on ends and sides of gurney) should be employed when possible in the following circumstances:

- Uneven terrain or sloping or slanting terrain.
- Patients heavier than 300 pounds.
- Any patient movement situation that could be potentially on unstable ground and or a dock or near water or near the edge of the walkway or road.
- Patients whose girth prohibits the gurney rails from being employed in the upright and lock position.
- When the positioning of a patient on the gurney will move the center of gravity from the middle.
- When a patient is combative and or restless.
- When a patient must be transported in the knees to chest kneeling position.

When the above conditions exist, Responders should also consider lowering the patient to the lowest gurney height level. When a patient is loaded on the gurney above the lowest height level, there should be a minimum of two more Responders in physical control of the stretcher.

Extreme care must be exercised to assure that the lifting team exerts equal lifting force at corners of the gurney to avoid tipping the gurney.

Patients should generally be instructed to not shift themselves on the gurney, nor to reach out for anything.

If the stretcher is insufficient to safely move the patient, consider other alternatives that can accomplish such as use of multiple other carrying devices and Responders, pallets, cargo loading van, etc.

When loading or unloading, Responders should be cautious of hand placement and pinch points and take necessary precautions to avoid injury.

- All Responders shall observe safe lifting practices including:
- The use of the legs to provide the lifting power
- Placing the feet as close to the load as possible
- Maintaining a straight back at all times
- Using slider boards to the extent possible

EMS.6.4 Patients with Frequent or Special Issues

EMS is an emergency response service. At times patients have challenges that exceed the mission and purpose of EMS services. At times an effort may need to be made to address frequent utilization of EMS resources.

However, there shall never be a refusal of service to respond and assess and properly care for and transport patients when necessary, regardless of their utilization history.

Procedures for "Patients with Frequent or Special Issues"

Home Risk Factors

If responding Responders think it likely that the patient will again become sick or injured because of possible discernable factors (ie. elderly fall at home due to clutter, chronic ETOH abuse, etc.) the receiving ED physician should be informed of the concern.

If during the patient encounter, there is a concern that the patient may again fall or become sick or injured because of a safety factor or the environment, a referral may be made to Community Paramedicine.

Frequent Callers

As per usual communication guidelines, multiple calls for an individual or location should be reported to the Assistant Chief or Community Paramedicine for further investigation into the circumstances.

In the judgement of the Chief and the Medical Program Director, should this rise to the level that the patient is determined to be abusing the system, the District may charge a "treatment with no transport" fee and/or remove the levy waiver for residents. (see also "Patient Billing and Fees")

Concerns with Caretakers or Home Environment

If Responders believe that an individual or institution's chronic actions or policies may result in unnecessary illness or injury, the Assistant Chief shall be contacted for possible further investigation and action as appropriate.

If an immediate life-threatening circumstance and or environment presents a clear and likely danger to the patient, it should be reported immediately to the Sheriff's Office, Child or Adult Protective Services, and the receiving physician, as laws require.

EMS.6.5 Continuous Quality Improvement (CQI)

Responders are required to develop/enhance our customer care, clinical competency, proficiency, and professionalism, participate in, comply with the Quality Improvement Process, and available ongoing professional educational development.

Procedures for "Continuous Quality Improvement (CQI)"

EMS participates in the CQI process established by the Medical Program Director. The review process is led by the MPD, Assistant Chief and Shift Captain/Paramedics.

Shift Captains/Paramedics will review all BLS reports written on their shift. They will also review all reports from the shift prior. They will note any findings and message the provider, Assistant Chief, and/or MPD for deviations or anything noteworthy using the ESO EHR QI Module Clinical Review.

Responders will check ESO every shift for QI messages and respond to them as directed.

All Responders should:

- Follow all district policies, orders, and guidelines.
- Follow all Medical Program Director's Medical guidelines and protocols.
- Participate in the ongoing CQI efforts including call documentation, CQI process initiatives, and report any areas of concern or suggestion to the appropriate staff.

EMS.6.6 Crew Configurations

The District has minimum staffing standards for BLS and ALS care which are set by WAC. However, crew configurations shift and vary based on the number of concurrent calls, number of responders coming in POVs, etc.

Procedures for "Crew Configurations"

Advanced Life Support (ALS) Crew

An ALS crew includes at a minimum, one Paramedic and one EMT along with an ALS equipped ambulance. At least one of the team must be certified EVDO to operate and drive the ambulance.

When operated as an ALS crew, the ambulance is identified as "MED" followed by the Vehicle designator, e.g. "MED11"

Basic Life Support (BLS) Crew

A BLS crew includes at a minimum one EMT and a rural Non EMS certified EVDO along with a BLS equipped ambulance.

When operated as an BLS crew, the ambulance is identified as "AID" followed by the Vehicle designator, e.g. "AID11"

Single Responder Crew

Resources may at times respond on call, off duty, or POV

EMS.6.7 Hazardous Materials Awareness Response

When managing incidents involving contamination the first priority is to ensure the safety of personnel while appropriately caring for patients exposed to hazardous materials. San Juan Island EMS reserves the right to deny transport of patients involving any dangerous quantity of hazardous materials release.

Procedures for "Hazardous Materials Response"

The senior EMS officer should contact medical control and both an immediate verbal report made to the Assistant Chief/Chief and a follow up written report, however, this is a decision that the senior officer on scene should make.

EMTs and Paramedics should receive Hazardous Materials training as part of the EMT curriculum.

A hazardous material is defined as any substance which causes physical or mental disturbances upon exposure or which requires specific decontamination of clothing or equipment after exposure.

EMS.6.8 Scheduled BLS Transport

The District will accommodate Interfacility Transfers (IFTs) which will be billed a transport fee. We will also accommodate scheduled non-emergent transfers if needed, and feasible for the district.

Off-island scheduled ground non-emergent transport is not available from The District. Emergent ground transport off-island is usually a last resort when all other transport options are not available due to weather or other considerations.

Procedures for "BLS Transport"

Scheduled Non-emergent Transport

The following guidelines will be followed for a scheduled non-emergent transport:

- The patient transport must be physician authorized at least 24 hours in advance of a "routine office" visit or appointment.
- It must be deemed medically necessary according to Medicare Guidelines.
- A signed Physician Authorization of Medical Transport Form must be completed and faxed to the EMS offices or available for the crew upon delivery of the patient.
- If this is to be a "round trip" transport, both legs of the trip should be coordinated and a Physician Authorization of Medical Transport Form completed for each leg.
- If less than 24 hours notice, it will be paged as an emergency response through the 9-1-1 system.
- If the patient is able to sit in a wheelchair or is ambulatory without assistance, they do not qualify.
- Scheduled transports are coordinated by the Assistant Chief of Operations and Training or the District head.

Interfacility Transfers (IFTs)

The District will accommodate IFTs as possible, usually from PIMC to an air transport service such as Airlift NW, LifeFlight Network Island Air Ambulance, US Coast Guard, or the US Navy.

- IFT and Patient Transfer Guidelines
- Do not radio "enroute" or commit the ambulance or make patient contact until necessary, such as the flight crew has landed and is ready for patient contact for an IFT. There can be a significant delay due to flight time from the mainland rotor agencies.
- Simultaneous or concurrent IFTs are not authorized without Command Officer approval.
- Shift Officers have the authority to cancel, defer, or delay IFTs, even if dispatched.
- The AIC will render 1 verbal report containing: Mechanism/Medical Complaint, Injuries or Inspections, vital Signs, Treatment (MIST) at the RN computer station and will invite the attending/resident MD if they are available.
- Field notes will be left at the time of the patient transfer, and a final report will be faxed to Medical Records within 24 hours.
- THE DISTRICT only PCS forms are required on all IFTs and will be attached to the ESO EHR. Responders will confirm medical necessity and ensure the PCS form is complete in its entirety and not accept the IFT until it is from the PIMC staff.
- Ambulances have a 15-minute return to service time after transferring the patient to the ER staff. Note exceptions in your ESO EHR.

We only transport a patient home who has been discharged from the ER when medical necessity exists, and a PCS form is completed. This is dispatched as any other IFT.EMS.6.9 Jail Response and Billing.

The District has a contract with the Sheriff's Office to assist with jail screenings, blood draws, and minor assistance. Compensation for this is in the form of a discount on dispatch fees.

<u>Procedures for "Jail Response and Billing"</u>

Emergency Calls at the Jail

EMS may receive an emergency page from Dispatch for an patient at the jail, whether Sheriff's Office staff or inmates. This is handled as any other aid call, but taking extra care to follow instructions from law enforcement. All due care and concern should be taken to prioritize responder safety.

Responders will not be in contact with an inmate patient without the presence of law enforcement.

Shift Paramedic Called for Non-Emergent Care

When requested, the Shift Paramedic will be paged to respond to the San Juan County Jail for:

- Readiness for jail assessments.
- Minor first aid treatment.
- Requests for non-emergency treatment including blood drawing of inmates for blood alcohol and/or drug screening.

EMS.6.10 Mission Limitations

- It is not possible to plan for every possible eventuality. It is our job to deal with emergencies. Where the agency is asked to deal with an unusual situation, staff should use their best judgement, make choices that don't conflict with these policies or their level of licensure, and communicate unusual needs with the on duty command officer to obtain approval and support. At all times, we should ensure safety of our crew.

EMS.7 OUTREACH AND PREVENTION

The District operates both prevention programs and outreach programs to support the health and wellness of our community. These programs are available as funding is adequate to support them. Some of the outreach programs generate modest revenue which should be tracked in accordance with the District's Accounts Receivable policies, and the San Juan Island EMS Accounts Receivable.

EMS.7.1 Outreach Classes

The District conducts a variety of fee-based classes. Classes organized by specific groups are invoiced; participants pay the instructor directly on the day of the class for other open community classes; and at times there may be a mixed class where a group is invoiced and fees are paid by participants. Individual participants can pay day of the class or can be invoiced. These classes may be taught by contracted instructors and the District staff.

- The instructor of each class will complete the tally summary found on class sign in form.
- An individual receipt will be written for all cash received.
- At the end of the class the instructor will within 24 hours (or up to 72 hours over weekends and holidays) turn into the Finance Department the class sign-in sheet; completed fee transfer form and all fees collected.
- These funds will be included in the weekly transmittal.

EMS.7.2 Event Standby

We will accommodate event standbys as it is able.

Procedures for "Event Standby"

Standbys are coordinated by the Outreach Officer.

Staffing of a Standby

Responders will meet the certification level as requested by the host agency.

- Report to the Outreach Officer or the Shift Captain/Paramedic at the EMS Station prior to the event for which they are scheduled with sufficient time to check equipment. Standby crew should be prompt, and represent EMS to the community with pride and punctuality.
- Responders will be in uniform and dressed appropriately for anticipated weather.

- Assure all necessary equipment is loaded and available within the Vehicle and have a portable radio and monitor throughout.

At the site of the standby, responders should:

- Report with the Vehicle and equipment to the designated standby no less than 15 minutes before the event begins.
- If at a sporting event, do NOT proceed onto the field unless play action has stopped and it is safe to enter the field and you have been requested by a referee or coach.
- If there is an incident, standby crew should immediately notify Dispatch and the incident should be paged out for an incident to be generated and if an ALS response is needed and/or the patient needs to be transported. Transport will come from the on duty shift unless they are unavailable.
- Provide patient care in accordance with protocols and contact Medical Control as needed.
- Professionally perform all duties, remembering your appearance and actions are a highly visible representation of the District and our level of readiness and professionalism even when "just standing by".

Standby Pay and Fees

Reference appendix.

Instructor Pay For Outreach And Classes

Reference Appendix. EMS.8 RESPONDERS– EMS

The District complies with all policies and procedures regarding Responders as outlined elsewhere. The purpose of this section is to highlight issues specific to The District.

EMS.8.1 Fatigue

Responders are to utilize the following tool when there is concern regarding fatigue. Triggering events include: lack of sleep, care of loved ones, multiple off-island calls, and high call volume. The schedule and call volume is monitored by the Assistant Chief. Responders are encouraged to not work in a fatigued state. However, repetitive need for time out will trigger schedule review by the Command Officer of the day to assure safe operations are occurring.

Procedures for "Fatigue"

Fatigue Assessment

Responders should make use of the "Ground/Marine Fatigue Assessment Tool" if there is any question of excessive fatigue.

Responders should have a minimum of 12 hours free from all work-related activities prior to their scheduled shifts and have had adequate rest the night before beginning a shift.

Responders are required to be mission ready prior to accepting a call and are expected to request a "Time Out" if they are fatigued or not mission ready for other reasons.

The "IMSAFE" pneumonic may be used as a quick reference

I- Illness	Do I have an illness or any symptoms of an illness?
M- *Medication*	Have I been taking prescription or over-the-counter drugs?
S- *Stress*	Am I under psychological pressure from the job? Worried about finances
A -*Alcohol*	Have I been drinking within eight hours? Within 24 hours?

F -*Fatigue* Am I tired and not adequately rested?

E -*Eating* Am I adequately nourished?

Additionally, responders will not assume duties under the conditions listed below as categorized for ground transport:

- Consumption of alcohol within past 8 hours.
- Residual alcohol effects.
- Any medication which alcohol effects, or any medication which may cause drowsiness or impair judgment.
- When physical impairment does not allow them to complete the physical requirement of patient transport.
- Within 48 hours of any invasive medical/ surgical care or if they have not been released to work.
- When upper respiratory illness causes congestion of sinuses and/ or ears to the point the responder is unable to "clear" their ears.
- Unusual and/ or excessive emotional stress or trauma during or directly prior to a scheduled shift that will interfere with the ability to perform job duties.

EMS.8.2 Physical Fitness

Physical fitness is critical to the health of responders. A program to promote the health and fitness of responders is used to promote health of responders.

Procedures for "Physical Fitness"

A health club membership is provided to all responders as long as the District can afford it. This exercise period is strongly encouraged, and Responders are also strongly encouraged to exercise outside of work for their own wellbeing as well. Responders are not financially compensated to work out off duty.

- Responders will not lift weights at the gym unless properly trained and checked off on the piece of equipment they intend to use.
- Responders will remain in service and ready to respond on calls.

Annual Fit for Duty Physical Agility

Responders will successfully pass a physical agility test for continued response. This will include the ability to safely lift and carry equipment and patients and perform basic required functions of the position (see APPENDIX)

If a responder fails the examination, they will be able to remediate and retest within one month after a meeting with the Assistant Chief. If the test is failed again, the responder will be placed in inactive status (unpaid) and may apply to return to response once they can pass the physical agility.

Shift Exercise

Where the agency has sufficient funding, it will provide gym memberships to staff (and volunteers if possible) to be used on shift. This exercise period is mandatory, and personnel are strongly encouraged to exercise outside of work for their own wellbeing as well.

Personnel will not lift weights at the gym unless properly trained and checked off on the piece of equipment they intend to use.

Personnel should not engage in heavy powerlifting while on duty to avoid overexertion. Personnel will remain in service and ready to respond on calls.

EMS.8.3 Fitness for Duty

Responders should report to work physically and mentally prepared and capable of performing their duties.

Procedures for "Fitness for Duty"

- It is recommended Responders evaluate themselves and each other for signs of mental or physical impairment that might jeopardize operational safety. If mental or physical impairment is noted by any responder in their fellow responder, the affected responder should be asked to excuse themselves from duty immediately or their officer contacted and a Fatigue Assessment completed.
- All policies regarding substance abuse, alcohol, etc., will be followed.
- Responders will be free of illness or injuries that would prohibit them from carrying out their duties and potentially harming themselves or others. If a medical condition presents that potentially impacts the Responders's ability to meet requirements of their job description then they will be evaluated by the contracted occupational health provider to determine fitness for duty.
- Extended absences trigger the "Return to Work" requirements.
- Responders should inform their officer when they learn they are pregnant. It is the responsibility of the responder to inform her physician of the type of activity required in fulfilling the duties of her position and provide the physician with a copy of her job description. A copy of the job description signed by the physician and a written statement from the physician indicating the responder may continue to perform response duties will be required following each prenatal visit. If the physician determines the responder is not able to perform job requirements, light-duty assignments can be considered if that is available. A medical release signed by the attending physician will be required when returning to response post-partum.

EMS.8.4 Leave and Return to Work Requirements

Working in EMS requires consistency and practice. We work in a team with other responders who rely on each other. All responders must meet these requirements.

Procedures for "Leave and Return to Work Requirements"

Extended Leave

Paid Responders must request PTO consistent with the Collective Bargaining Agreement (if applicable) and District policies and procedures.

In the event of an extended absence of more than three (3) months, all Responders including paid and unpaid should meet with the Assistant Chief and fill out a "Leave of Absence" form. This is an important opportunity to discuss what the district can expect, and how to mitigate negative impacts of the absence on both the responder and the district.

An extended absence is defined as having no intention to respond or perform work on behalf of The District for an extended period of time. In some cases, the responder may continue to participate in training.

Return to Work after Illness or Injury

If a responder has been off work for an illness or injury after one month, they will need to complete the "Return to Work" checklist before being allowed to return to work.

If the responder has had any surgery that impacts their ability to do their job, regardless of time, they must also complete the following requirements.

1. Pass a Fit for Duty Physical Examination by a physician, nurse practitioner or PA.

2. Pass the district physical agility examination for return to work
3. Obtain approval from the Assistant Chief.

Return to Work after Absence of 3 Months or More

Following any extended leave or period of inactivity Responders should be given a reorientation to kits, Vehicle, and driving. The responder should also be asked if there are any areas where they feel the need to polish their skills and be given a chance to do so.

It is the responsibility of the Assistant Chief to clear a responder to return to duty after a leave of absence.

EMS.8.5 Wellness Program

The most important asset in our district is our people. We desire for our Responders to live long productive healthy lives and view it as our responsibility as an employer to help them make healthy choices through education, offering of services, and provision of basic screening tools to detect disease and injury early.

Procedures for "Wellness Program"

Wellness Committee

If desired by staff and management, a Wellness Committee may be established, or organized as part of the safety committee. This committee should include representation from management, staff, and volunteers. It may also include the Medical Program Director or others who add to the value of this advisory committee.

Services, Programs, and Resources

San Juan Island EMS offers services to all Responders. The purpose of this program is to assist Responders in enhancing their overall physical and emotional health.

Wellness is creating opportunities to feel healthy through becoming aware of positive lifestyle choices and taking action to prevent illness and disease. This Wellness Program assists in maximizing responder health regardless of what condition or stage they are at in life. It is designed as a partnership to help Responders develop healthier lifestyles and recognize ways to improve nutritional habits, increase physical activity and monitor: personal self-care, healthcare risks and stress.

Screening and Immunizations

Wellness covers costs for screening above what personal insurance does not pay for. No cost of treatment is included.

- Identifying baseline health and wellness and assisting Responders with goals to improve their health and wellness, as well as prevent disease and injury.
- Peer support team to assist in any life challenges
- Cancer blood screenings
- CDC recommended immunization
- Improving nutritional habits
- Increasing physical activity
- Self-care awareness and preventive measures
- Assessing and dealing with personal balance and stress
- Annual flu shots
- Annual N95 Mask fitting
- Hepatitis B series or titer if previously completed series (refusal must be signed if declined)

- MMR vaccination based on CDC guidelines for healthcare workers
- Tdap vaccination (refusal must be signed if declined)

New Responder Screening

- Each new responder will be thoroughly screened and assessed.
    - Immunization history
    - Initial TB skin test. Chest X-ray if history of positive TB, positive skin test, or know sensitivity to TB skin test.
    - Urine drug screening
    - Physical exam
    - Needs and concerns reviewed by physician
    - Further assessment and diagnostic testing determined and referral to PCP or specialist as needed.

Additionally, other requirements are covered under the agency's safety policies.

EMS.7.6 Retirement Requirement

As bodies age it becomes less practical to engage in active response. Reasonable rules setting retirement will be followed for the safety of the public and responders.

Procedures for "Retirement Requirement"

Mandatory retirement from active response will be set at 70 years of age or before if unable to safely perform the position duties. Additional years of service may be granted by a physician after an evaluation and medical clearance and subject to approval by the Chief.

EMS.8.7 Dual Role Responders

Mission clarity and accountability requires knowing which district a responder is serving on scene. The policy lays out procedures for handling this.

Procedures for "Dual Role Responders"

Some responders may be affiliated with multiple agencies, such as law enforcement or fire protection. A responder should identify what district they are responding with if it is not evident (e.g. wearing a Fire Dept uniform signals they are responding with the fire District). The responder may not switch roles without permission from both agencies – EMS and the partner district.

EMS.8.8 Civilian Observer and Student Ride Along Program

We will provide observer opportunities where possible for current EMT and paramedic students, certified EMTs, Board members, hospital staff, dispatchers, other members of the District, and civilians.

A liability waiver and a confidentiality statement will be signed.

Procedures for "Civilian Observer and Student Ride Along Program"

Application

The Civilian Observer and Student Ride Along Program is the responsibility of the Assistant Chief, and all participants must be approved by the Assistant Chief or Chief. The minimum age is 18, unless waived by the Chief.

Observers will provide the following information:

- Name, contact information, and date ranges
- Photo ID

Requirements and Dress Code

The following general requirements apply:

- Generally, only one person may observe per day.
- All observers must be at least 18 years old.
- The District retains the right to deny a person the opportunity to observe for any reason.
- The supply room and District offices are off- limits for non-District observers.
- The observer must remain in the station unless they are out with the staff.
- The observer will be expected to respond on emergency and non-emergency calls.
- The observer is responsible for their own meals.
- Because Responders have other duties the observer may not be able to participate in, they should bring study materials, paperwork, or reading material to occupy their time. The meeting room will be available for this.
- The observer is restricted to ground Vehicle operations only and shall not participate in any aviation or marine operations or activities.
- The observer shall obey all commands and directions given by District Responders.
- The observer will generally be "assigned" to the shift staff who will oversee their experience when possible.
- The observer will agree to hold in confidence and not share, sell, record, transmit or discuss any patient care information or situations overheard or participated in as an observer as this is Protected Patient Health Information under Federal, state and local laws governing such information.

Dress - observers will follow the following dress code:

- Clean dark pants, a collared shirt, sturdy shoes, and additional outerwear appropriate for the anticipated weather.
- Neatly groomed without excessive jewelry or items which can be easily broken or lost. The District is not responsible for any damage or loss of clothing or items.

EMS.9. SAFETY – EXPOSURE CONTROL PLAN (ECP)

EMS.9.1 Introduction

San Juan Island EMS (SJIEMS) (the agency) is committed to providing a safe and healthful work environment for our entire staff. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens.

Members who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan.

Members can review this plan at any time. We will provide a copy, free of charge, to a member within 15 days of a request.

This plan includes:

- Overview
- Identify members who are at risk for exposure
- Controlling Member Exposure to Bloodborne pathogens
- Member Training and Hazardous Communication
- Post Exposure Evaluation and Follow-up

- Recordkeeping

EMS.9.2 Identify Responders Who Are At Risk For Exposure

Procedures for "Identify Responders Who Are At Risk For Exposure"

The following are job classifications in our establishment in which ALL responders have occupational exposure to bloodborne pathogens:

JOB TITLE: Emergency Medical Technicians and Paramedics

DISTRICT/LOCATION**:** EMS Operations, 1079 Spring St

Contact names and phone numbers:

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570, is responsible for implementing the exposure control plan.

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570, will maintain, review, and update the exposure control plan at least annually, and whenever necessary to include new or modified tasks and procedures.

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570, will make this plan available to responders, and WISHA (Washington Industrial Health and Safety Act) representatives.

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570, will be responsible for making sure all medical actions required are performed, and that appropriate responder medical records are maintained.

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570, will make sure this list is kept up-to-date.

EMS.9.3 Controlling Responder Exposure To Bloodborne Pathogens (BBP)

Procedures for "Controlling Responder Exposure To Bloodborne Pathogens (BBP)"

We use the following methods to control responder exposure:

(1) Infection control or isolation system used:

All responders must use: Standard Precautions and PPE sized and fitted, provided by the district, which is required by San Juan County EMS MPD protocols and this policy. Ambulances also have air inverters installed for negative air backflow.

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570, is the person to contact if you have questions regarding this system. **(2) Safer medical devices and equipment used to minimize occupational exposure.**

The use of safer medical devices and equipment will prevent or minimize exposure to bloodborne pathogens. The specific safer medical devices that we use are:

- Smith Medical Jelco Protect IV Plus IV catheters
- BD SafetyGlide Protected straight needles
- Unistick 3 Extra Protected Glucometer Lancets
- ARS Needles for Needle Chest Decompression
- Aspen Surgical Products Protected scalpels

- Teleflex EZ IO needles

Disposable airway supplies: NC, NRM, SVN, BVM, CPAP, ETT, GlideScope blade covers, EOLife sensor, Bougie, iGel, suction catheters, HEPA filter, MAD nasal atomizers

The specific equipment to minimize or eliminate exposure we use are:

- Uniforms and boots
- Latex free gloves
- Protective eyewear
- Gowns
- Booties
- Surgical masks and N95 particulate respirators
- Sharps containers
- Biowaste bags and containers
- Stryker XPR stretcher restraints
- Waterless hand cleaner/sterilizer
- XD Cuff patient restraints
- Sharps disposal containers are inspected and maintained or replaced by all members during rig checks and reordered by Captain/EMT Robin De La Zerda, Director of Logistics, Cell 360.317.6782. They are checked every shift and replaced when ¾ full to prevent overfilling.
- We identify opportunities to improve controls through review of injury exposure report forms and sharps injury logs, training sessions, staff meetings, and safety committee meetings.
- We evaluate new products regularly by reviewing manufacturer recommendations, industry trade publications recommendations, collaboration with other healthcare facilities, MPD protocols, evidence-based-medicine, staff evaluation of distributor/manufacturer demo models. All staff are highly encouraged to bring forward new product recommendations.
- Both front line workers and management officials are involved in this process improvement by recommending new products that are safer. They are introduced during staff meetings, safety committee meetings, and continuing education sessions. We demo products first, then purchase to implement after staff in service training.

Contact names and phone numbers:

- Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570, will make sure that recommendations are effectively implemented.

(4) Personal Protective Equipment

PPE is provided to our responders at no cost.

The types of PPE available to responders are:

- Uniforms and boots
- Latex free gloves
- Protective eyewear
- Gowns
- Booties
- Surgical masks

N95 particulate respirators PPE is located: Work bench in ambulance bay, ambulance compartments, rapid response vehicles, and EMS supply room.

All responders using PPE must observe the following precautions:

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Wear appropriate gloves when you:
- Can reasonably anticipate hand contact with blood or OPIM
- Handle or touch contaminated items or surfaces
- Replace gloves if torn, punctured, contaminated, or otherwise damaged.
- Decontaminate reusable gloves if they don't show signs of cracking, peeling, tearing, puncturing, or other deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Dispose of contaminated PPE in designated containers (list)
- Remove blood- or OPIM-contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.

The procedure for handling used PPE is by doffing at the scene prior if driving or after transfer of patient care at the conclusion of the call prior to returning to service. Used PPE is discarded in red biohazard bags and placed in the bio waste container at PIMC or the EMS Station. Reusable PPE is thoroughly cleaned with decon wipes and returned to service.

Contact names and phone numbers:

Captain/EMT Robin De La Zerda, Director of Logistics, Cell 360.317.6782, will maintain and provide all the necessary PPE, controls (such as sharps containers), labels, and red bags as required.

Captain/EMT Robin De La Zerda, Director of Logistics, Cell 360.317.6782, will make sure adequate supplies of the PPE are available in the appropriate sizes and types. (5) Work practices used to minimize occupational exposure

We work to eliminate or minimize responder exposure by doffing at the scene prior if driving or after transfer of patient care at the conclusion of the call prior to returning to service. Used PPE is discarded in red biohazard bags and placed in the bio waste container at PIMC or the EMS Station. Reusable PPE is thoroughly cleaned with decon wipes and returned to service.

Changes in work practices are identified through review of injury exposure report forms and sharps injury logs, training sessions, staff meetings, and safety committee meetings.

We evaluate new products regularly by involving both frontline workers and management reviewing manufacturer recommendations, industry trade publications recommendations, collaboration with other healthcare facilities, MPD protocols, evidence-based-medicine, staff evaluation of distributor/manufacturer demo models. All staff are highly encouraged to bring forward new product recommendations.

Contact names and phone numbers:

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570 will make sure recommendations are effectively implemented.

(5) Housekeeping

Written schedules for cleaning and methods of decontamination are in the shift schedule.

Regulated waste is placed in containers which:

- Contain all contents
- Do not leak
- Are appropriately labeled or color-coded (see Labels section of this plan)
- Are closed prior to removal to prevent contact spilling or protruding during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are:

- Closable
- Puncture-resistant
- Leak-proof on sides and bottoms
- Labeled or color-coded appropriately

Sharps disposal containers are available in the EMS Supply Room in the ambulance bay or upstairs supply storage room. The procedure for handling sharps disposal containers is to tape them when ¾ full to prevent overfilling. They are then placed outside in the shed with the biowaste for Stericycle biowaste disposal.

The procedure for handling other regulated waste is to dispose of at PIMC during hospital transports or transfers. They can also be placed outside in the biowaste shed (Combination 132) for Stericycle biowaste disposal. Stericyle disposes of biowaste quarterly.

Bins, cans, and pails intended for reuse are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

Contact names and phone numbers:

Captain/EMT Robin De La Zerda, Director of Logistics, Cell 360.317.6782, will provide sharps and other containers as required.

(6) Laundry

We launder the following contaminated articles by storing in container in ambulance bay washroom to be laundered by outside contract agency or wash in bay washer and dryer. Durable items can be cleaned and decontaminated in the Vehicle compartment or in the ambulance bay when in the EMS station.

Laundering is done as follows: Handle contaminated laundry as little as possible, with minimal agitation. Place contaminated laundry in leak-proof, labeled, or color-coded containers before transporting. Use color coded bags or bags marked with the biohazard symbol for this purpose.

Wear gloves and eyewear when handling and/or sorting contaminated laundry.

The schedule for laundry is daily after immediate use. Snookie Tarte, TLC Laundry Services, Cell 360.317.5033 picks up and delivers contaminated EMS linen three times per week in the fall/winter and weekly in the summer. The bin is labeled and located in the ambulance bay washroom.Contact names and phone numbers:

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570 will make sure laundry is done as required.

(7) Using Labels

Labeling is done with red bio waste label or red biohazard bag.

Contact names and phone numbers:

Captain/EMT Robin De La Zerda, Director of Logistics, Cell 360.317.6782, will maintain and provide labels and red bags as required.

(8) Vaccinations

• Hepatitis B: If you don't have documented evidence of a complete hepB vaccine series, or if you don't have a blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2) or a 2-dose series of Heplisav-B, with the doses separated by at least 4 weeks. Get an anti-HBs serologic test 1-2 months after the final dose. The Hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to members identified in Section 2 of this plan, Identifying Members Who Are At Risk for Exposure.

• Flu (Influenza): Get 1 dose of influenza vaccine annually. This is required by our agency. If a member declines, they must wear a surgical mask while on duty November through February.

• MMR (Measles, Mumps, & Rubella): If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have a blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later). If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have a blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps.

• Varicella (Chickenpox): If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have a blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) gets 2 doses of varicella vaccine, 4 weeks apart.

• TDAP (Tetanus, Diphtheria, Pertussis): Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received). Get either a Td or Tdap booster shot every 10 years thereafter. Pregnant HCWs need to get a dose of Tdap during each pregnancy.

• Vaccinations are encouraged unless:

– We have documentation the member has previously received the series.

– Antibody testing reveals that the member is immune.

– Medical evaluation shows the vaccination is contraindicated.

• A copy of the health care professional's written opinion will be provided to the member.

• Members who choose to decline vaccination must sign a declination form. They may request and obtain the vaccination later at no cost.

• Vaccinations will be provided by member's PCP and reimbursed to the member or at PIMC and invoiced to SJIEMS. The annual influenza vaccine is provided by the agency and offered to all members. They must be administered by an RN or higher. Contact names and phone numbers:

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570 will make sure vaccinations are available and encourage as required.EMS.9.4 Responder Training and Hazard Communication

All responders who have occupational exposure to bloodborne pathogens receive training.

Procedures for "Responder Training and Hazard Communication"

Training will be conducted by Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570.

Training will be provided before initial assignment to task where occupational exposure may take place, annually, and when changes in task or procedures take place that affect occupational exposure.

This training will include:

- Epidemiology, symptoms, and transmission of bloodborne pathogens.
- Copy and explanation of WAC 296-823-11010, Occupational Exposure to Bloodborne Pathogens.
- Explanation of our exposure control plan and how to obtain a copy
- This must also be done at the annual refresher training.
- Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
- What constitutes an exposure incident.
- The use and limitations of controls, work practices, and PPE.
- The basis for PPE selection and an explanation of: Types, Uses, Location, Handling, Removal, Decontamination, Disposal
- Information on the hepatitis B vaccine, including: effectiveness, safety, method of administration, benefits of being vaccinated, and offered free of charge
- Actions to take and persons to contact in an emergency involving blood or OPIM
- Procedures to follow if an exposure incident occurs, including how to report the incident and that medical follow up is available
- Responder's evaluation and follow-up after an exposure incident
- Signs, labels, and color coding used
- Interactive questions and answers with the trainer.

Training materials for this facility are located at the office of THE DISTRICT, 1079 Spring St, Friday Harbor, WA 98250, Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570.

Training records are maintained for each responder upon completion of training. These documents will be kept for at least 6 years at the office of THE DISTRICT, 1079 Spring St, Friday Harbor, WA 98250, Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570.

The training record should include the following information about training sessions:

- Date
- Contents or a summary
- Names and qualifications of trainers
- Names and job titles of all attendees.

Training records are provided to responders or their authorized representatives within 15 working days of a request. Requests for training records should be addressed to the office of THE DISTRICT, 1079 Spring St, Friday Harbor, WA 98250, Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570.

Contact names and phone numbers:

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570.EMS.9.5 Post Exposure Evaluation and Follow-Up

In the event of an exposure, procedures should be followed to handle the exposure appropriately.

<u>Procedures for "Post Exposure Evaluation and Follow-Up"</u>

(1) After Initial First Aid

Do the following after initial first aid is given:

Following the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:

- Exposed member will document the routes of exposure and how the exposure occurred within 48 hours of the exposure using the Personal Illness/Injury Report Form located on the Safety Board and turn into Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570.
- Exposed member will contact the DICO, as soon as practical to assist in next steps.
- Exposed member should not consent to member testing at PIMC or their PCP without prior authorization from the DICO or MPD. Source patient testing is the first priority.
- Exposed member will identify and document the source patient unless it is not possible, in the ESO EHR and/or Personal Injury/Illness Report Form.
- DICO will obtain consent and arrange to test the source individual as soon as possible to determine bloodborne or airborne pathogen infectivity. If the source patient is already known to be bloodborne or airborne pathogen positive, new testing is not needed.
- DICO will document source patient's test results were sent to the MPD.
- San Juan County EMS Medical Program Director (MPD), Dr. Joshua Corsa, MD, 252.619.7260, sanjuanmpd@gmail.com, will provide the exposed member with the source patient's test results within 14 days of the exposure.
- MPD will provide the exposed member with information about laws on confidentiality for them and the source patient.
- DICO will obtain consent and provide a blood test for the exposed member as soon as possible for bloodborne or airborne pathogen, only if the source patient is positive. If the member does not give consent for testing, preserve the baseline blood sample for at least 90 days. If the exposed member decides to have the sample tested during this time, perform testing as soon as feasible. DICO will provide the exposed member with a copy of the MPD's written opinion within 14 days of exposure.

(2) Administration of Post Exposure Follow Up

Members are provided with immediate medical evaluation and follow-up services through consultation with our EMS Medical Program Director (MPD), Dr. Joshua Corsa, MD, 252.619.7260, sanjuanmpd@gmail.com, in collaboration with the member's PCP.

Contact names and phone numbers:

San Juan County EMS Medical Program Director (MPD), Dr. Joshua Corsa, MD, 252.619.7260, sanjuanmpd@gmail.com, will make sure all medical actions required are performed.**(3) Review**

Review the circumstances of an exposure incident as follows:

- Controls in use at the time
- Work practices that were followed
- Description of the device used (including type and brand)
- Protective equipment or clothing in use at the time
- Location of the incident
- Procedure being performed when the incident occurred
- Responder's training

Contact names and phone numbers:

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570, is responsible for reviewing exposure incidents as required.EMS.9.6 Recordkeeping

Good records should be kept regarding infectious exposure.

Procedures for "Recordkeeping"

(1) Medical Records

Medical records are maintained for each responder who has an occupational exposure to bloodborne pathogens in accordance with WAC 296-62-052, Access to Records.

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570. is responsible for maintaining medical records.

These confidential records are kept secured, separate from Responders files at the office of THE DISTRICT, Assistant Chief T. J. Bishop, 1079 Spring St, Friday Harbor, WA 98250, for at least 30 years beyond the length of employment.

Contact names and phone numbers:

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570 will make sure appropriate member health, OSHA and WISHA records are maintained as required. **(2) Sharps Injury Log**

In addition to WAC 296-27, Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:

- Date of injury.
- Type and brand of the device involved
- Where the incident occurred
- How the incident occurred.

This log is reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year. Copies that are provided upon request must have any personal identifiers removed.

Contact names and phone numbers:

Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570 will maintain the Sharps Injury Log.EMS.10 SAFETY – RESPIRATORY PROTECTION PROGRAM

The District will follow a respiratory protection program for the safety of responders and the public.

Program Administrator

Our Respiratory Protection Program (RPP) Program Administrator is Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570.

Our Program Administrator's duties are to oversee the development of the respiratory program and, make sure it is carried out at the workplace. The administrator will also evaluate the program regularly to make sure procedures are followed, respirator use is monitored and respirators continue to provide adequate protection when job conditions change.

Selection of Respirators

We have evaluated our use of chemicals at this facility and found respirators must be used by Responders in the following locations or positions or doing the following duties, tasks, or activities:

Responder position or activity	Chemicals or products used	NIOSH approved respirators assigned	When used (routinely, infrequently, or in emergencies)
EMTs and Paramedics	Airborne Pathogens	N95	Patient care

We selected these respirators based on the following information: WISHA, OSHA, CDC, EMS Medical Program Director (MPD) Protocols.

Medical Evaluations

Every responder of the district who must wear a respirator will be provided with a medical evaluation before they are allowed to use the respirator. Our first step is to give the attached medical questionnaire to those Responders. Responders are required to fill out the questionnaire in private and send or give them to Dr. Joshua Corsa, MD, San Juan County EMS MPD, sanjuanmpd@gmail.com, 252.619.7260. Our non-readers or non-English-reading Responders will be assisted by Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570. Completed questionnaires are confidential and will be sent directly to medical provider without review by management.

If the medical questionnaire indicates to our medical provider that a further medical exam is required, this will be provided at no cost to our Responders by Dr. Joshua Corsa, MD, San Juan County EMS MPD, sanjuanmpd@gmail.com, 252.619.7260. We will get a recommendation from this medical provider on whether or not the responder is medically able to wear a respirator.

Additional medical evaluations will be done in the following situations:

- our medical provider recommends it,
- our respirator program administrator decides it is needed,
- an responder shows signs of breathing difficulty,
- changes in work conditions that increase responder physical stress (such as high temperatures or greater physical exertion).

Respirator Fit-Testing

All Responders who wear tight-fitting respirators will be fit-tested before using their respirator or given a new one. Fit-testing will be repeated annually. Fit-testing will also be done when a different respirator facepiece is chosen, when there is a physical change in an responder's face that would affect fit, or when our Responders or medical provider notify us that the fit is unacceptable. Respirators are chosen for fit-testing following procedures in the WISHA Respirators Rule.

The quantitative fit-testing instrument we use is the Saccharin protocol. If sensitivity is noted, we use the Bitrex protocol.

The protocol is:

- At least 10 squeezes to the solution.
- Normal Breathing
- Deep Breathing

- Turning Head Side to Side
- Moving Head Up and Down
- Jogging while Talking
- Normal Breathing

Documentation of our fit-testing results is kept secured separate from Responders files in the office of THE DISTRICT, 1079 Spring St, Friday Harbor, WA 98250, Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570.

Our respirators will be checked for proper sealing by the user whenever the respirator is first put on, using the attached seal check procedures:

Respirator storage, cleaning, maintenance, and repair

Our disposable respirators will be stored in personal lockers, ambulance compartments, rapid response vehicles, EMS supply room, and MCI trailer.

Respirators will be inspected for damage, deterioration or improper functioning and replaced as needed. Respirators will be replaced after every suspected or confirmed airborne pathogen exposure or whenever they are visibly dirty. Captain/EMT Robin De La Zerda, Director of Logistics, Cell 360.317.6782, will ensure an adequate supply of mask respirators is in stock. Officers will ensure adequate supply in vehicles.

Type of respirator	Location or job duties	Chemicals in use	Replacement schedule
N95	Patient care	Airborne Pathogens	After patient contact or unserviceable

Respirator Use

The Program Administrator will monitor the work area in order to be aware of changing conditions where Responders are using respirators.

Responders will not be allowed to wear respirators with tight-fitting facepieces if they have facial hair (e.g., stubble, bangs) absence of normally worn dentures, facial deformities (e.g., scars, deep skin creases, prominent cheekbones), or other facial features that interfere with the facepiece seal or valve function. Jewelry or headgear that projects under the facepiece seal is also not allowed.

If corrective glasses or other personal protective equipment is worn, it will not interfere with the seal of the facepiece to the face.

The Program Administrator will make sure that the NIOSH labels and color-coding on respirators remain readable and intact during use.

Responders will leave the area where respirators are required for any of the following reasons:

- when they smell or taste a chemical inside the respirator,
- when they notice a change in breathing resistance
- to adjust their respirator,
- to wash their faces or respirator,
- if they become ill,
- if they experience dizziness, nausea, weakness, breathing difficulty, coughing, sneezing vomiting, fever, or chills.

The Program Administrator has identified no areas or job duties as presenting the potential for IDLH (immediately dangerous to life or health) conditions.

Respirator Training

Training is done by Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570 before Responders wear their respirators and annually thereafter as long as they wear respirators. Our supervisors or crew bosses who wear respirators or supervise responderResponders who do, will also be trained on the same schedule.

Additional training will also be done when an responder uses a different type of respirator or workplace conditions affecting respiratory hazards or respirator use have changed.

Training will cover the following topics:

- Why the respirator is necessary,
- The respirator's capabilities and limitations,
- How improper fit, use or maintenance can make the respirator ineffective,
- How to properly inspect, put on, seal check, use, and remove the respirator,
- How to clean, repair and store the respirator or get it done by someone else,
- How to use a respirator in an emergency situation or when it fails,
- Medical symptoms that may limit or prevent respirator use,
- Our obligations under the Respirators Rule.

Respiratory Program Evaluation

We evaluate our respiratory program for effectiveness by doing the following steps:

- Checking results of fit-test results and health provider evaluations.
- Talking with Responders who wear respirators about their respirators – how they fit, do they feel they are adequately protecting them, do they notice any difficulties in breathing while wearing them, do they notice any odors while wearing them, etc.
- Periodically checking responder job duties for changes in airborne pathogens exposure.
- Periodically checking maintenance and storage of respirators.
- Periodically checking how Responders use their respirators.

Recordkeeping

The following records will be kept:

- A copy of this completed respirator program
- Responders' latest fit-testing results
- Responder training records
- Written recommendations from our medical provider

The records will be kept at the office of THE DISTRICT, 1079 Spring St, Friday Harbor, WA 98250, Assistant Chief T. J. Bishop, Designated Infection Control Officer (DICO), Cell 360.390.1570.

Responders will have access to these records and will remain secured for 30 years post separation.

EMS.11 SAFETY – ALL OTHER

Safety issues are addressed in many other sections of these policies and procedures, including but not limited to the above sections specifically labeled "safety." The District takes safety seriously, and procedures and practices should be adopted wherever possible to improve safety outcomes for responders and the public.

EMS.11.1 Safety Committee and Officer

We utilize a safety committee to discuss safety issues and make recommendations to the Chief for implementation. There is no specific composition of this committee, but it is chaired by the Safety Officer.

The Safety Officer is appointed by the Chief.

Procedures for "Safety Officer and Committee"

Safety Officer

Assistant Chief T. J. Bishop currently serves as Safety Officer for The District.

Safety Committee

Service on the safety committee is compensated time as it is an official work function, so all responders must be approved by the Chief. The safety committee may submit its own nominations, or the Chief may make the appointments without consulting the committee.

Safety Events

Where there is a safety event, a "Safety Risk / Event Report Form" should be filled out (See Appendix), and a copy filed with the Safety Officer and the Assistant Chief.

Other procedures should be followed as applicable, e.g., vehicle safety events are covered under the driving policy and its procedures.

EMS.11.2 Firearms Safety and Handling

Washington citizens can obtain a permit to legally carry a concealed weapon. Responders are likely to encounter an increasing number of patients with such weapons. Of concern is the potential for inadvertent harm to emergency responders and healthcare Responders as they care for these patients, most significantly the unintentional discharge of a firearm.

This policy is for use by District Responders when caring for individuals who require medical intervention. These guidelines describe mutually agreed-upon best practices for promoting the safety of the public and those caring for ill or injured patients.

The purpose of this policy is to outline common expected procedures for intervening with patients and/or their families who under the law may be carrying a concealed deadly weapon or enter into a home where a deadly weapon exists. The intent is to reduce the potential risk of injury to emergency responders, healthcare Responders and the public. These guidelines aim to mutually respect the rights of citizens who lawfully carry a concealed weapon as well as to provide safety for emergency responders and healthcare providers.

Procedures for "Firearms Safety and Handling"

Deadly Weapon Defined

Deadly Weapon means any instrument, device, or thing capable of inflicting death, and designed or specially adapted for use as a weapon, or possessed, carried or used as a weapon (O.R.C. §2923.11[A]).

Handgun means any firearm that has a short stock and designed to be held and fired by the use of a single hand (O.R.C. § 2923.11 [C] [1]). Firearm means any deadly weapon capable of expelling or propelling one or more projectiles by the action of an explosive or combustible propellant. Firearm includes an unloaded firearm, and any firearm that is inoperable but can readily be rendered operable (O.R.C. § 2923.11 [B] [1]). In the case of explosives or a hazardous substance, a regional/bomb squad/hazmat team may be called.

General Guidelines For All Emergency Responders

Under no circumstances should a responder compromise their safety in regard to these procedures. When in doubt about a patient with a weapon or the weapon itself, Responders should contact law enforcement.

1. Responders should anticipate any patient may have a concealed weapon. The safety of Responders is paramount.
2. Responders should never approach a patient who appears threatening with a weapon, no matter how ill the person seems.
3. Law enforcement shall be called to secure the scene to disarm threatening individuals. Patients carrying a firearm while under the influence of alcohol or drugs are committing a criminal offense. Law enforcement should be notified of such instances. Law enforcement officers will make decisions regarding disarming the patient and the weapon.

Ideally patients will self-disclose that they have a weapon. However it is likely that at times patients may choose not to declare or may not be able to indicate that they have a weapon.

- The following concepts pertain to the discovery of a weapon on a patient, and are to be considered throughout this document: Responders should always assume that all firearms are loaded.
- Optimally weapons should be safely secured by the patient at their residence and not be transported with the patient or family/friend in an emergency response vehicle or to a healthcare facility.
- Patients with an altered level of consciousness, severe pain, or with difficulties in motor control should not be encouraged to disarm themselves. An emergency response or healthcare worker may need to obtain control of the weapon for the safety of responding Responders, the public and the patient.
- Caution should be used at all times when handling a weapon.
- Responders should not attempt to unload a firearm.
- Regardless of a person's familiarity with firearms, there is no way to know if the gun is in proper working order.

No Carry Zone

The District is a "no carry" zone, except for law enforcement.

- No-carry signage will be clearly posted at the public entrance and on the grounds.
- Law enforcement should be called if people insist on carrying weapons in vehicles or on the premises of The District

Training

The District will promote collaborative training with law enforcement regarding this policy and its procedures.

The District will ensure responders have access to this policy and responders are encouraged to ask questions and seek clarification as needed BEFORE an incident.

Prehospital Actions

Responders may discover a weapon on a patient at the scene, or in some instances during a secondary survey while enroute to a hospital. Based on the possible scenarios previously listed, a responder shall adhere to the following steps when a weapon is discovered.

Conscious Patient Willing to Relinquish a Weapon

1. Patients who are alert and oriented and for whom the emergency response is occurring at their place of residence should be asked to leave their weapons in a secure location at home prior to transport.
2. Patients can be told that EMS vehicles are no-carry zones.
3. Patients for whom the emergency response is occurring away from their residence may relinquish their weapon to a law enforcement officer on scene if one is available.
4. If a patient is not at their residence or if a law enforcement officer is not available, emergency response Responders should do the following:
    a. Place the deadly weapon into the vehicle narcotics lock box. The barrel of a firearm should be pointing in the direction that is indicated on the outside of the Lock Box.
    b. Dispatch is to be notified to have an Deputy meet you at the receiving facility and the weapon turned over to them. The patient will be told to retrieve their weapon from the law enforcement .
5. If no additional weapons are found, load the patient into the vehicle and transport to an appropriate medical facility.

Conscious Patient Unwilling to Relinquish a Weapon

- Emergency responders should engage alert and oriented patients in calm discussion about the rationale to secure the weapon prior to transport. Simple explanations can be given including that these guidelines are in place.
- If the patient continues to refuse to relinquish the weapon, emergency responders should refrain from continuing the assessment and from transporting to a medical facility.
- Responders should be suspicious of ill or injured patients unwilling to relinquish weapons.
- Law enforcement should be called to intervene in the situation.
- If the situation becomes threatening, responders should evacuate the scene to a secure rendezvous point a safe distance away and notify law enforcement.

Patients with Altered Levels of Consciousness

- Responders must use extreme caution when approaching patients with altered levels of consciousness.
- If a weapon is found on an awake patient with an altered level of consciousness, responders should not attempt to have the patient hand over the weapon. Responders should not attempt to remove a weapon from a patient whose level of consciousness could precipitate use of that weapon against them. Law enforcement should be called to assist in disarming these patients. If a weapon is removed by a law enforcement officer, the officer will maintain possession of the weapon.
- If the patient is unconscious and requires emergent care but law enforcement is not on the scene, Responders will need to carefully separate the weapon from the patient prior to transport. Optimally a firearm should be removed from the patient while still in the holster. If removing the holster and weapon together jeopardizes the safety of the patient or emergency response Responders, or it is physically impossible to remove the holster and firearm together, the weapon may be removed without the holster.
- Once removed, emergency response Responders shall:
- Handle all weapons carefully.
- Leave the weapon in the patient's home and notify law enforcement

- If a patient is not at their residence or if a law enforcement officer is not available, Responders should do the following:
    a. Place the deadly weapon into the vehicle narcotics lock box. The barrel of a firearm should be pointing in the direction that is indicated on the outside of the Lock Box.
    b. Dispatch is to be notified to have an Deputy meet you at the receiving facility and the weapon turned over to them. The patient will be told to retrieve their weapon from the law enforcement .

APPENDIX – SAN JUAN ISLAND EMS (AGENCY POLICIES AND PROCEDURES)

APPENDIX A: FATIGUE ASSESSMENT (EMS POLICIES AND PROCEDURES)

GROUND/MARINE FATIGUE ASSESSMENT TOOL

Provider:_____ Date/Time: _____

Total calls in the past 24 hours
___ 12 or greater (self-assessment required- consider taking time out)
Amount of sleep/rest for 24 hours
___ <6 hours
___ No sleep (self-assessment required- consider taking time out)
Off island calls
___ 1 or more daytime off island calls (self-assessment required)
___ 1 night time off island call (administrative approval required prior to accepting an additional off island call)
Number of calls run by the Responders in question
___ 10 calls in 24 hours (self-assessment required- consider time out)
___ >12 calls in 24 hours (administrative approval required)
Care of a loved one
___ BLS level care of a loved one (self- assessment required- consider time out)
___ High acuity care of a loved one (mandatory time out)

Administrator Contacted: _____ Decision: _____

DEFINITIONS
Time Out- 6 hour rest break must be observed prior to being allow back in-service. If the medical team responder still feels fatigued after 6 hours, then that team responder is off call for 24 hours.
Staff Change-When required, the medical team responder (s) that need to be taken out of service, will be replaced by an equal or higher level care provider.
Administrative approval- Only the Administrator on Call or the Director of Emergency Response Services or Director of Critical Care Transport or the Chief can approve the medical team accepting additional missions if the above listed conditions exist.
Off Island Call- a response to one of the islands in the region not served by another EMS District (i.e. the waterways, Waldron, Decatur, Center, etc.)

Administrator Contacted: _____ Decision: _____

_____

_____

_____

_____

Place completed form in HIPAA box in administrative area.

APPENDIX B: OUTREACH RATES (EMS POLICIES AND PROCEDURES)

2023 OUTREACH AND STUDENT RATES

THE DISTRICT

STANDBY

EMS offers standbys primarily as a commVehicley service. These rates are set to recoup costs. Standbys are subject to availability.

$150 per hour for a standby with an Vehicle, driver, and an EMT or Paramedic (District choice whether ALS or BLS. If ALS is required, an additional fee of $50 will be added per hour).

$75 per hour for a standby with a single EMT and no Vehicle. (EMS may opt to send an Vehicle anyway for ease of convenience, but the event organizers should be informed that the Vehicle cannot be used for emergency response without a driver and be informed of the consequences.)

AMERICAN HEART ASSOCIATION CPR AND FIRST AID CLASSES

CPR courses are offered as a public service and help the district improve cardiac save rates in the commVehicley. For those who pay taxes within the District, the cost is less than those who do not pay taxes (i.e. don't live here). Rates cover instructor costs, training space and equipment, insurance, etc. NOTE: ALL CLASSES REQUIRE AN ADDITIONAL CARD FEE CHARGED BY THE AHA

$25 per person if IN DISTRICT for CPR or First Aid. **$50** for OUT OF DISTRICT.

$50 per person if IN DISTRICT for both CPR and First Aid. **$100** for OUT OF DISTRICT.

$75 per person if IN DISTRICT for healthcare provider CPR. **$150** for OUT OF DISTRICT.

$50 per person if IN DISTRICT for safe sitter class plus card fee. **$100** for OUT OF DISTRICT.

COURSES / CREDENTIALED EDUCATION

Credentialed education opportVehicleies are primarily provided for the development of The DistrictThe Districtfirst responders. We make courses available to outside agencies and the public where possible as a public service, and such courses are subject to size restrictions and constraints.

$220 per person per full day, plus the costs of any books and course certification fees (e.g. NAEMT fees)

$150 per person per half day, plus the costs of any books and course certification fees (e.g. NAEMT fees)

$75 for skills only if approved by the instructor. Skills that require a large time commitment or expense to the District may be charged a different rate.

NOTE: We reserve the right to change this rate sheet at any time or set custom rates as needed

2026 INSTRUCTOR PAY FOR OUTREACH AND CLASSES

THE DISTRICT

It must be determined whether the instructor is serving as a contractor or as an responder of the District. An responder of the District must be paid their standard hourly wage for work. Volunteers must also be paid a standard stipend as outlined in the volunteer stipends to avoid turning the volunteer into a part-time responder.

Exceptions are if the class is run through the county EMS and Trauma Care Council. In such cases the "out of district" fee for students is waived.

AMERICAN HEART ASSOCIATION INSTRUCTORS

Min class size 8 (no exceptions unless the instructor agrees to a lower fee that doesn't exceed 75% of the expected student fees). Includes use of the EMS training room or the Market Street location (district choice). Instructors are expected to return equipment in working condition and to reset the training room to its clean and ordered condition.

$150 per CPR or First Aid Course

$300 per CPR and First Aid Course

$400 per healthcare provider CPR course

$300 per safe sitter class

Instructors who are assisting may be paid $30/hour where class size exceeds means and can cover the cost of the additional instructors without losing money.

OTHER INSTRUCTORS

Specialized instructors brought in to help with NAEMT, EMT class skills testing, etc., will be paid $50/hour. The District will pay a $50 stipend to help cover ferry costs.

APPENDIX D: RIDE ALONG WAIVER

THE DISTRICTTHE DISTRICTAND MEDEVAC RIDE ALONG PROGRAM WAIVER OF LIABILITY AND AGREEMENT TO FOLLOW PROCEDURE AND POLICY (EMS POLICIES AND PROCEDURES)

AGREEMENT TO ASSUME RISK

This agreement made between the The District (dba The District), a junior taxing district of San Juan County, WA, its agents, responderResponders, volunteers, Districts, and officers hereinafter collectively called The DistrictThe Districtand _____ , of _____ hereinafter called observer.

RECITALS

The DistrictThe Districtagrees to allow observer to participate as an observer in the ground based operational and Vehicle activities of The DistrictThe Districtprovided observer agrees to assume all personal risk and agrees further to hold The DistrictThe Districtharmless in the event of any personal injury/death or property loss which may occur as a result of their roles as an observer;

NOW, THEREFORE, THE PARTIES HEREBY AGREE AS FOLLOWS:

1. Observer agrees to assume any and all risk to himself/herself occasioned by theirriding in any vehicle, being present in the District or at any emergency scene, or any other activity or event which occurs while theyobserves operational and Vehicle activities with The District. The DistrictThe Districtshall have no obligation to provide insurance for observer because of the agreement and any such protection shall be the responsibility of the observer and theirparent or legal guardian if observer is less than 18 years of age.

2. Observer understands and agrees that theyshall not be or become an responder, agent or officer of the The DistrictThe Districtand shall not be entitled to compensation, fringe benefits, or any other privilege of a The DistrictThe Districtvolunteer or responder. Observer further agrees not to represent himself/herself to the public as a responder of the EMS, Aid Vehicle, or responder of The DistrictThe Districtat any time or for any reason.

3. Observer, parents or legal guardian to hold The DistrictThe Districtharmless from all actions, causes of action, damages, claims or demands which persons not a party this agreement have or may have against the The DistrictThe Districtor which result from or are sustained by reason of the agreement to allow observer to participate in the ride along program.

4. Observer understands and recognizes that theirparticipation pursuant to this agreement as an observer may place him/her in danger as a result of unforeseen events and observer agrees to assume those risks and hereby releases the The DistrictThe Districtfrom any and all liability resulting from or growing out of participation in this program.

5. In the strict enforcement of Federal, state and local laws. Unprofessional Conduct:

"Knowing or willful violation of patient privacy or confidentiality by releasing information to persons not directly involved in the care of or treatment of the patient..."

6. I, _____ (observer legal name) do hereby recognize the need for strict confidentiality of patients that I come in contact with during my participation in the ride-along program. I recognize that any such violation will immediately end my participation in the ride-along program and possibly subject me to legal action.

7. The DistrictThe Districtagrees to allow observer to observe ground operations and Vehicle activities only under terms and conditions set forth hereinabove.

8. Term of this agreement shall be from _____ to _____ unless terminated sooner as provided hereinabove.

Signed this _____ day of _____ 20_____.

_____ _____

_____

Observer and/or parent signature

EMS Chief or Assistant Chief

APPENDIX E: RIDE ALONG CONFIDENTIALITY (EMS POLICIES AND PROCEDURES)

Student/Guest/Trainee Confidentiality and Non-Disclosure Agreement

I _____ understand that The DistrictThe Districtprovides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of The District's patients. I understand that it is necessary, in the rendering of The DistrictThe Districtservices, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree that I will comply with all confidentiality and security policies and procedures set in place by The DistrictThe Districtduring my experience as a student/guest/trainee with The District. If at any time I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Privacy Officer of The DistrictThe Districtimmediately.

I also understand that I may be exposed to other confidential or proprietary information of The DistrictThe Districtand I agree not to reveal any of that information to anyone at any time.

In addition, I understand that a breach of patient confidentiality may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of The District. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. As a general rule, I understand that any patient or confidential information that I see or hear while a student/guest/trainee will stay here at The DistrictThe Districtwhen I leave.

I have been given an overview of the privacy policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe The DistrictThe Districtactivities will be terminated.

Signature: _____ *Date:*_____

Name:_____

Leave of Absence Form

Name: _____

**** Please complete and submit form to the office.***

Requested Starting Date:	**Anticipated Return Date:**

☐ I **WILL BE** attending OTEP Training Nights

☐ I will **NOT** attending OTEP Training Nights

Reason for leave of absence:

I understand the "Return to Work" requirements and will follow them:

EMT/Paramedic Signature: _____ **Date:** _____

I approve this leave:

Officer Signature: _____ **Date:** _____

Assistant Chief Signature: _____ **Date:** _____

Chief Signature (if staff): _____ **Date:** _____

APPENDIX G: RETURN TO WORK (EMS POLICIES AND PROCEDURES)

Return to Work Form – The District

Name: _____ Date: _____

1. **Stretcher and Patient Movement (No time limit):** The provider and one other provider will carry a stretcher with a mannequin up two flights of stairs, twice, taking only one break. The person being tested will carry the heavier end of the stretcher.
2. **Kit Carry and Climb (No time limit):** The provider will carry their assigned kit, Airway kit and AED (40-50 lbs) up the two flights stairs, place gear on the floor and proceed to the next task.
3. **Mannequin Drag (2 Minutes):** The provider will drag a 70-pound mannequin from the area of initial contact to an established resuscitation testing area, about 10 yards.
4. **Adequate CPR:** Requires performing 5 cycles or 2 minutes of adequate adult CPR 30/2, check for a pulse. Must be able to kneel and squat.

Section B: Required Only if returning following Illness or Surgery:

My signature indicates that I have read and understand the responderresponder's physical requirements and that my findings are based on my medical assessment that this responderresponder's physical capabilities are sufficient to fill the essential functions of the job. The above named responder has been released to return to Full Duty as of _____ (Date) Physician's Name (Please Print): _____

Physician's Signature: _____ Date: _____

Section C: The above named responder has been released to return to Full Duty.

Signature of The DistrictThe DistrictChief or Assistant Chief:

_____ Date:_____

Signature of Responder:

_____ Date: _____

APPENDIX H: PHYSICAL FITNESS ASSESSMENT (EMS POLICIES AND PROCEDURES)

FIRST TIME – PHYSICAL FITNESS AND AGILITY TEST

ALL RESPONDERS JOINING SAN JUAN ISLAND EMS

Name: _____ Age: _____ Date: _____

SECTION A: Clearance by Physician

All new responders of The DistrictThe District(who intend to respond as an EMT or Paramedic) must be cleared by a doctor by receiving a physical.

My signature indicates that I have read and understand the physical requirements laid out below and I believe this person physically capable of filling the essential functions of the job should they pass the test in section C. Physician's Name (Please Print): _____

Physician's Signature: _____ Date: _____

SECTION B: Hold Harmless

I agree to take this physical fitness test at my own risk and hold harmless San Juan Island EMS from any injuries, tort, or liabilities resulting from this test.

Printed Name: _____ Signature _____ Date _____

SECTION C: Test

The test may be performed in any sequence but must be performed in the same day. Breaks between events are permitted.

1. **Stretcher and Patient Movement (No time limit):** The provider and one other provider will carry a stretcher with a mannequin up two flights of stairs, twice, taking only one break. The person being tested will carry the heavier end of the stretcher.
2. **Kit Carry and Climb (No time limit):** The provider will carry their assigned kit, Airway kit and AED (40-50 lbs) up the two flights stairs, place gear on the floor and proceed to the next task.
3. **Mannequin Drag (2 Minutes):** The provider will drag a 70-pound mannequin from the area of initial contact to an established resuscitation testing area, about 10 yards.
4. **Cardio Walk (16 Minutes):** The candidate will walk a distance of one mile with a weighted vest of 25 lbs.

Any provider with an active EMT or Paramedic credential must also (Note for Physicians: students must physically be capable of this even if they have not yet been trained):

5. **Perform Adequate CPR:** Requires performing 5 cycles or 2 minutes of adequate adult CPR 30/2, check for a pulse. Must be able to kneel and squat.

APPENDIX I: ANNUAL PHYSICAL FITNESS ASSESSMENT
(EMS POLICIES AND PROCEDURES)

ANNUAL

PHYSICAL FITNESS AND AGILITY TEST

ALL RESPONDERS

Name: _____ Age: _____ Date: _____

SECTION A: Hold Harmless

I agree to take this physical fitness test at my own risk and hold harmless San Juan Island EMS from any injuries, tort, or liabilities resulting from this test. I have consulted with a doctor as necessary and believe I am fit for duty.

Printed Name: _____ Signature _____ Date _____

SECTION B: Test

The test may be performed in any sequence but must be performed in the same day. Breaks between events are permitted.

1. **Stretcher and Patient Movement (10 min):** The provider and one other provider will carry a stretcher with a mannequin up two flights of stairs, twice, taking only one break. The person being tested will carry the heavier end of the stretcher.
2. **Kit Carry and Climb (10 min):** The provider will carry their assigned kit, Airway kit and AED (40-50 lbs) up the two flights stairs, place gear on the floor and proceed to the next task.
3. **Mannequin Drag (2 Minutes):** The provider will drag a 70-pound mannequin from the area of initial contact to an established resuscitation testing area, about 10 yards.
4. **Perform Adequate CPR:** Requires performing 5 cycles or 2 minutes of adequate adult CPR 30/2, check for a pulse. Must be able to kneel and squat.

A responder going more than 18 months without taking this test can be removed from duty provided the District has offered at least one date in the year for responders to take the test. The District will provide the test upon request within three weeks of receiving the request.

APPENDIX J: VOLUNTEER STIPENDS (EMS POLICIES AND PROCEDURES)

VOLUNTEER STIPENDS - 2026		
Stipend Type	**Amount**	**Description**
Flat Rate Stipends: Support Officer Lieutenant	 $50/month for support $100/month for Lieutenant	 Approved support officers. Not eligible for any other stipend. Approved LTs.
Station Coverage Stipend	$100 per 12 hours rounded up by 3-hr block $30 / 3 hours $60 / 6 hours $90 / 9 hours $120 / 12 hours	Stipend for all coverages such as: • Event Standbys • Station shifts • Extra training (PHTLS, TECC, GEMS, etc.) • CPR instruction • OTEP / Run Reviews • Staff EMT coverage
On-Call Coverage Stipend	Paid per call	Must be within 2 minutes of the station while on call or by approval. Counts towards minimums.
POV Aid Calls	$25 per call	Personally operated vehicle response to an aid call. Must not be providing station coverage to qualify. Must submit stipend sheet within 30 days to qualify.

EMT minimum response per quarter: 8 POV calls or 48 hours of shifts (station or on-call) per quarter. Mix and match is permitted, 1 POV call is worth 6 hours of coverage. Failure to meet minimums may result in remediation; repeated failures may result in dismissal.

New EMTs (whether new to agency or newly credentialed) must fill twelve x 24 hours of station shifts and complete the Field Training Evaluation Program (FTEP).

APPENDIX K: HAZARD'S FORM / UNUSUAL INCIDENT REPORT (EMS POLICIES AND PROCEDURES)

San Juan County
Unusual Occurrence Report

1. Incident Date/ Time	2. Provider District Name	3. Event #	4: Reporting Date
5. Address or Location of Incident			
6.Person Reporting Incident			
7. Preferred Method of Contact Email: Address: Phone: Fax:			
8. Affiliation	9. Vehicle		
10. Type of Incident			
11. Incident Description: Be as specific as possible. Include names, address, times, dates, etc. Use separate sheets of paper if necessary			

12. Attachments YES/ NO # of pages or documents _____

SAFETY RISK / EVENT REPORT FORM

SAN JUAN ISLAND EMS
Personal Injury / Illness Report

Instructions: Complete this form as soon as possible after an Incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

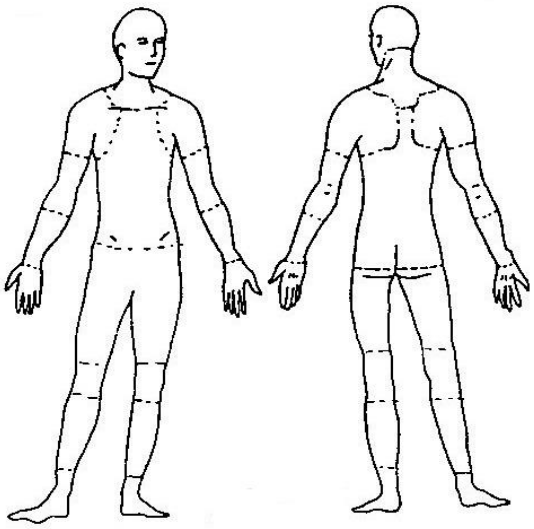
This is a report of a: ❑ Death ❑ Lost Time ❑ Dr. Visit Only ❑ First Aid Only ❑ Near Miss

This report is made by: ❑ Employee ❑ Supervisor ❑ Team ❑ Final Report | Incident #:

Step 1: Injured Employee (Complete Step 1 and 2)

Name: | Sex: ❑ Male ❑ Female | Age:

Part of body affected: (shade all that apply)



Nature of injury: (most serious one)
❑ Abrasion, scrapes
❑ Amputation
❑ Broken bone
❑ Bruise
❑ Burn (heat)
❑ Burn (chemical)
❑ Concussion (to the head)
❑ Crushing Injury
❑ Cut, laceration, puncture
❑ Hernia
❑ Illness
❑ Sprain, strain
❑ Damage to a body system:
❑ Other _____

Date / Time of Incident:

Date / Time Reported:

Reported to:

Hospitalized or treated where? (include address):

Name of physician:

Step 2: Cause of Injury

What caused the injury / illness? (Describe in detail - use back for additional information.)

If an exposure, what was the method of contact?
_____ Needle stick with contaminated needle.
_____ Blood or body fluids into natural body openings (e.g. nose, mouth, eye)
_____ Blood or body fluids into cut, wound, scores, or rash less than 24 hours old.
_____ Other, please specify: _____

What body fluid(s) were you in contact with?

_____ Blood	_____ Feces	_____ Saliva	_____ Sputum
_____ Sweat	_____ Tears	_____ Urine	_____ Vomitus

_____ Other, please specify: _____

Injured Person's Signature: _____ Date: _____

Witness(es) to Injury: _____ Date:_____

Witness(es) to Injury: _____ Date: _____
(Attach witness statements)

Forward this form to Assistant Chief T. J. Bishop, Safety Officer, tbishop@sanjuanems.org, 360.390.1570.

INVESTIGATION REPORT – PERSONAL INJURY / ILLNESS

Date: _____ Injured: _____ Incident Reference: _____

Steps 3, 4, & 5 to be completed by the member's officer or on-duty officer, the Safety Officer or the Health Officer.

Step 3: What was the general nature and reason for the accident?

What acts, failures to act and/or conditions contributed most directly to this accident? (Immediate Cause)

What action has or will be taken to prevent recurrence?

Step 4: Why did the Incident happen?

Unsafe workplace conditions: (Check all that apply)
- ❑ Inadequate guard
- ❑ Unguarded hazard
- ❑ Safety device is defective
- ❑ Tool or equipment defective
- ❑ Workstation layout is hazardous
- ❑ Unsafe lighting
- ❑ Unsafe ventilation
- ❑ Lack of needed personal protective equipment
- ❑ Lack of appropriate equipment / tools
- ❑ Unsafe clothing
- ❑ No training or insufficient training
- ❑ Other: _____

Unsafe acts by people: (Check all that apply)
- ❑ Operating without permission
- ❑ Operating at unsafe speed
- ❑ Servicing equipment that has power to it
- ❑ Making a safety device inoperative
- ❑ Using defective equipment
- ❑ Using equipment in an unapproved way
- ❑ Unsafe lifting by hand
- ❑ Taking an unsafe position or posture
- ❑ Distraction, teasing, horseplay
- ❑ Failure to wear personal protective equipment
- ❑ Failure to use the available equipment / tools
- ❑ Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as "the job can be done more quickly" or "the product is less likely to be damaged" that may have encouraged the unsafe conditions or acts? If yes, describe. ❑ Yes ❑ No
:

Were the unsafe acts or conditions reported prior to the Incident?	❑ Yes ❑ No
Have there been similar Incidents or near misses prior to this one?	❑ Yes ❑ No

Step 5: How can future Incidents be prevented?

What changes do you suggest to prevent this Incident/near miss from happening again?

❑ Stop this activity ❑ Guard the hazard ❑ Train the employee(s) ❑ Train the supervisor(s)

❑ Redesign task steps ❑ Redesign work station ❑ Write a new policy/rule ❑ Enforce existing policy

❑ Routinely inspect for the hazard ❑ Personal Protective Equipment ❑ Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets: ❑

Investigation Completed By:	Date Completed:

Forward this form to the District Office, Human Resources for lost work time and worker compensation claims

Step 6: To be completed by Safety Committee.

Date incident was reviewed:	

Review determination: Determined to be: _____ Preventable _____ Non-Preventable _____ Other (Explain)	
Safety Officer:	Date:

San Juan Island EMS

Unusual Occurrence / Near-Miss Incident Report Form

A near-miss is a potential hazard or incident in which no property was damaged and no personal injury was sustained, but where damage or injury easily could have occurred. Near misses also may be referred to as close calls, near accidents, or injury-free events. For the sake of a safe work environment, we ask all members report any of these potential hazards immediately. Please use this form to report near-misses and assist us in preventing future incidents and making here a safer workplace.

Work Area:
Date and Time of Incident:
Witnesses (optional):
Type of Near Miss:

- Near-Miss
- Safety Concern
- Safety Idea/Suggestion
- Other (describe):

Type of Concern:

- Unsafe Act
- Unsafe Condition of Area
- Unsafe Condition of Equipment
- Unsafe Use of Equipment
- Safety Policy Violation
- Other (describe):

Describe the potential incident/hazard/concern and possible outcome (be detailed):

Were safety procedures violated? (describe):

Incident site inspection – Why was an unsafe act committed, or why was the unsafe condition present?:

Recommendations/steps to take to prevent a similar incident:

Name (optional):
Date Reported:

Safety Officer Signature:
Date:

Please submit this form to Assistant Chief T. J. Bishop, Safety Officer, in hard copy form or emailed to tbishop@sanjuanems.org.