Citizens Ambulance Service Policy & Procedure Manual

100 – CAS Organizational Structure

Chain of Command Policy

Policy # CAS 100-1

Purpose

To establish a well defined Chain of Command within the organization that encompasses all divisions and personnel.

Objectives

Scope

This procedure is designed to outline for all personnel the direct chain of command they are to follow when addressing department issues. Every effort should be made to follow the chain of command in order to keep all levels of management and personnel informed and instructed on their particular job function. In addition, this procedure outlines the procedure for the delegation of authority within the organization.

References

Employee Handbook

Definitions

Responsibilities

Procedure

An organizational chart has been provided which clearly depicts each position in relation to the established chain of command.

All personnel, either on or off duty, should follow this chain of command. Some individuals have been given special responsibilities in addition to their normal duties. At times it will be necessary to have a direct contact with a member of management without following the direct chain of command. The coordinator shall be notified of any special responsibilities given to any of the personnel.

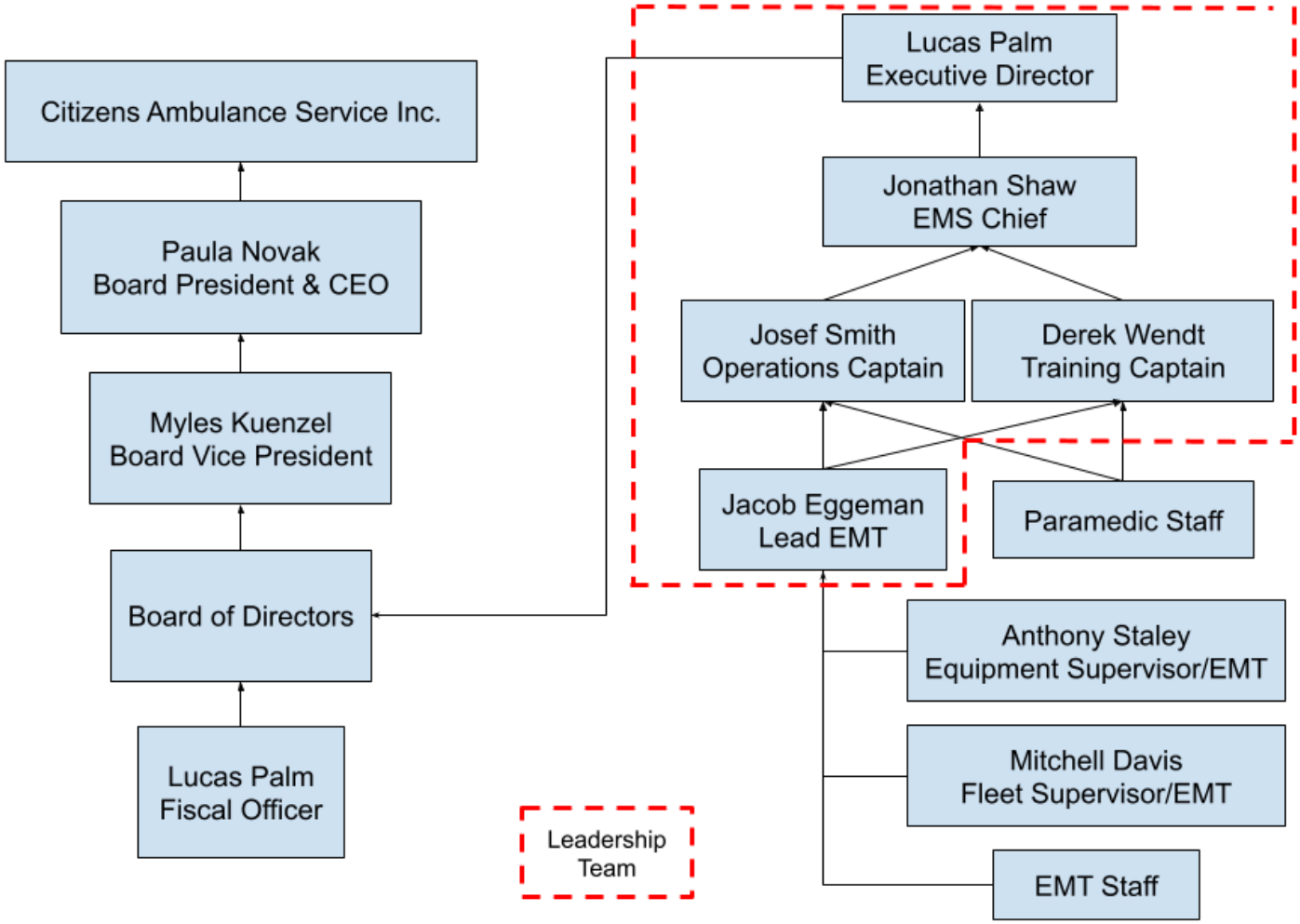
On Duty personnel should report directly to the EMS Chief when a Captain is not on duty.

On emergency scenes, the chain of command, by necessity, may be broken.

There will be times when more than one order will be given at a time. Under absolutely no circumstance is any order to be ignored.

When off duty personnel are called in, the senior ranking employee will assume command at the station.

The EMS Chief has ultimate authority for the actions of the entire department; however, certain areas of responsibility and authority are delegated to other staff members within the department.



Chain of Command Structure

200 – CAS Organization

External Reporting Policy

Policy # CAS 200-1

Purpose

A document to guide the external sources to which Citizen Ambulance Service reports data to.

Objectives

To report to the proper agencies as directed within this document

Scope

As directed by the Executive Director or EMS Chief, staff shall ensure that Citizens Ambulance Service data is securely and properly transmitted to external agencies as listed.

References

Ohio EMSIRS

NEMSIS

Definitions

Responsibilities

Procedure

All patient care reports will be logged via the ePCR system. These charts will then be completed as listed below, signed, and locked. The ePCR will then upload data from these charts to both Ohio EMSIRS and NEMSIS upon completion of the chart. The ePCR vendor will maintain the interface needed to securely transmit the data between agencies.

All employee information will be entered into the current HR/Payroll system and employees are responsible for updating their personal information as needed. Payroll tax data will be submitted by the payroll system to the correct agency for tax purposes as required.

CAS Privacy Practices Policy

Policy # CAS 200-2

Purpose

At Citizens Ambulance we care about patients' private information and do our part to secure it and keep it hidden from unauthorized personnel. Notice of Privacy Practices can be found on our website (www.citizensambulance.com) which will give you the most up-to-date information regarding how we handle Protected Health Information (PHI). You can also find the Staff Notice of how we handle PHI internally in the same location.

Objectives

To inform employees of how private information is controlled and handled.

Scope

To control the distribution of private information as required by federal law / HIPAA regulations.

References

Notice of Privacy Practices

Definitions

Responsibilities

Procedure

- As part of being committed to protecting PHI we CAN NOT release PHI to anyone (even the patient) without proper documentation and identification. In order to give you (or anyone else) copies of your PHI we will need the following from the person whose PHI we are releasing:
    - One Form of ID (Types Accepted are: Drivers License or ID, SS Card, Birth Certificate) and a Signed and Dated & Most Recent Copy of Our PHI / HIPAA Release Form
- In the event of the death of the person whose PHI needs to be released we will need the following:
    - Death Certificate (Must be a Certified Copy), One Form of ID from the Patient's Power of Attorney (Types Accepted are: Drivers License or ID, SS Card, Birth Certificate, and a Signed and Dated & Most Recent Copy of Our PHI / HIPAA Release Form (This form will need to be signed by the Patients Power of Attorney).

CAS EMS Systems Policy

Policy # CAS 200-3

Purpose

To provide an understanding of staffing and response

Objectives

Scope

This policy applies to all employees

References

Employee Handbook

CAS POV Response Policy

Station Backfill / 2nd Call Policy

Drug Free Workplace Policy

Definitions

Responsibilities

Procedure

Primary Coverage

The primary ambulance will be staffed on a 24/7/365 basis with on duty personnel. This ambulance will be the first truck to respond to any call for service within the CAS primary coverage area, or as requested by mutual aid agencies.

Secondary Coverage

The second and third ambulance will be staffed with personnel following the Backfill / 2nd Call Policy. This ambulance will respond to calls for service when the primary ambulance is handling another run or there are multiple patients on a scene.

General EMS Operation

All crew members are expected to be available for the shift you were assigned. If your schedule changes you are expected to notify the EMS Chief and find appropriate shift coverage.

The consumption of any alcoholic beverage while on call, while on duty, or prior to being on duty is strictly prohibited. See the Drug Free Workplace Policy

When responding directly to a call the use of POV lights is permitted as long as all requirements set by OSP and the State of Ohio Fire Marshall are adhered to - See CAS POV Response Policy. Personnel should report directly to the station for a call unless the call is within a reasonable distance from your location or you would pass the scene to go to the squad. If you are going to the scene, you must notify dispatch so the rest of the crew can be notified.

If there is a call in your immediate area or you are passing a scene of a call and you are not on duty, you may go to that scene and help out until the crew responds. At that time you should give report and hand over care of that patient to the responding crew if they do not need further assistance on scene.

For all reports of an MVA, Medic 1 and Medic 2 or 3 will respond automatically. If Medic 2 or 3 is not needed the primary crew can advise this over the radio.

In cases where only one CAS employee is available to respond with the second truck they should perform initial assessment and management of the patient until a transporting unit arrives. A member of the local fire department may be used in these instances to form a full crew providing that person holds an active EMT, AEMT or Paramedic certification. Emergency Medical Responder (EMR) is not a valid certification to form a full crew.

Due to increased call volume, crews must work to expedite turnaround times at receiving facilities. This means avoid making any unnecessary stops outside of the service area, regardless of whether backfill is present.

If a narcotic kit exchange is needed, or if crews anticipate a delay at a facility, they must immediately notify a member of the Leadership Team.

EMS ePCR Reporting

All EMS Patient Care Reports MUST be completed, signed, and forwarded to QA as listed below:

- Green/Yellow Acuity: Complete within 1 hour of returning to station.
- Red/Black (Non DOA) Acuity: Complete within 2 hours of returning to station.

Employees will receive a QA flag for every two days the report has not been completed or forwarded to QA. QA flags will be followed up by text or email in most cases.

Frequent and/or recurring QA flags may result in disciplinary action.

CAS Confidentiality Policy

Policy # CAS 200-4

Purpose

Information that pertains to Citizens Ambulance Services' business, including all nonpublic information concerning the Company, its vendors and suppliers, is strictly confidential and must not be given to people who are not employed by Citizens Ambulance Service.

Objectives

Scope

This policy applies to all employees

References

Definitions

Responsibilities

Procedure

- Please help protect confidential information- which may include, but not limited to the following: compensation data, trade secrets, customer information, company financial information, computer programs or passwords, patient lists, patient preferences, access codes, financial information, marketing strategies.
- You help do this by taking the following precautionary measures:
    - Discuss work matters only with other Citizens Ambulance Service employees who have a specific business reason to know or have access to such information.
    - Use company provided computer and/or company provided secure email
    - Do not discuss work matters in public places.
    - Monitor and supervise visitors to Citizens Ambulance Service to ensure that they do not have access to company information.
    - Destroy hard copies of documents containing confidential information that is not filed or archived.
    - Secure confidential information in desk drawers and cabinets at the end of every business day.
- Your cooperation is particularly important because of our obligations to protect the security of our clients' and our own confidential information. Use your own sound judgment and good common sense, but if at any time you are uncertain as to whether you can properly divulge information or answer questions, please consult a member of the leadership team.

CAS Record Retention Policy

Policy # CAS 200-5

Purpose

To provide a source of reference for document storage by either electronic or paper storage methods.

Objectives

Scope

This policy applies to all employees and CAS Board of Directors

References

https://grantspace.org/resources/knowledge-base/record-retention/

https://www.irs.gov/pub/irs-pdf/p4221pc.pdf

https://www.ohgfoa.com/assets/documents/bylaws-and-policies/documentretentionanddestructionpolicy.pdf

http://codes.ohio.gov/oac/5703-29-18v1

https://www.councilofnonprofits.org/tools-resources/document-retention-policies-nonprofits

Definitions

Paper Storage - One copy of an item to be kept on station in a locked file box or cabinet. Important documents should be kept in locked fireproof safe. Electronic copies of these files should also be made.

Electronic Storage - Files scanned or otherwise stored electronically will be backed up on a twice daily basis to both an on-site storage device and an off site storage back up.

Responsibilities

It is the responsibility of the following companies to maintain the following policies.

EMS Charts - All documents kept permanently

Heartland - To comply with the Age Discrimination in Employment Act of 1967 (ADEA), employers must maintain payroll records for three years from the date of termination. Heartland follows these standards.

Quickbooks - All documents are kept indefinitely unless the account is closed or files deleted.

Procedure

Document Type	Time Period	Method of Storage
Accounts payable ledgers and schedules	7 years	Electronic
Accounts receivable ledgers and schedules	7 years	Electronic

Articles of Incorporation	Permanently	Electronic & Paper
Audit reports, from independent audits	Permanently	Electronic
Bank reconciliations	4 years	Electronic
Chart of accounts	Permanently	Electronic
Checks	Permanently	Electronic
Checks (canceled)	7 years	Electronic
Continuing Professional Education Records	Permanently	Electronic
Contracts and leases (once expired)	7 years	Electronic
Corporate resolutions	Permanently	Electronic
Correspondence (routine) with members, customers, or vendors	1 year	Electronic
Correspondence (legal and important matters only)	Permanently	Electronic
Depreciation schedules	Permanently	Electronic
Determination Letter from the IRS, and correspondence relating to it	Permanently	Electronic & Paper
Duplicate deposit slips	4 years	Electronic
Expense analysis and expense distribution schedules	7 years	Electronic
Financial statements (year-end)	Permanently	Electronic
Insurance policies	Permanently	Electronic & Paper
Invoices to members, customers, vendors	7 years	Electronic
Membership applications	4 years	Electronic

Minutes of board meetings and annual meetings of members	Permanently	Electronic
Real estate deeds, mortgages, bills of sale	Permanently	Electronic & Paper
Tax returns	Permanently	Electronic

Station Backfill / 2nd Call Policy

Policy # CAS 200-6

Purpose

Provides guidance for backfilling the station during a primary response and responding to an additional call for service when the primary unit is unavailable.

Objectives

To respond to, provide care at, and if needed transport patients who call for service while the primary truck is unavailable.

Scope

This policy applies to all employees.

References

None

Definitions

None

Responsibilities

N/A

Procedure

a. Station Backfill
   i. Eligibility and Location Requirements
      1. Station backfill is permitted only when the primary unit is on another call for service and no 2nd crew is scheduled.
      2. Backfilling requires the employee to be physically on station.
      3. Backfilling from home or any off-site location is prohibited without approval of a member of leadership.
      4. Employees shall not respond to a scene in their personal vehicle (POV) while backfilling unless specifically requested by other responding units or a Command Unit.
      5. Employees must be assigned to and respond in one of the designated backfill ambulances and be capable of providing patient care.
   ii. Notification and Response Procedure
      1. Employees shall text the group and mark responding in IAR at the beginning of their response to the station
      2. Employees should only clock in once they are physically on station.
      3. Once on station, employees shall advise via base station, portable radio, or the Zello app, using the ambulance unit number, that they are available for station backfill.
         a. Example: “Medic 2 at Wakeman (or Townsend) available for any additional calls”
      4. On-duty staff shall not mark in service to the backfill group until the primary unit has returned to the service area.
      5. Employees assigned to station backfill are required to remain on station and available until the primary unit has returned to the service area, unless otherwise directed by a Command Unit or management.

iii. Staffing Limits
    1. No more than two (2) units shall respond to the station for backfill unless directed by a Command Unit.
    2. One (1) additional paramedic unit is exempt from this limit if the initial two units are EMTs.

iv. Primary Response Determination
    1. If an employee is backfilling on station and the mainline squad is farther from a dispatched call (e.g., clearing from the hospital), the backfill unit shall be the primary responding unit for that call. Depending on the staffing of the backfilled unit, the shift primary unit should also respond to the call.

v. Compensation and Pay Rules
    1. Station backfill will be paid at the employee's overtime rate at a minimum of two (2) hours, subject to eligibility requirements outlined below.
    2. Time shall be recorded using the Missed Punch feature with the comment "Station Backfill."
    3. Backfill time exceeding two (2) hours will be paid in one-hour increments. This includes responses to second calls for service.
    4. Regular shift pay shall not overlap backfill pay:
        a. Employees reporting for backfill prior to a scheduled shift will have regular shift pay begin after the two-hour backfill minimum ends.
        b. Employees remaining on duty past their scheduled end time will receive two (2) hours of backfill pay beginning at the time of the call; regular shift pay ends at the time of the call.
    5. Overall failure to follow the requirements of this policy, including response, staffing, location, notification, and availability guidelines, will result in forfeiture of pay for the backfill incident.

vi. Overtime Eligibility Requirement
    1. Employees must work a minimum of one (1) scheduled twelve-hour (12) squad shift every 60 days to be eligible for time-and-a-half (1.5x) pay for station backfill.
    2. Employees who do not meet this requirement will be compensated at their regular hourly rate for backfill until the monthly obligation is satisfied.

vii. Management Discretion
    1. Exceptions or modifications to this policy may be made at management's discretion on a case-by-case basis.
    2. Prior management approval is required for any deviation from this policy.

b. 2nd Call Response
    i. If, prior to station backfill, a second call is paged or an additional squad is requested, the primary crew shall wait a minimum of sixty (60) seconds before responding to the dispatch request.
    ii. If no response from off-duty unit(s) is received within sixty (60) seconds, the primary crew shall request EMS mutual aid.
    iii. Off-duty units may still respond within a reasonable timeframe but shall not cancel mutual aid.
    iv. Off-duty units shall advise their response using a portable radio or the Zello app, stating their unit number and destination, and shall mark responding in IamResponding.
        1. Example: "Unit 100 en route to Wakeman (or Townsend) Station for additional call."
    v. When acknowledging a second call or additional response, employees shall ensure first responders have been dispatched regardless of ETA or nature of the call.
    vi. Unless it is confirmed that a minimum of two (2) EMTs or one (1) EMT and one (1) Paramedic will be available, EMS mutual aid shall be requested at the time of dispatch. Mutual aid may be cancelled once adequate staffing is confirmed.
    vii. A minimum of two (2) EMTs is required to transport a patient. EMRs do not meet this requirement.

300 – CAS Inter-Agency

Regional Disaster Plan

Policy # CAS 300-1

Purpose

A written plan describing Citizens Ambulances Service's role in a disaster.

Objectives

Clearly document the position and duties of Citizens Ambulance Service in the event of a disaster.

Scope

The Huron County Emergency Operations Plan sets forth policies and procedures for mitigation, management and recovery of health and medical services under emergency or disaster conditions.

References

Huron County Emergency Operations Plan - ESF 8

Definitions

Responsibilities

Procedure

1. EMS is activated through 9-1-1 and crews are sent based upon pre-incident establishment of territories and jurisdictions. Mutual aid agreements are in place for resource assignment in the case of multiple calls at one time or mass casualty circumstances.

2. EMS units will follow their own standard operating procedures and standing medical protocols as delegated authority of their medical director.

3. EMS units will communicate via radio and cellular phone with their dispatch centers and receiving hospitals.

4. Victims and patients will be transported to the nearest appropriate hospitals according to Ohio Revised Code.

5. EMS will work with hospitals to establish disaster-based transport procedures when hospitals reach their maximum capacity in emergency departments.

6. Air ambulance units may be incorporated into the local EMS responder group to transport critical patients to hospitals out of the area.

Internal Disaster Plan

Policy # CAS 300-2

Purpose

To organize the information for the Citizens Ambulance Internal Disaster Plan.

Objectives

Scope

The disaster plan includes considerations for resources other than those internal to the agency, including at a minimum: how other resources (e.g., Red Cross) will be considered and used; responsibilities of various transportation services in the area; and when and how an EOC will be established.

References

Definitions

Responsibilities

Procedure

Risk Prioritization

High Risk Priority Hazards

- Weapons of Mass Destruction (WMD) Terrorism (technological)
- Utility Loss (technological)
- Flood (natural)
- Drought (natural)
- Biological/Health (technological)
- Waste Water and Water (technological)
- Economic Disruption (technological)
- Data Telecommunications (technological)
- Civil Unrest (technological)
- Tornados (natural)

Moderate Risk Priority Hazards

- Large Venue Fires (technological)
- Earthquake (natural)
- Transportation Incidents, rail/air/pipeline (technological)
- Hazardous Materials (technological)
- Radiological Incident/Accident (technological)
- Special Events (technological)

- Dam Failure (technological)
- Transportation/loss of ability (technological)
- Explosion (technological)
- Severe Weather (natural)

Low Risk Priority Hazards

- Wildland Urban Interface Fire (natural)
- Biological/Agriculture (technological)
- Tsunami (natural)
- Landslides (natural)
- Sinkholes/subsidence (technological)
- Rise in Ground Water (natural)
- Mine Safety (technological)
- Volcano (natural)

PRIMARY NONPROFIT LOCATION – 19 Railroad Street, Wakeman, Ohio 44889

PRIMARY POINT OF CONTACT – Jonathan Shaw, EMS Chief - 419-677-6331

EMERGENCY CONTACT INFORMATION - DIAL 911 IN AN EMERGENCY

NON-EMERGENCY POLICE – Wakeman Police / Huron County Sheriff (419) 663 - 2829

ELECTRICITY PROVIDER – Ohio Edison (888) 544 - 4877

NON-EMERGENCY FIRE – Wakeman Fire Department / Huron County Sheriff (419) 663 - 2829

GAS PROVIDER – Columbia Gas (800) 344 - 4077

INSURANCE PROVIDER – Battles Insurance Norwalk (419) 668 - 4402

WATER PROVIDER – Village of Wakeman (440) 839 - 2970

POISON INFORMATION CENTER – (800) 222 – 1222

The following people will participate in business continuity and recovery planning.

NAME	POSITION	EMAIL
Paula Novak	CEO / Board President	PNovak@CitizensAmbulance.com
Lucas Palm	Executive Director	LPalm@CitizensAmbulance.com
Jonathan Shaw	EMS Chief	JShaw@CitizensAmbulance.com

Coordination with Coordination with Others

The following people from neighboring organizations, businesses and our building management will participate on our emergency planning team.

ORGANIZATIONS/BUSINESS

Village of Wakeman

Wakeman Police Dept.

Wakeman Fire Dept.

Huron County Sheriff's Office

Huron County EMA

Critical Assets

If these items are taken away, it would drastically affect or harm operations

PEOPLE - employees, consumers, donors, board members, and clients/constituents

BUILDING - physical structure

COMPUTER EQUIPMENT - computers, software, servers/network, copiers, printers, radio communication equipment

DATA - documents, payroll, files, records, server back files, patient care reports

INVENTORY/PRODUCT – EMS Medical Supplies

EQUIPMENT - HVAC, kitchen equipment, audio visual equipment

If a disaster causes negligible or marginal impact on operations, Citizens Ambulance Service will restart the operation in the same location.

If a disaster causes a critical or catastrophic impact on operations, Citizens Ambulance Service administration will discuss the new location depending on the location of the disaster.

Disaster Simulation

Policy # CAS 300-3

Purpose

Individual training: Allow people to practice their roles, gain experience in their roles without an actual disaster.

System Improvement: Improves the organization's system for managing emergencies.

Benefits: Occur from actual practice and evaluations, and then FOLLOWING THROUGH WITH RECOMMENDATIONS.

Objectives

Test and evaluate plans

Reveal planning weaknesses

Reveal gaps in resources

Improve organizational coordination

Clarify roles and responsibilities

Improve individual performance

Gain recognition and support of officials

Satisfy regulatory requirements

Train personnel

Scope

The agency will participate in simulations (tabletop or full-scale) to practice the content of the disaster plan. These simulations will be held, at minimum, once per year. All disaster simulations shall be critiqued. The critique must include, at a minimum: (a) the degree of success in implementing the plan, and (b) a review of tools, materials and supplies (e.g., triage tags) used to implement the plan.

References

Definitions

Responsibilities

Procedure

Main Types of Simulation Exercises

Tabletop Exercise

Facilitated analysis of an emergency situation in an informal stress-free environment.

Designed to elicit constructive discussion as participants examine and resolve problems based on existing operational plans and identify where plans need to be refined.

Success is determined by group participation and problem identification.

Minimal attempt at simulation: equipment is not used, resources are not deployed, and no time pressures are introduced.

Full-Scale Exercise

Simulates a real event as closely as possible.

Designed to evaluate the operational capability of emergency response.

Conducted in a stressful environment that simulates actual response conditions.

Requires the mobilization and actual movement of emergency personnel, equipment, and resources.

Tests and evaluates most functions of the emergency plans.

Major Tasks

Establish the groundwork

Exercise development

Conduct the exercise

Critique and evaluation

Exercise follow-up

Summary

Simulation exercises are conducted in order to evaluate an organization's capability to execute one or more portions of its response or contingency plans.

Simulation exercises can be used to provide individual training and improve the emergency management system.

People generally respond to an emergency in the way they are trained.

Simulation exercise recommendations must be implemented for the program goals to be achieved.

Citizens Ambulance Service will participate in at least one disaster simulation per calendar year with local agencies.

Conflict Resolution Policy

Policy # CAS 300-4

Purpose

This policy describes what is done when a complaint is received from another agency, individual, or professional.

Objectives

Scope

This policy also describes what is done when a complaint is raised about another agency, individual, or professional. The policy includes a timely means to document the following: (a) reporting of the complaint; (b) investigation of the complaint; (c) resolution of the complaint, and (d) feedback to involved individuals. The policy also describes how these complaints are tracked for any trends and what is done with this information.

References

Employee Handbook

Definitions

Responsibilities

Procedure

Citizens Ambulance Service strives to provide a comfortable, productive, legal, and ethical work environment. To this end, we want you to bring any problems, concerns, or grievances you have about the workplace to the attention of your manager and, if necessary, to Human Resources or upper level management. To help manage conflict resolution we have instituted the following problem solving procedure:

If you believe there is inappropriate conduct or activity on the part of the company, management, its employees, vendors, customers, or any other persons or entities related to the company, bring your concerns to the attention of your manager at a time and place that will allow the person to properly listen to your concern. Most problems can be resolved informally through dialogue between you and your immediate manager.

If you have already brought this matter to the attention of your manager before and do not believe you have received a sufficient response, or if you believe that person is the source of the problem, present your concerns to upper level management.

Describe the problem, those persons involved in the problem, efforts you have made to resolve the problem, and any suggested solution you may have.

Upper-level management will then take all information given and investigate the complaint. Upon full investigation, management will make a reasonable resolution based upon the situation, information gathered, and other resources as needed.

All conflicts will be properly documented and stored securely by the EMS Chief or Board Secretary.

400 – CAS Management

Clinical Review Policy

Policy # CAS 400-1

Purpose

Procedure to define the QA / QI process including Clinical Review with Medical Control.

Objectives

Scope

Current Clinical Performance Standards will be reviewed by the EMS Coordinator and Medical Director for clinical appropriateness and compliance with federal, state, and local requirements.

References

Metro Health / Metro LifeFlight – Medical Control

Charting / ePCR Software

Definitions

ePCR – Electronic Patient Care Record

QA – Quality Assurance

QI – Quality Improvement

Responsibilities

Procedure

1. Crew provides care to patient following current medical protocol
2. Crew writes ePCR documenting care provided
3. Crew submits ePCR to QA / QI team for review
4. QA / QI Team reviews ePCR and forwards to Medical Direction if needed
    1. QA/QI Team may also provide feedback directly to the crew
5. Once ePCR is reviewed, ePCR is sent to billing
6. Once ePCR is billed, ePCR is sent to local holding

Management Training Policy

Policy # CAS 400-2

Purpose

Citizens Ambulance Service shall provide managers with initial and on-going management training.

Objectives

To provide adequate management training to appropriate employees

Scope

This policy enforces initial and on-going management training for Supervisors, Leads, and other admins.

References

Definitions

Responsibilities

Procedure

Upon starting a position as a manager or other admin, Citizens Ambulance Service will provide adequate management training either virtually or in-person to strengthen the employee's knowledge of management skills. The EMS Chief and/or training officer will oversee this policy and training.

Post Incident Evaluation Policy

Policy # CAS 400-3

Purpose

To establish a guideline for Post Incident Evaluation of Major Incidents. This system will better assist the department in analyzing emergency responses to ensure the mission is met by delivering effective and efficient emergency services.

Objectives

Scope

This procedure is to be followed by all staff members. It is at the discretion of the incident commander and the EMS Coordinator as to which incidents are evaluated.

References

Definitions

Responsibilities

Procedure

The incident commander or the EMS Chief will make notification to the staff involved as to the place, date and time of the evaluation. Outside agencies also involved in the incident should also be notified of the same. Data regarding the incident should be gathered prior to the evaluation. The incident commander or EMS Chief will be in charge of conducting the evaluation session. It is recommended that all input and questions be noted for future evaluation. Every person present for the evaluation should have an opportunity to share his or her input into the incident.

Any procedural change recommendations or findings of important information should be forwarded to the EMS Chief through the Chain of Command.

Open Door Policy

Policy # CAS 400-4

Purpose

The purpose of this policy is to establish a guideline for personnel to follow for meeting with the EMS Chief or designated representative.

Objectives

An open door policy guarantees that employees can go above their supervisor or manager to seek assistance from the EMS Chief. An open door policy provides employee access to any manager or supervisor including the EMS Chief.

Scope

This procedure is to be followed by all staff members.

References

Employee Handbook

Definitions

Responsibilities

Procedure

1. Any member of Citizens Ambulance has the inherent right to request a meeting with the EMS Chief at any time.
2. If the situation or conflict is with the EMS Chief the member is encouraged to seek assistance from the Captains or vice versa. The member may also proceed to the Executive Director or Board of Directors president.
3. The EMS Medical Director has the authority to remove any member from participating in direct patient care, pending any investigation of medical standards of care/protocol adherence.

Recommendations:

1. All personnel are encouraged to document, in writing, all complaints, personnel problems, conflicts or situations that need review.

QA Report Review Policy

Policy # CAS 400-5

Purpose

This policy provides a standardized review process for leadership conducting QA on patient care reports so that every report is evaluated consistently, fairly, and objectively.

Scope

This policy applies to all leadership personnel responsible for reviewing, approving, correcting, or returning QA reports.

References

Definitions

Responsibilities

Procedure

Policy Statement

- All QA reviews must be completed using the same documentation standards, regardless of crew, shift, call type, or reviewer. Leadership will evaluate reports based on completeness, accuracy, internal consistency, and compliance with documentation requirements.

- Standard Review Criteria
    - Incident Page
        - Leadership must verify the following:
        - Incident number is correct.
            - Erie County incident numbers are entered by the report writer.
            - All other incident numbers will be input by CAD.
            - Formatted in CAD as 54-YY-XXXXXX.
            - Report entry format is YY-XXXXXX.
        - Run number is correct.
            - Erie County run numbers are entered by the report writer.
            - All others will be input by CAD.
        - Scene zone is correct.
            - Use the map on the website if needed for verification.
        - Hospital destination is correct.
        - Mileage is geocoded correctly.
        - Times are accurate and make chronological sense.
    - Patient Page
        - Leadership must verify that:
        - Patient demographics match the face sheet.
        - Social Security number is included if it can be obtained.
        - Patient history is documented.
        - Allergies are documented.

- Vitals
  - Leadership must verify that:
  - Documented vital signs correlate with treatments provided.
  - Vitals support the patient presentation, interventions, and overall clinical picture.
- Flowchart Documentation
  - Leadership must verify the following:
  - Every call with patient contact includes, at minimum, a BLS assessment.
  - Every ALS call includes both a BLS assessment and an ALS assessment.
    - The ALS assessment is located under the Critical Care tab.
  - All treatments and interventions are documented on the flowchart in the order they were performed.
  - Any medication, including normal saline, must be documented as a medication and not under IV start.
  - All medications given must include the required two-question verification before report submission.
  - A transport alert must be documented on every call.
  - Review the "Other" category to ensure any additional interventions are documented.
  - 12-lead ECG standard:
    - A 12-lead must be completed within 10 minutes of arrival on scene for all cardiac calls.
    - All 12-leads must be transmitted to the receiving hospital before calling patient report.
- Assessment
  - Leadership must verify that:
  - Every transported patient has an assessment documented, provided the patient is cooperative.
- Narrative
  - Leadership must verify that the narrative:
  - Reflects the call from start to finish.
  - Clearly describes what occurred from arrival through transfer of care.
  - Includes all relevant interventions and treatments performed.
  - States whether the patient improved, deteriorated, or remained unchanged.
  - Ensures signs and symptoms correlate with the primary impression.
  - Paints a clear and clinically accurate picture of the event.
- Forms
  - Leadership must verify that:
  - Any special forms required for the call are completed.
- Signatures
  - Leadership must verify that signature requirements are met:
  - Facility signatures may only be used in place of a patient signature when the patient is mentally or physically unable to sign.
    - Acceptable examples include:
      - The patient is unconscious or not A/Ox4.
      - The patient does not have use of their dominant arm/hand.
      - The patient is undergoing lifesaving procedures or interventions.

    - Attachments
        - Leadership must verify that:
        - A face sheet is attached to every chart.
        - If the monitor does not transmit, staff must print the 12-lead and attach a photo.

Review Expectations for Leadership

- When QAing reports, leadership will:
    - Apply the same standards to every chart.
    - Base findings only on what is documented in the report and attached materials.
    - Avoid assumptions that are not supported by the chart.
    - Return reports for correction when required documentation is missing, inaccurate, or inconsistent.
    - Ensure feedback is clear, objective, and tied to specific deficiencies.

Quality Assurance Consistency Standards

- To maintain uniformity between reviewers:
    - Leadership should use this policy as the standard QA checklist.
    - Any change to documentation expectations should be communicated to all reviewers.
    - When discrepancies arise between reviewers, expectations should be clarified and standardized.
    - Periodic calibration should be completed to ensure reports are treated the same across all reviewers.

Accountability

- Failure to review charts according to this policy may result in retraining or reassignment of QA responsibilities.

500 – CAS Financial Management

Donation Policy

Policy # CAS 500-1

Purpose

To establish a guideline for accepting gifts consistent with our mission and supporting its core programs and special projects.

Objectives

Scope

Citizens Ambulance solicits and accepts gifts for purposes that will help it further and fulfill its mission. Citizens Ambulance encourages prospective donors to seek the assistance of personal legal and financial advisors in matters relating to their gifts, including the resulting tax and estate planning consequences.

References

Definitions

Responsibilities

Procedure

Gift Review: Any gift or proposed gift that does not comply with this policy must be reviewed and approved by the CAS Board of Directors. As indicated below, certain proposed gifts may require the approval of the Board of Directors.

Use of Legal Counsel: Citizens Ambulance Service will seek the advice of legal counsel in matters relating to acceptance of gifts when appropriate. Review by counsel is recommended for:

- Gifts of securities that are subject to restrictions or buy-sell agreements
- Documents naming Citizens Ambulance as trustee or requiring it to act in any fiduciary capacity
- Gifts requiring Citizens Ambulance to assume financial or other obligations
- Transactions with potential conflicts of interest
- Gifts of property that may be subject to environmental or other regulatory restrictions

Restrictions on Gifts: Citizens Ambulance will not accept gifts that:

- Would result in Citizens Ambulance violating its corporate charter
- Would result in Citizens Ambulance losing its status as an IRC § 501(c)(3) not-for-profit organization
- Are too difficult or too expensive to administer in relation to their value
- Would result in any unacceptable consequences for the organization
- Are for purposes outside our mission.

Decisions on the restrictive nature of a gift, and its acceptance or refusal, shall be made by the Executive Committee, in consultation with the Executive Director and/or EMS Chief.

Gifts Generally Accepted Without Review:

- Cash. Cash gifts are acceptable in any form, including by check, money order, credit card, or online.

Gifts Accepted Subject to Prior Review:

Certain forms of gifts or donated properties will be subject to review by the Board of Directors prior to acceptance. Examples of gifts subject to prior review include, but are not limited to:

- Marketable Securities
- Tangible Personal Property
- Life Insurance
- Real Estate
- Bequests and Beneficiary Designations under Revocable Trusts, Life Insurance Policies, Commercial Annuities, and Retirement Plans

600 – CAS Public Relations

Patient Complaint Policy

Policy # CAS 600-1

Purpose

The agency shall have a policy that describes what is done when a complaint is received from patients or other members of the community. The policy shall include, at minimum, a timely means to document the following: (a) reporting of the complaint; (b) investigation of the complaint; (c) resolution of the complaint, and (d) feedback to involved individuals. The policy shall also describe how these complaints are tracked for any trends and what is done with this information.

Objectives

Clearly document the process and details of the policy for outside complaints for Citizens Ambulance Service.

Scope

The purpose of this policy is to document the Citizens Ambulance Service policy for accepting, investigating, and resolving complaints from internal or external sources. Any complaint will prompt a preliminary investigation to determine if the complaint has possible merit. If the Informal Complaint is determined to have merit, the complaint will then be followed up on by administrative staff for corrective action. Informal Complaints may be upgraded to a Formal Complaint process if the severity of the complaint dictates such a need.

References

Definitions

Formal complaints – A complaint submitted by a crew member via a special report or by any person via the online web form or by email or by submitting the complaint via US Mail.

Informal complaints – A complaint made via text, phone call, social media, or another non-listed source. Informal complaints may be upgraded by administration or leadership team members to formal complaints.

Procedure

For all complaints a Complaint Form is completed and forwarded to the EMS Chief and/or his or her designee. A preliminary investigation is then conducted to determine if the complaint has possible merit. If merit exists, the investigation is expanded. Formal complaints must be filed by completing a Complaint Form either electronically via the web submission, email or by US Mail. Formal complaints will take precedence over informal complaints.

Upon completion of investigation the EMS Chief and/or his or her designee will meet with other members of the leadership and administration staff to discuss the finding as needed and review any disciplinary action moving forward. Upon completion of any disciplinary action, the EMS Chief and/or his or her designee will review the complaint and action taken with the complainant.

700 – CAS Human Resources

Drug and Alcohol Policy

Policy # CAS 700-1

Removed - 12/9/2024 - Replaced by Drug-Free Workplace Policy CAS 700-3

Combined Time Off (CTO) Policy

Policy # CAS 700-2

Purpose

The purpose of PTO is to provide you with paid time off to use as you'd like. We think flexibility is the key to work-life balance, and we've selected CTO (Combined Time Off) as our paid leave program because we want you to have the autonomy to manage your time away from the workplace as you see fit.

CTO is offered in place of vacation days, sick days, and personal days. Rather than separate categories like you may have had with previous employers, CTO provides a single pool of paid time off to use.

Objectives

Scope

This policy applies to all employees who are full-time employees working greater than 36 hours per week and Part Time staff working more than 24 hours or more per week by offer

References

Employee Handbook

Definitions

Procedure

Years of Service w/ CAS	Accrual Rate per Hour	Accrual Rate Weekly (48 hrs)	Accrual Rate Yearly	Max Accrual (Hours)
Year 0	0.015	0.72	37.00	37
Year 1	0.025	1.20	62.00	62
Year 2	0.035	1.68	87.00	87
Year 3	0.045	2.16	112.00	112
Year 4	0.055	2.64	137.00	137
Year 5+	0.065	3.12	162.00	162

- You earn CTO for every hour you work. This CTO is added to, or accrues, bi-weekly when your paycheck is issued. You're able to use CTO by the hour, day, or for a stretch of time off.
- Please do your best to manage CTO for your personal needs throughout the year. Additional paid time off will not be granted, although unpaid leave may be granted depending on the circumstance.
- **Unused CTO from one year may be rolled over into the next however an employee may not accrue more than listed max accrual at any given time.**

- Upon leaving the company, employees will be compensated for unused CTO unless one of the following circumstances apply:
    - 1) The employee resigned without giving a proper two weeks notice
    - 2) The employee was terminated for cause
    - 3) The employee was terminated during his/her probationary period
    - 4) The employee has outstanding benefit or deduction expenses
- CTO must be used in increments of one hour.
- CTO is subject to supervisory approval, department staffing needs and established departmental procedures. Unscheduled absences will be monitored. An employee will be counseled when the frequency of unscheduled absences adversely affects the operations of the department. The supervisor may request that the employee provide a statement from a health care provider concerning the justification for an unscheduled absence.
- An employee is not eligible for CTO payout for a shift if he/she violates any of the attendance policies listed in the employee handbook.
- All employees wishing to use CTO must submit a request in writing prior to the publishing of the schedule period in which they wish to use CTO. The employee may also find coverage for a shift in which they want to use CTO, however that shift cannot result in OT unless approved by administration.
- Hourly and salaried employees may opt to have their CTO paid out during any pay period. This must be submitted in writing to the administration prior to the end of the pay period. Employees must have CTO paid out in 1 hour increments.
- Salaried Employees must use PTO when below their normally scheduled hours for the week.
- Salaried Employees may not use PTO as time off and have PTO paid out within the same work week however they may within the same pay period.

Salaried Employees - Special Accrual Schedules

For a 57-Hour Work Week:

- **0-1 year of service:** 0.855 hours/week - 44.46 max hours / year
- **1-2 years of service:** 1.425 hours/week - 74.1 max hours / year
- **2-3 years of service:** 1.995 hours/week - 103.74 max hours / year
- **3-4 years of service:** 2.565 hours/week - 133.38 max hours / year
- **4-5 years of service:** 3.135 hours/week - 163.02 max hours / year
- **5+ years of service:** 3.705 hours/week - 192.66 max hours / year

For a 54-Hour Work Week:

- **0-1 years of service:** 0.81 hours/week - 42.12 max hours / year
- **1-2 years of service:** 1.4 hours/week - 72.8 max hours / year
- **2-3 years of service:** 1.96 hours/week - 101.92 max hours / year
- **3-4 years of service:** 2.52 hours/week - 131.04 max hours / year
- **4-5 years of service:** 3.08 hours/week - 160.16 max hours / year
- **5+ years of service:** 3.64 hours/week - 189.28 max hours / year

Drug-Free Workplace Policy

Policy # CAS 700-3

Purpose

Citizens Ambulance Service desires to provide a healthful and safe workplace that is free of illegal drugs and alcohol. To promote this goal, Citizens Ambulance Service maintains a Drug and Alcohol-Free Workplace policy that applies to all employees. Employees are required to report to work in appropriate mental and physical condition to perform their jobs. Use of alcohol or illegal drugs, including marijuana, whether on or off the job, can adversely affect your work performance, efficiency, and safety. In addition, the use or possession of these substances on the job constitutes a potential danger to the welfare and safety of other employees and patrons.

Objectives

Scope

This policy applies to all employees

References

Employee Handbook

Ohio BWC Drug-Free Safety Program Self-Implementation Workbook

Definitions

Procedure

Standards of Conduct:

- Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications taken as prescribed and that does not compromise workplace safety. Employees must, however, consult with their doctors about the medication's effect on their fitness for duty and ability to work safely.
- The following prohibitions are in effect at all times when an employee is at work, on premises, operating a vehicle, or attending a Citizens Ambulance Service function at which the employee performs services or functions on behalf of Citizens Ambulance Service.
- No employee shall consume or use (including testing positive for substances prohibited by this policy even if the use occurred outside of work) alcohol, marijuana, illegal drugs, or medication or controlled substances used in a manner other than prescribed or as directed.
- No employee shall possess alcohol, illegal drugs, or other un-prescribed controlled substances while on-duty.
- No employee shall work or be at work under the influence of alcohol, illegal drugs, or medication or controlled substances used in a manner other than prescribed or as directed.
- No employee shall sell, purchase, transfer, or traffic illegal or illicit drugs, controlled substances, prescribed medication, or drug paraphernalia.
- Violation of any of these prohibitions will result in disciplinary action up to and including termination of employment.

Employee Assistance:

- We recognize that alcohol and drug abuse can be medical conditions, and they can be successfully treated. If you believe that substance use or abuse is a problem for you, you're encouraged to get confidential professional help by contacting:
    - Huron County Board of Mental Health and Addiction Services
        - Email: huroncountymhas@gmail.com or Phone · 419-681-6268
- Citizens Ambulance Service assumes no responsibility for drug or alcohol rehabilitation of any employee.
- Employees who voluntarily seek help for such problems before becoming subject to discipline and/or termination may be allowed to use accrued paid time off, placed on leaves of absence, and otherwise accommodated as required by law. Such employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests.

Types of Testing:

- Pre-Employment Testing: Each offer of employment will be conditioned, among other considerations, on the passing of a blood and/or urine test for alcohol and drugs.
- Reasonable Suspicion: Whenever Citizens Ambulance Service reasonably suspects any employee of using drugs or alcohol, being intoxicated, and/or being under the influence of a controlled substance while at work or on premises, the employee will be required to submit to urine and/or blood testing, as soon as practical.
    - A reasonable suspicion test may occur based on:
        - Observed behavior, such as direct observation of drug/alcohol use or possession and/or physical symptoms of drug and/or alcohol use;
        - A pattern of abnormal conduct or erratic behavior;
        - Arrest or conviction for a drug-related offense or identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking. The employee must notify the Citizens Ambulance Service within five (5) working days of any drug-related conviction;
        - Information provided either by reliable and credible sources or independently corroborated regarding an employee's substance use;
        - Newly discovered evidence the employee tampered with a previous drug or alcohol test;
        - Reasonable suspicion testing does not require certainty. Mere hunches, however, do not justify testing.

Post-Accident Testing:

Whenever an accident occurs involving an employee, equipment, or property controlled by Citizens Ambulance Service employees, including, but not limited to an accident involving: (a) one or more deaths; (b) an injury requiring professional medical treatment beyond first aid and disabling an employee from performing his/her normal duties; and/or (c) substantial damage to property, Citizens Ambulance Service will require all employees involved in the accident who may have engaged in any activity that caused or tended to cause the accident, or that may have contributed to the accident, to submit to alcohol and drug testing, as soon as practical. The requirement to test will not prevent employees who are to be tested from performing duties in the aftermath of an accident or incident when their performance is needed to preserve life or property.

Follow-up/Return-To-Duty Testing:

Citizens Ambulance Service reserves the right to test employees who previously tested positive but whose employment was not terminated. Citizens Ambulance Service requires a negative return-to-duty test before we allow the employee to return to work. If the employee fails this test, this will result in discipline up to and including termination of employment. Once an employee tests negative and returns to duty, management will ensure additional tests occur. Any employee with a second positive test result will be subject to discipline up to and including termination of employment. Follow-up tests will be unannounced. They may occur at any time for a time period management considers reasonable. The intent is to deter any subsequent use that would violate this policy and result in termination of employment.

Random Testing:

Citizens Ambulance Service reserves the right to conduct such other alcohol and drug testing as it chooses, including random testing.

Consent To Testing And Reporting Results:

It will be a condition of testing that applicants and employees subject to testing must sign a form consenting to the testing; the release of the test results to Citizens Ambulance Service. The MRO will report all positive alcohol or drug tests to the Citizens Ambulance Service and Citizens Ambulance Service will take immediate steps, consistent with this Alcohol and Drug Policy, to remove any such employee from active employment to protect the safety and health of that employee, other employees, and the public.

Testing Procedures:

In Compliance with Applicable Law: It is Citizens Ambulance Service's intent that the procedures used for testing for drugs and alcohol will comply with all applicable legal requirements. Should the procedure set forth below be inconsistent with any such requirements, these procedures will be modified as necessary to comply.

Substances Tested For:

All employees will be tested for: (1) marijuana; (2) cocaine; (3) opiates; (4) phencyclidine (PCP); (5) amphetamines; (6) Barbiturates; (7) Benzodiazepines; (8) Methadone; (9) Propoxyphene; (10) Meperidine; (11) Oxycodone; (12) Methaqualone; (13) MDMA (Ecstasy); (14) Expanded Opiates; and (15) Alcohol. An employee "tests positive" for any of these substances if the test shows the presence of an amount of the substance equal to or exceeding applicable standards. The cut off level for alcohol is .02 blood alcohol content.

Collection of Samples:

Urine and/or blood samples for drug testing will be obtained by an independent contractor retained by Citizens Ambulance Service. The contractor will obtain samples and maintain the chain of custody of these samples in accordance with reasonable standards. In the case of serious physical injury, urine and/or blood samples may be taken by treating medical personnel under the supervision of the independent contractor.

In case of fatality, blood and/or urine samples will be taken by the appropriate local authority such as a medical examiner or coroner.

Analysis:

Samples whose integrity and chain of custody have been maintained by the independent contractor or treating medical personnel will be analyzed by a United States Department of Health and Human Services certified lab or a laboratory that meets or exceeds the Department's certification standards to process the test results, selected by either the independent contractor or Citizens Ambulance Service. No sample test will be found to be positive for the presence of drugs or alcohol unless confirmed using the gas chromatography/spectrometry method. This method has been selected because it is virtually error free.

Designated Medical Review Officer:

Positive test results and past medical histories for individuals testing positive will be reviewed and interpreted by a licensed physician with experience in the field of drug abuse designated as the MRO. The MRO will not be a Citizens Ambulance Service employee. If, in the opinion of the MRO, the lab has properly identified a positive test result, the MRO will report those findings to Citizens Ambulance Service. The findings of the MRO are binding on both Citizens Ambulance Service and the employee.

Consequences Of Violation Of This Policy:

Any employee who violates this policy will be subject to disciplinary action up to and including termination of employment. An employee who refuses a drug or alcohol test required by Citizens Ambulance Service, or tests positive for the presence of alcohol or drugs, will be subject to disciplinary action up to and including termination of employment. An employee who attempts to manipulate the results of a test through adulteration, dilution of a sample, or substitution of a sample will be subject to disciplinary action up to and including termination. An employee who has been terminated as a result of a positive drug test may be re-employed only if the MRO determines the individual to be drug free, and the employee consents to an unannounced testing program over a time period management considers reasonable. Any employee who violates the policy on a second occasion will be subject to disciplinary action up to and including termination of employment.

Condition Of Employment:

Compliance with Citizens Ambulance Service's Alcohol and Drug Policy is one of the conditions of employment. Failure or refusal of an employee to cooperate fully, sign any required document, or submit to any inspection or test will subject that employee to disciplinary action up to and including termination of employment.

Reservation Of Rights:

Citizens Ambulance Service reserves the right to amend, interpret, change, modify, rescind, or depart from this policy, in whole or in part, retroactively or prospectively, with or without notice. Nothing in this policy creates or expands any legal or contractual right any employee might have.

Notification of Conviction:

Employees are required to notify Citizens Ambulance Service of a criminal conviction for drug-related activity occurring in the workplace. The report must be made within five days of the conviction. Within thirty (30) days after Citizens Ambulance Service receives notice of such a conviction, the convicted individual may be disciplined up to and including immediate discharge.

Policy Violations

- Any use, possession, storage, manufacturing, distribution, dispensation or selling of illicit drugs or drug paraphernalia, or alcohol during work hours or while on Citizens Ambulance Service business, or in Citizens Ambulance Service vehicles.
- Testing positive for drugs/alcohol when tested pursuant to Citizens Ambulance Service
- Refusing to submit to testing procedures outlined in this policy, or failure to cooperate in the testing or any inspection, including refusing to sign any required form consenting to testing and to the release of test results to Citizens Ambulance Service
- Failure to adhere to the requirements of any drug or alcohol treatment program in which Citizens Ambulance Service refers the employee for drug and/or alcohol related problems after a violation of this policy or refusal to sign an agreement acknowledging the terms and conditions, as set forth in this Policy, under which the employee shall participate in such treatment program

If you have questions about this policy, please contact the Captains or EMS Chief.

Minimum Shift Requirement Policy

Policy # CAS 700-4

Purpose

To ensure all staff remain proficient in company policies, pre-hospital care, and equipment changes while maintaining operational readiness and clinical competency.

Objectives

Scope

This policy applies to all employees

References

Employee Handbook – 4.5 Job Abandonment

Definitions

PRN - An employee who is scheduled on an intermittent or casual basis.

Part Time – An employee who is regularly scheduled 12-36 hours per week.

Full Time - An employee who is regularly scheduled 36 + hours per week.

Procedure

Minimum Work Requirement

- PRN employees are required to complete a minimum of 12 hours every three months to maintain active employment status.

Eligible Hours

- The 12-hour requirement may be fulfilled through a combination of the following:
  - Emergency response shifts (primary crew)
  - Non-Emergency Transports (NETs)
  - Backfill staffing, *only when patient contact occurs*
  - Approved in-person training sessions

Availability Requirements

- PRN employees must submit availability that includes:
  - At least one (1) day shift, and
  - At least one (1) night shift
    - within each three-month period.

Failure to Meet Minimum Requirements

- If an employee does not meet the 12-hour requirement within a three-month period:
- The employee will be contacted and required to complete 12 hours within the following 30 days.
- Failure to submit availability or complete required hours may result in further administrative action.

Job Abandonment

- For purposes of Citizens Ambulance Service, Job Abandonment is defined as a prolonged absence without communication with administration and will be considered a voluntary resignation.
- If an employee fails to respond or comply with the above requirements:
    - Administration will attempt contact via phone, text, email, or certified mail.
    - If no response is received within 14 business days, the employee will be separated from employment consistent with voluntary resignation.

Stress Debriefing Policy

Policy # CAS 700-5

Purpose

To establish the procedure for requesting stress debriefing.

Objectives

Scope

In the event CAS personnel become emotionally or psychologically overwhelmed due to a traumatic event or critical incident the department shall consider the benefits of a stress debriefing.

References

Huron County REACT Team

Definitions

REACT - Responder Exposure Assistance and Care Team

Procedure

The EMS Chief or his or her designee may activate the Huron County REACT Team for a debriefing following a traumatic event or critical incident.

The REACT Team can be activated by contacting Jamie Starcher at 419-681-1241 or the Huron County MHAS at 419-681-6268

Participation in stress debriefings is optional however highly encouraged.

EMS Required Identification Policy

Policy # CAS 700-6

Purpose

To establish a policy that will require a particular type of identification be carried by all staff for emergency medical certification.

Objectives

Scope

This action will cover all employees who are required to maintain a level of Emergency Medical Certification.

References

Definitions

Procedure

EMT / AEMT

- Must carry or have on file the following items
  - Ohio EMT or AEMT Certification
  - Valid Ohio Drivers License
  - BLS Healthcare Provider

Paramedic

- Must carry or have on file the following items
  - Ohio Paramedic Certification
  - Valid Ohio Drivers License
  - BLS Healthcare Provider
  - ACLS Provider
  - PALS Provider

Discipline Policy

Policy # CAS 700-7

Purpose

Citizens Ambulance Service believes that a clearly written discipline policy serves to promote fairness and equality in the workplace, and will minimize potential misunderstandings in disciplinary matters. Certain basic principles, as set forth below, must consistently be applied in order to effectively and fairly correct unsatisfactory performance and behavior.

Objectives

Scope

This action will cover all employees

References

Employee Handbook

Drug-Free Workplace Policy

Chain of Command Policy

Definitions

Procedure

- The EMS Chief and/or his or her designee shall be responsible for discipline.
- Immediate attention shall be given to policy infractions unless special circumstances warrant further investigation or delay.
- Discipline shall be applied uniformly and consistently as possible, and any deviations from standard procedure should be justified and documented.
- Each offense shall be dealt with as objectively as possible
- Discipline shall usually be progressive, but dependent upon the severity of the offense, may proceed to immediate dismissal following immediate suspension and investigation.
- Members should be advised of expected job performance and behavior, the types of behavior that has been determined to be unacceptable, and the penalties for unacceptable behavior.

Authority for Suspension pending Investigation:

- The EMS Chief and/or his or her designee have the authority to suspend any member within the department for cause pending investigation by the EMS Chief, Medical Director, and Legal Counsel. The duration of suspension recommended by the EMS Chief may not exceed thirty (30) days, based on the severity of the infraction, charges, or other incident(s) leading to the Recommendation for Suspension.
- The Captains can recommend disciplinary action to the EMS Chief for cause pending investigation, based on the severity of the infraction, charges, or other incident(s) which they observe, leading to the Recommendation for Suspension.
- The EMS Chief and Captains have the authority to suspend or terminate on scene actions only which they view as imminently dangerous or hazardous to the life safety of the member or other safety workers.

The criteria for disciplinary action up to and including recommendation of suspension or termination may be, but is not limited to:

- Insubordination - arguing with or willfully failing to follow the directive of a superior officer, department directive, or general order.
- Physical Assault or Battery to another member or the public we serve
- Threatening another member or the public, verbally or in written form
- Reckless or Negligent Driving of Apparatus
- Repeated Safety Violations
- Negligent Action / Inaction at Emergency Scenes
- Refusal to Follow a Justified and Proper Order at Emergency Scenes
- Public Disrespect for a Superior Officer
- Repeated Failure to Follow the Chain – of – Command
- Any violation of the Drug Free Workplace Policy

The Citizens Ambulance Medical Director can remove any member from actively running EMS calls for any reason at any time.

Compensatory Time (Comp Time) Policy for Salaried Exempt Staff

Policy # CAS 700-8

Purpose

This policy establishes the guidelines for the accrual and use of compensatory time ("comp time") for all full-time, salaried employees of Citizens Ambulance Service who are classified as "exempt" under the Fair Labor Standards Act (FLSA). This policy is designed to recognize the commitment and dedication of our salaried staff who are required to work beyond their regular schedule to meet the critical demands of our public safety mission. It provides a formal process for granting paid time off in recognition of these extraordinary work efforts.

Objectives

Scope

This policy applies to all regular, full-time salaried employees of Citizens Ambulance Service who meet the criteria for an "exempt" classification under the FLSA. This includes, but is not limited to, administrative staff, managers, and directors. This policy does not apply to non-exempt (hourly) employees, who are subject to a separate overtime policy and are compensated for all hours worked in accordance with the FLSA.

References

Definitions

Procedure

Earning Compensatory Time

- Eligibility: Comp time may only be earned when a salaried exempt employee is required by their manager to work a significant amount of time beyond their normal scheduled hours for business-critical reasons. Examples include, but are not limited to, extended periods of emergency response, major incident command, unexpected coverage requirements, or critical project deadlines.
- Prior Approval: The accrual of comp time is not automatic. All requests to earn comp time must be pre-approved in writing by the employee's direct manager. Managers must assess the necessity of the extra work and its impact on the employee's work-life balance and the organization's needs.
- Accrual Rate: Comp time will be accrued on a one-for-one basis. For every hour of approved extra work, one hour of comp time is credited to the employee's balance. The manager is responsible for accurately tracking and documenting these hours.
- Discretion: The decision to grant comp time is at the sole discretion of management. In certain situations, additional duties and hours are considered part of the employee's salaried responsibilities and may not be eligible for comp time.

Using Compensatory Time

- Requesting Time Off: Employees must request to use accrued comp time in advance, following the standard procedure for requesting time off. Requests should be submitted to the employee's manager for approval.

- Manager Discretion: Approval to use comp time will be granted based on business needs, operational requirements, and appropriate staffing levels to ensure the continued delivery of high-quality patient care and administrative services. Requests will be handled in a reasonable and timely manner.
- Accrual Limit: The maximum amount of comp time an employee may accrue at any given time is 72 hours. Once this limit is reached, no further comp time may be accrued until some of the banked hours are used.
- Expiration: Accrued comp time is a benefit provided at the company's discretion and is not a form of earned wages. All accrued comp time must be used within the year of the date it was earned. Any unused comp time after this period will be forfeited. Managers are responsible for working with their employees to ensure they are able to use their accrued time before it expires.

Payout and Separation of Employment

- Compensatory time is not an earned wage and will not be paid out upon separation of employment, whether due to resignation, termination, or retirement.
- Salaried Employees may request Compensatory Time to be paid out to them at their equivalent hourly rate.
- This policy is consistent with FLSA regulations for exempt employees, which do not require a payout of unused compensatory time.

General Provisions

- Compensatory time is separate from, and does not affect, an employee's vacation, sick leave, or other paid time off (PTO) balances.
- Employees may be required to use their comp time before using other forms of paid leave, subject to management approval and business needs.
- Managers are responsible for maintaining accurate records of comp time earned and used for their staff.

Policy Violations

- Failure to follow this policy, including unauthorized accrual or use of comp time, may result in disciplinary action, up to and including termination of employment.

Bonus Payment Policy for Staff Covering Open EMS Shifts

Policy # CAS 700-9

Purpose

To maintain continuous ambulance operations and high-quality patient care, this policy establishes a structured and equitable bonus program for employees who voluntarily fill open or critical EMS shifts beyond their regular schedule.

Objectives

Scope

This policy applies to **all employees (exempt and non-exempt)** who are qualified and approved to work EMS field shifts.

References

Definitions

Procedure

Eligibility - Employees are eligible for a shift bonus when:

- They are properly credentialed (EMT, AEMT, Paramedic, or approved driver).
- They work a pre-approved open shift due to staffing shortages, call-offs, or operational need.
- The shift is outside their regularly scheduled hours or normal assignment.
- They are assigned to an operational unit (e.g., transporting ambulance, ALS/BLS unit).

Bonus Structure

- Standard Open Shift Bonus - $50 per 12 hour shift
- Short-Notice / Critical Coverage Bonus - Shift hours paid at OT
    - For shifts accepted with less than 24 hours notice

Operational Requirements

- Employees must meet all clinical, credentialing, and driver requirements.
- Employees must be physically capable of performing full field duties.
- Assignments will be based on system needs, qualifications, and operational priorities.

Shift Approval & Assignment

- All bonus-eligible shifts must be:
    - Identified as open or critical by Scheduling, Operations, or Command staff
    - Approved prior to being worked

Limitations

- Bonus pay does not create overtime eligibility or alter employee classification.
- Employees may be limited in the number of bonus shifts worked to:
    - Prevent fatigue
    - Promote equitable distribution
- Partial shifts are not eligible unless pre-approved.
- Bonuses may not apply to shifts that are part of an employee's normal job expectations.
- Employees who have not met their minimum shift requirements are not eligible for the bonus payment however are eligible for the short notice OT.
- Not all open shifts are eligible for bonus payments and bonus payments are all at the discretion of leadership.

Fatigue & Safety

- Adequate rest between shifts is expected whenever possible.
- Management may deny or remove employees from shifts due to fatigue concerns.
- Safety of personnel, patients, and the public takes priority over staffing incentives.

Conflict of Interest & Self-Assignment Restriction

- To ensure fairness, transparency, and appropriate use of staffing incentives, the following standards apply to all employees:
    - Employees in supervisory, scheduling, or administrative roles may not independently designate a shift as "open," "critical," or bonus-eligible and then assign or work that shift themselves.
    - Any employee who has influence over scheduling decisions (including posting, approving, or modifying open shifts) and wishes to work an open shift must obtain prior approval from an independent higher-level authority (e.g., Operations Director, Chief, or on-duty command officer).
    - Bonus eligibility for such shifts will only be granted if:
        - The shift is verified as a legitimate staffing need, and
        - The assignment is approved by an individual with no personal or financial interest in the decision
    - Employees may not:
        - Create, exaggerate, or manipulate staffing shortages to generate bonus opportunities
        - Bypass established scheduling or posting procedures to secure bonus shifts
        - Approve or influence decisions that directly result in their own bonus compensation without independent oversight
    - When multiple qualified employees are available, shifts should be filled using established scheduling practices (e.g., seniority, rotation, first-come/first-served, or operational need).
    - Violations may result in:
        - Denial or repayment of bonus compensation
        - Loss of eligibility for future bonus opportunities
        - Disciplinary action, up to and including termination

800 – CAS Clinical Standards

Violation of EMS Protocol Policy

Policy # CAS 800-1

Purpose

The following guideline shall be utilized to establish policy regarding the violation of approved medical protocol/directive, or established standards of care.

Objectives

Scope

This action will cover all employees

References

Definitions

Procedure

1. There must be a signed, completed Citizens Ambulance Service Incident Report form. This can be done www.citizensambulance.com/employees. Any staff member can complete an incident report at any time for any reason, and it will remain confidential.
2. The incident report shall be forwarded to EMS Chief. The EMS Chief shall investigate the incident; consult with the medical director, or legal counsel as necessary.
3. Any incident pertaining to patient care and/or violation of the ORC/OAC shall immediately be turned over to the EMS Chief, Executive Director, and Medical Director per Ohio Administrative Code 4765-9-01(G).
4. All incident reports involving the possible violation of established medical protocols, or any incident involving patient care, or patient complaints, MUST be forwarded to the EMS Chief and Executive Director.
5. The EMS Chief, Executive Director, and Medical Director may take corrective measures including, but not limited to mandatory remedial training, and/or counseling, issuance of a warning letter that will become part of the EMT's personnel file, and a report may be filed with the Ohio Department of Public Safety, Division of EMS. The Medical Director has the right to suspend any member and prohibit them from responding or acting as a medical provider for Citizens Ambulance.
6. Evaluation of the situation will be on a case by case basis and will be based on, but not limited to:
    a. Medical Protocols
    b. Standard Operating Procedures/Guidelines
    c. Ohio Revised Code / Ohio Administrative Code pertaining to EMS Operations

900 – CAS Safety and Risk Management

Ballistic Vest Use & Care Policy

Policy # CAS 900-1

Purpose

To provide guidelines for the use of body armor as a practical and necessary safety measure and outline the proper care and storage of body armor.

Objectives

Scope

This policy applies to all employees

References

Virginia Beach Department of Emergency Medical Services Standard Operating Guideline – Operations

Ohio Department of Public Safety - Rescue Task Force Awareness Training

Vallejo Fire Department Manual of Operations

Definitions

Rescue Task Force – The "Rescue Task Force (RTF)" concept is designed The State of Ohio Department of Public Safety to get lifesaving medical treatment to victims in "active shooter" events much sooner than traditional deployment methods. It involves placing EMS providers in forward positions, protected by law enforcement, to provide emergency medical intervention immediately while efforts to secure the scene continue.

Active Shooter – An "active shooter" is an individual actively engaged in killing or attempting to kill people in a populated area.

Active Threat – An "active threat" is defined as any incident which by its deliberate nature creates an immediate threat or presents an imminent danger to the community or bystanders.

Procedure

It is the policy of the Department to allow law enforcement personnel to stabilize a situation/scene to the greatest extent possible prior to our personnel entering the area. As an added level of protection, Level III body armor (exterior wear) has been deployed on station. EMS Crews are to obtain a vest and helmet from back room storage at the beginning of their shift and place it in the vehicle they are on that day.

It is not the intent of the Department to have members utilize body armor on a routine basis, but rather to have body armor available to personnel for incidents with potentially active threats (violent, potentially violent) or otherwise a risk to safety that the use of body armor could reduce or eliminate. A supervisor may mandate use of the body armor in any situation or circumstance that he/she feels may warrant its use.

USE CONSIDERATIONS

Body armor and helmets offer a higher level of protection during higher risk operations. Body armor shall NOT be donned solely because of a call location unless directed by an EMS supervisor.

Wearing body armor is mandatory for the following:

When assigned to a Rescue Task Force (RTF) (Helmet REQUIRED)

Any "Active Threat" and/or "Active Shooter" situation (Helmet REQUIRED)

Police/SWAT standbys or situations involving violence (shooting or stabbing incident) (Helmet OPTIONAL)

Personnel are also required to wear the body armor when dispatched to the following incident types (Helmet OPTIONAL):

Shootings, Stabbings, Assaults, Other violent types of incidents.

During times of civil unrest, personnel shall wear body armor at all times outside of quarters.

Body Armor should be considered for the following (helmets optional):

Incidents involving domestic violence, family dispute, or an address that has been flagged for known violence against public safety personnel

Any civil disturbance area

Any incident that may be interpreted as explosive device (suspicious box, bomb threat, etc.).

Any call deemed necessary by the lead crew member or on-duty supervisor.

Personnel are encouraged to wear the body armor any time they feel it is necessary.

Body armor shall not be removed until conclusion of the incident, away from the incident location and out of the public view. When required, body armor shall be donned prior to leaving the station or staging area. All body armor shall be donned before arriving at the incident location.

Remember the body armor is bullet resistant, not bullet proof. It is designed to protect specific body organs and defeat certain types of ammunition rounds but will not protect you against all threats.

Department issued body armor is intended to be used for emergency response only. Do not use department issued body armor for PT or any other activities not related to emergency response or special events.

USER RESPONSIBILITY

All members shall be responsible upon coming on duty to ensure the body armor is appropriately fitted for each crew member. The vests are adjustable to allow for different sizes. Please follow the sizing directions listed in this policy.

SIZING OF BODY ARMOR

The body armor is designed to be worn over your clothing. The entire ensemble weighs approximately 20lbs.

To appropriately don the body armor the user should be standing up straight:

1. Inspect the body armor in its entirety for damage. If it's damaged, do not use it.

2. Undo the side straps and place your head through the shoulder straps.

3. Adjust the shoulder straps so that the top, center edge of the front panel is square with the clavicle. The bottom edge should be no lower than 2 inches above the top of the belt.

4. Adjust the side straps to allow the front and back panels come together and allow for movement and comfort (you may have to remove the vest several times to get the adjustment right). The vest should not ride up and down on your torso while you are moving or working.

5. If you are donning the body armor with a partner, buddy check each other prior to entering your scene!

STORING AND INSPECTING BODY ARMOR

Proper storage and inspections of body armor can help maintain the life of the body armor. The body armor will be kept in the back meeting room hung on the steel rack with the smallest sizes closest to the back door. Body armor is Personal Protective Equipment. Store body armor over each front seat in each vehicle that is in use.

Do not place anything on top of the body armor. Personnel should inspect the body armor as part of the ambulance check-off.

1. Inspect the body armor in its entirety for damage.

a. Any damage noted should be reported to an EMS Supervisor as soon as possible.

b. Any damaged body armor shall be removed from service until repaired or replaced.

2. Immediately notify the EMS Chief or Captains if any body armor is missing.

CLEANING OF BODY ARMOR

To ensure the body armor is in top condition it must be kept clean.

The preferred method of washing the front and back carriers is to hand wash. However, in instances where decontamination from a medical incident are required, notify a member of the leadership team..

To hand wash, take a damp cloth or sponge and gently wipe to remove dirt or stains. If necessary, you may choose to use a mild detergent.

When complete, hang the vest so air can move throughout

Remove any debris from the Velcro attachment system.

DO NOT USE bleach, iron, or fabric softener on the body armor

DO NOT USE deodorizing spray such as Febreeze or Lysol as these can damage or compromise the material

USE OF PERSONALLY OWNED BODY ARMOR

The use of personally owned, external body armor is not permitted.

POV Response Policy

Policy # CAS 900-2

Purpose

The following criteria has been established to allow for personal vehicle response to emergency calls in a volunteer situation. UNDER NO CIRCUMSTANCE ARE EMPLOYEES TO USE PERSONAL VEHICLE AS A RESPONDER WHILE SCHEDULED AS THE PRIMARY ON-DUTY CREW.

Objectives

Scope

This policy applies to all employees

References

Employee Handbook

Definitions

OSP - Ohio State Highway Patrol

Procedure

- Employees must have the responding vehicle inspected by the Ohio State Highway Patrol once every 365 days and submit the Public Safety Vehicle Inspection Form to the designated person at Citizens Ambulance Service.
- This ONLY includes automobiles or cars, and light trucks or light duty trucks.
- Vehicles must have the State of Ohio minimum insurance limits for bodily injury and property damage.
- The vehicle must be in full operational condition as determined by the Public Safety Vehicle Inspection Form and OSP
- The vehicle must be equipped with and displaying at least one flashing, rotating, or oscillating light.
- This light must be visible from a distance of 500 feet to the front of the vehicle.
- The vehicle must be equipped with an audible signal by siren, exhaust whistle, or bell while the light is in operation.
- The above criteria does NOT exclude the driver of an emergency vehicle or public safety vehicle from the duty to drive with due regard for the safety of all persons and property upon the highway.
- Upon completion and submission of the inspection form Citizens Ambulance Service will apply on behalf of the employee with the Ohio State Fire Marshal for permission to operate in emergency status on behalf of Citizens Ambulance Service.
- If you are already registered with another department, YOU MUST RE INSPECT YOUR VEHICLE OR PROVIDE A COPY OF AN OSP INSPECTION WITHIN THE LAST 365 DAYS.

Driving Policies / Vehicle Operations

Policy # CAS 900-3

Purpose

When using Citizens Ambulance property, you are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines. You should notify a member of management if any vehicles appear to be damaged, defective, or in need of repair. Prompt reporting of damages, defects, and the need for repairs could prevent the deterioration of vehicles and possible injury to employees or other people. A member of management can answer any questions about your responsibility for maintenance and care of the vehicles you use on the job. The improper, careless, negligent, destructive, or unsafe use or operation of vehicles, as well as excessive or avoidable traffic and parking violations, may result in disciplinary action, up to and including termination of employment.

Objectives

Scope

This policy applies to all employees

References

Employee Handbook

Definitions

Procedure

VEHICLE POLICIES

In order to be able to provide the very best pre-hospital care, Citizens Ambulance and its employees must have safe and responsible operation of vehicles.

The following vehicle policies have been developed to ensure those standards:

- All units will respond with lights and sirens (code 3) to all emergency calls.
- All units responding to emergency calls will utilize the headlights.
- All Personnel operating and riding in company vehicles will at all times utilize shoulder/lap restraints, without exception.
- All units shall not exceed the posted speed limit by more than 10 miles per hour, under ideal driving conditions (dry roads, little or no traffic, no obstructions to vision, glare, or reflected light.)
- All units will reduce their speed under the posted limit under less than ideal driving conditions (wet, snow, ice debris on road, medium to heavy traffic, obstruction to vision, glare or reflected light.)
- All units will stop at all red lights, stop signs, and all intersections before proceeding past or through them. This will be followed when responding to, transporting from, or returning to base on all calls.
- All units, while on emergency runs, will pass other vehicles on the left side of the vehicle being passed. This is to be followed whenever possible, however when necessary to pass on the right, pass with extreme caution.

- Vehicles will not pass any school bus that has their red lights on for the purpose of loading or unloading passengers regardless of the use of emergency lights and siren. The bus drivers have been instructed that, when approached by an Emergency Vehicle in a Lights and Siren response, they are to ensure that their passengers have reached a designated place of safety, which may be inside the bus, close the doors and deactivate their red warning lights. They may then signal for the Emergency Vehicles to pass them. You are to pass them with extreme caution only at this point.
- All units will remain at least 500 feet from/behind other emergency vehicles also in response to an emergency (code 3). At no time will our vehicle pass another emergency vehicle unless directed to be the lead vehicle with direct voice communication.
- All units, when parked at the scene of an emergency and remaining on the roadway, will leave their emergency lights on (rotating beacons, flashing red lights) when possible.
- All units will utilize turn signals whenever a lane change or turn is made according to Ohio law.
- When at the scene of an emergency or transport, and not next to or directly accessible to the ambulance, all vehicle doors will be closed.
- Whenever possible, all employees are required to aid the driver when backing up by standing outside the ambulance and maintaining eye contact.
- All units, while parked at EMS facilities, will be connected to the shoreline where provided.
- The crew is responsible for determining the best route before leaving their station with consideration to the weather, road conditions, and traffic.
- One family member or responsible party is permitted to ride in the transport vehicle. They must be seated next to the driver and they must at all times utilize shoulder/lap restraints. When transporting pediatric patients, a family member may be permitted to ride in the back of the ambulance with proper restraints.
- In unique situations, the crew may deem it unsafe or inappropriate for a family member to ride in the ambulance. When this happens, justification must be documented in the PCR.
- The following people are to be notified immediately following an accident or vehicle failure; Dispatch, Supervisor and/or a Manager.
- A company vehicle sustaining damage due to an accident or mechanical failure will be placed out of service. The on-duty Supervisor or Manager will be notified to respond to the scene and begin the investigation.
- ONLY CAS Employees are allowed to operate the company vehicles. No other bystanders or public safety personnel are allowed to operate the vehicle without prior authorization from the EMS Coordinator.

FREEWAY OR HIGH SPEED ROAD ACCIDENTS

- Position the ambulance at least fifty feet from the accident site, preferable behind the accident site to provide protection for personnel (leave the vehicle far enough behind the accident, so that if someone hits the unit, it won't be pushed into you).
- Position the front wheels so that they are turning into the curb.
- Apply the emergency brake whenever parking an ambulance

- On a multi-lane freeway, a determination must be made if law enforcement is not on scene to slow the traffic down. There are several methods:
    - Request the fire department for fire hazards, heavy rescue, or traffic control.
    - Request Law Enforcement at all times on MVA's if they are not on scene.
    - Safety vests must be worn in accordance with Federal and State laws.

VEHICLE DAMAGE

This policy has been adopted for all employees to be held responsible and accountable for maintaining company property within the station and vehicles. It is your responsibility to do a complete review of the exterior of the vehicle. Note any damage that has appeared (dents, scratches, or other unusual marks, paint chips or rust.)

PERSONAL PROPERTY

In the event damage occurs on/to any company property, an incident report will be filed on the employee identifying the extent of the property damage, and a verbal reprimand to the employee will be made. ALL EMPLOYEES WILL BE SUBJECT TO DRUG SCREENING FOLLOWING ANY LEVEL OF VEHICLE ACCIDENT. Depending on the severity of the accident and at the decision of the on duty supervisor, the employee(s) involved may also be subject to a medical evaluation prior to returning in service.

BACKING INTO THE BAY

- Always activate the emergency lights when backing, regardless of location
- Both crew members are responsible for safely backing into the bay or any time the truck is backing up.
- Do not pull off of Railroad St into the park in order to line up your approach.
- If you are unable to back up from the West due to the neighbors vehicles, pull in from the east.
- Any difficulty following these guidelines should be reported to the EMS Chief.

VEHICLE DAMAGE

Damage Claim of $250.00 or less:

- First Offense:
    - An Incident report will be filed on the employee identifying the extent of the damage.
    - Verbal reprimand to employee
- Second Offense:
    - An Incident report will be filed on the employee identifying the extent of the damage.
    - Written reprimand to employee
    - EVOC Training Course
- Third Offense:
    - An Incident report will be filed on the employee identifying the extent of the damage.
    - Written reprimand to employee
    - EVOC Training Course
- Fourth Offense:
    - An Incident report will be filed on the employee identifying the extent of the damage.
    - Employee Termination will be considered.

Damage Claim of More than $250.00

- First Offense:
  - An Incident report will be filed on the employee identifying the extent of the damage.
  - Verbal reprimand to employee
  - EVOC Training Course
- Second Offense:
  - An Incident report will be filed on the employee identifying the extent of the damage.
  - Employee Termination will be considered.

Class A Violations

An individual who has a Class A violation within the past three (3) years normally receives a license suspension from the Department of Motor Vehicles which issued the license.

Examples of Class A violations are as follows:

- Driving while intoxicated or under the influence
- Homicide arising out of the use of a motor vehicle (gross negligence)
- Reckless endangerment involving a motor vehicle
- Operating during a period of suspension or revocation
- Using a motor vehicle for the commission of a felony
- Operating a motor vehicle without owner's authority
- Permitting an unlicensed person to drive
- Reckless driving

Any employee with a Class A violation may receive a suspension of driving privileges for a minimum of 90 days and up to a maximum of two (2) years. Additionally, any of these individuals would also be required to be re-certified to operate emergency vehicles. Citizens Ambulance also reserves the right to directly terminate anyone with a Class A Violation.

Class B Violations

Class B violations are any moving violation or Point carrying violation, not considered a Class A violation. Speeding, unlawful lane change and traveling too fast for conditions are all examples of Class B violations. Any individual who has a combination of two (2) Class B moving violation convictions and/ or chargeable accidents in a three (3) year period will be issued a warning letter from the EMS Chief.

Any individual who has a combination of three (3) moving violation convictions and/or chargeable accidents in a three (3) year period will be issued a suspension of driving department vehicles for a period up to ninety (90) days.

Any individual who has more than three (3) moving violation convictions or three (3) chargeable accidents or any combination of more than three (3) of the formerly stated violations in a three (3) year period will be issued a suspension of driving department vehicles for a period of one (1) year. In addition, the same individual would be required to complete an approved driver improvement program and be re-certified to operate emergency vehicles.

Note: Unusual circumstances with individual cases would be evaluated on a case-by-case basis.

Class B Violations Recommendations

Number of Violations * (Last 3 Years)	Number of At-Fault Collisions (Last 3 Years)			
	0	1	2	3
0	Acceptable	Acceptable	Warning	90 Day Suspension
1	Acceptable	Warning	90 Day Suspension	1 Year Suspension
2	Warning	90 Day Suspension	1 Year Suspension	1 Year Suspension
3	90 Day Suspension	1 Year Suspension	1 Year Suspension	1 Year Suspension
4	1 Year Suspension	1 Year Suspension	1 Year Suspension	1 Year Suspension
Any Major Violation	2 Year Suspension	2 Year Suspension	2 Year Suspension	2 Year Suspension

A single incident may be considered both a collision and violation.

Biohazard Waste Disposal & Sanitation Policy

Policy # CAS 900-4

Purpose

To control the disposal of biohazard waste.

Objectives

Scope

This policy applies to all employees

References

Employee Handbook

Definitions

Biohazard waste: (AKA infectious waste) is any waste containing infectious materials or potentially infectious substances such as blood. Of Special concern are hazardous wastes such as needles and or other wastes that can cause injury during handling.

Procedure

Disposal: Sharps are to be placed in the sharps container immediately. When the sharps container is full attempt to dispose of it at the hospitals designated infection control room.

Sanitation: The station, trucks, equipment and any other related items are to sanitized, washed, or otherwise cleaned to prevent the buildup of baticera, dirt, grim, blood, etc. This includes, but not limited to, the cot, the truck floor, bathrooms, kitchen, driver and passengers seats, and downstairs meeting area.

Any other biohazard waste can be disposed of in the red bags located in each ambulance. These bags should be disposed of at the receiving hospital in the designated infection / biohazard control room. We will also have a red biohazard bin available in the shed for the rare instance that it is not possible to dispose of biohazard waste at the hospital.

Firearm Policy

Policy # CAS 900-5

Purpose

For the safety of both staff and patients, Citizens Ambulance Service follows strict guidelines on firearms carried by staff and patients.

Objectives

Scope

This policy applies to all employees

References

Definitions

Procedure

There shall be no firearm(s) carried by any staff member at any time while On-Duty, On-Call, attending training, or otherwise representing Citizens Ambulance Service. Staff members who hold an active CCW permit may carry their firearm while en route to or leaving Citizens Ambulance Service, however the firearm must stay locked in their vehicle during the duration of their shift. At no time is any CCW permit holder allowed to convey their firearm into any Citizens Ambulance Service building (employee or public). Any employee with an active OPOTA certification AND affiliated with a local police department may be exempt from the above regulations upon approval from the Board of Directors.

Procedure for Patients Carrying a Firearm while in the Care of Citizens Ambulance Service

1. In the event a Citizens Ambulance employee is presented with a patent(s) who has a firearm on their person the following policy is to be followed for the safety of both crew and patients.
2. Inform the patient firearms are not allowed in the ambulance or hospitals
3. If family is on scene or patient is able, have the firearm secured outside of the ambulance (i.e. House, Car, Garage, etc)
4. If police are on scene, have them secure the firearm on behalf of the patient either in police custody or in another designated location agreeable between police and the patient until the patient is released from medical care.
5. If police are not on scene, secure the firearm in the locked cabinet and contact dispatch to have police or security meet you at the facility to which the patient is being transported.
6. At NO TIME is staff to clear the gun (i.e make it safe)
7. Continue patient care
8. Document to whom the firearm was transferred to (i.e family, police, security) in your ePCR

The above procedure is to be strictly followed for when a patient is carrying a firearm, this policy is not to prohibit on-duty law enforcement officers from carrying their firearm in the ambulance. If the law enforcement officer is the patient, the above regulations apply.

Equipment & Station Cleaning & Sanitation Policy

Policy # CAS 900-6

Purpose

To provide direction on the daily cleaning of equipment and station facilities.

Objectives

Scope

This policy applies to all employees

References

Employee Handbook

Biohazard Waste Disposal & Sanitation Policy – CAS 900-4

Definitions

Biohazard waste: (AKA infectious waste) is any waste containing infectious materials or potentially infectious substances such as blood. Of special concern are hazardous wastes such as needles and or other wastes that can cause injury during handling.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Other Potentially Infectious Materials means:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Procedure

It is the full responsibility of the crew on duty to ensure the station facilities,trucks are cleaned, decontaminated, and are in proper working order. These areas should be inspected daily during your shift change and truck check.

Sanitation: The station, trucks, equipment and any other related items are to sanitized, washed, or otherwise cleaned to prevent the buildup of baticera, dirt, grim, blood, etc. This includes, but not limited to, the cot, the truck floor, bathrooms, kitchen, driver and passengers seats, and downstairs meeting area.

The following station cleaning schedule is to be followed for Station facilities.

Sunday – Clean the upstairs bathroom, kitchen, and living areas. This includes decontamination of surfaces, sweeping of floors, and cleaning of other high traffic areas.

Monday – A deep cleaning of the back up truck as well as sweeping and mopping the bays.

> A full decontamination of the back up truck should be performed using a medical-grade disinfectant such as Cavi-Cide, Opti-Cide, or ProKure.

Tuesday – Sweep the upstairs living area, clean the stairwell and hand rail.

Wednesday – Sweep and mop the downstairs living area. Sweep the furniture and clean any high traffic surfaces. This includes decontamination of surfaces, sweeping of floors, and cleaning of other high traffic areas.

Thursday – Clean the downstairs restroom. This day also includes completing any outstanding laundry and placing it in its correct storage location.

Friday - A deep cleaning of the primary truck as well as sweeping and mopping the bays.

> A full decontamination of the primary truck should be performed using a medical grade disinfectant such as Cavi-Cide, Opti-Cide, or ProKure.

Saturday – An overall review of the station should be performed. Use the list above or the list posted in the bay to review all areas and perform any additional cleaning needed. ALL areas should be cleaned when needed without delay and regardless of the schedule posted.

Shift, Trucks, and Medications Handoff Policy

Policy # CAS 900-7

Purpose

To ensure the safe and efficient transfer of responsibilities, equipment, and medications during shift changes, truck handoffs, and medication handovers between EMS providers, ensuring continuity of care and compliance with operational protocols.

Objectives

Scope

This policy applies to all EMS personnel involved in shift changes, truck exchanges, and medication handoffs, including paramedics, EMTs, and supervisors.

References

General Responsibilities, Rules, & Guidelines

Definitions

Procedure

Shift Handoff Process:

The shift handoff process is crucial for the continuity of patient care, operational readiness, and ensuring the safety of all involved parties. The following steps should be followed during the shift change:

- **Timing of Handoff:**
  The Shift handoff should occur promptly at the beginning/end of each shift to ensure the incoming shift is aware of any pending tasks or issues before the end of the current shift.
- **Report and Documentation:**
  The outgoing provider must provide a **verbal** report to the incoming provider that includes:
  - **Patient Care Updates**: Any ongoing or unresolved patient cases.
  - **Calls Responded To**: A summary of calls completed during the shift, including important details (e.g., unusual or high-priority situations).
  - **Special Concerns or Alerts**: Any ongoing equipment or vehicle issues, outstanding tasks, or particular patient care needs.
  - **Medications Administered**: A clear record of all medications administered during the shift.
- **Ongoing Issues:**
  Identify any issues that need to be followed up on, including equipment repairs, pending investigations, or important safety considerations.

Truck Handoff Process:

The truck handoff process ensures that the vehicle remains operational and that all necessary equipment is properly stocked and in good condition. This includes:

- **Truck Inspection:**
  Outgoing and incoming providers must conduct a thorough inspection of the vehicle, documenting any damages, malfunctions, or safety concerns. This should include checking:
    - **Vehicle condition**: Tires, lights, brakes, engine, fuel, etc.
    - **Equipment status**: Ensure all EMS equipment is present, functional, and clean, including medical bags, stretchers, oxygen tanks, and tools.
    - **Supplies Check**: Ensure that all necessary supplies are stocked, such as bandages, dressings, medications, and documentation materials.
- **Sign-off Process:**
  The incoming providers should complete the daily truck check form. This ensures accountability and acknowledgment of the vehicle's readiness.

Medication Handoff Process:

Ensuring the safe and accurate transfer of medications is vital for patient safety. Medication handoffs should include:

- **Medications Count and Verification:**
  The incoming and outgoing providers should confirm the correct quantity, integrity, and expiration dates of all medications during the vehicle check. This includes:
    - Ensuring all controlled substances are properly counted, logged, and accounted for.
        - **Controlled Substances:**
          For controlled substances, both the outgoing and incoming providers should:
            - Conduct a joint count of controlled medications (e.g., narcotics), ensuring an accurate match to the log.
            - Verify that all controlled substances are stored securely in accordance with local regulations.
            - Complete an arriving and departing log, noting any discrepancies or actions taken during the handoff.

Communication & Documentation:

- Clear, direct, and thorough communication during handoffs is vital to ensure patient safety and effective operations.
- Ensure all relevant information is documented accurately and legibly in the appropriate logs, patient care reports, and vehicle records.
- If any issues are identified during the handoff process, they should be reported immediately to a supervisor or the EMS Coordinator for resolution.

Supervisor Oversight:
A supervisor is available to address any concerns or issues that arise during the handoff process. Supervisors will periodically review shift, truck, and medication handoffs for compliance with this policy.

Policy Enforcement:
Failure to comply with the handoff procedures outlined in this policy may result in corrective action, including retraining, reprimands, or other disciplinary measures as appropriate.

Controlled Substance (Narcotic) Security and Diversion Prevention Policy

Policy # CAS 900-8

Purpose

The purpose of this policy is to establish procedures for the secure storage, handling, documentation, reporting, and investigation of controlled substances to prevent diversion, ensure regulatory compliance, and protect patient safety.

This policy is intended to comply with:

- Controlled Substances Act
- DEA regulations (21 CFR Part 1301 and Part 1304)
- Ohio Revised Code Chapter 4729
- Ohio Administrative Code Chapter 4729
- Ohio Board of Pharmacy requirements for EMS controlled substance handling.

Scope

This policy applies to all Citizens Ambulance Service personnel who Possess, Access, Administer, Store, Transport, or Dispose of controlled substances used during patient care operations.

References

Federal Regulations

Controlled Substances Act

21 CFR §1301.71 — Security requirements

21 CFR §1301.75 — Physical security controls

21 CFR §1301.76 — Employee screening & theft reporting

21 CFR §1304.11 — Biennial inventory

21 CFR §1304.21 — Recordkeeping

21 CFR §1317 — Disposal of controlled substances

Ohio Law

Ohio Revised Code Chapter 4729

Ohio Administrative Code 4729-9-14 — Reporting theft or loss of dangerous drugs

Definitions

Controlled Substance - Any drug listed in Schedules I-V under the Controlled Substances Act.

Diversion - The unauthorized redirection of controlled substances from legitimate medical use.

Significant Loss - A loss of controlled substances determined by evaluating quantity, drug type, diversion potential, and patterns of loss.

Procedure

1. **Responsible Person**
    a. The EMS Chief shall serve as the Responsible Person for controlled substance management.
        i. Responsibilities include:
            1. DEA registration compliance
            2. Ohio Board of Pharmacy compliance
            3. Controlled substance inventory oversight
            4. Diversion prevention
            5. Investigation of discrepancies
            6. Theft/loss reporting
            7. Policy enforcement
        ii. The EMS Chief may designate trained supervisory personnel to assist with these duties.
        iii. DEA registrants must maintain effective controls against diversion of controlled substances.
    b. Citation: 21 CFR §1301.71(a)
2. **Controlled Substance Tracking System**
    a. Citizens Ambulance Service utilizes LogRx electronic narcotic tracking software for:
        i. Controlled substance inventory tracking
        ii. Medication administration documentation
        iii. Drug waste documentation
        iv. Chain-of-custody tracking
        v. Discrepancy reporting
        vi. Audit review
    b. All controlled substance transactions must be documented in LogRx.
    c. Records must be readily retrievable and available for inspection by:
        i. DEA investigators
        ii. Ohio Board of Pharmacy inspectors
    d. Citation: 21 CFR §1304.21 – Recordkeeping requirements.

3. **Controlled Substance Storage and Security**
    a. Controlled substances shall be stored in compliance with DEA physical security requirements.
    b. Ambulance Storage
        i. All ambulances operated by Citizens Ambulance Service shall store controlled substances within Knox Drug Safes.
            1. The Knox Drug Safe provides:
                a. Tamper-resistant construction
                b. Controlled access
                c. Secure mounting inside the ambulance
                d. Restricted access to authorized EMS personnel
    c. Controlled substances must remain secured at all times when not under direct supervision of authorized personnel.
    d. Citation: 21 CFR §1301.75(b)
    e. Station Storage
        i. When controlled substances are stored at a station or facility, they shall be secured in a Knox Drug Safe or equivalent DEA-compliant narcotic safe.
        ii. Access shall be restricted to authorized personnel only.
4. **Employee Authorization for Controlled Substance Access**
    a. Only authorized EMS personnel may access controlled substances.
    b. Personnel must:
        i. Hold a valid Ohio EMS certification/license
        ii. Complete controlled substance handling training
        iii. Have a Pre Employment Background Check and Drug Screen on file
        iv. Be approved by the EMS Chief
    c. Personnel convicted of a felony related to controlled substances are prohibited from access.
    d. Citation: 21 CFR §1301.76(a)
    e. A current Authorized Access List shall be maintained by the EMS Chief.
5. **Chain of Custody**
    a. Each controlled substance shall have documented chain-of-custody tracking including:
        i. Receipt from pharmacy or supplier
        ii. Assignment to ambulance inventory
        iii. Administration to a patient
        iv. Waste documentation
        v. Transfer between personnel
    b. All chain-of-custody documentation shall be recorded in LogRx.
6. **Daily Inventory Verification**
    a. Controlled substance inventories shall be verified:
        i. At the beginning of each shift
        ii. At the end of each shift
        iii. Whenever custody of an ambulance changes
        iv. Inventory verification shall include:
            1. Drug name
            2. Strength
            3. Quantity
            4. Tamper seal verification
            5. Expiration date
        v. All verifications shall be recorded in LogRx.
        vi. Any discrepancies must be reported immediately to the EMS Chief or designee.

7. **Controlled Substance Administration**
    a. When administering controlled substances, personnel must document:
        i. Medication name
        ii. Dose administered
        iii. Route
        iv. Time administered
        v. Patient identification
        vi. Administering provider
    b. Documentation shall be completed in:
        i. The patient care report
        ii. LogRx tracking system
8. **Controlled Substance Waste**
    a. Any unused portion of a controlled substance must be:
        i. Wasted immediately after administration
        ii. Witnessed by another authorized provider
    b. Waste must be documented in LogRx.
9. **Diversion Prevention**
    a. Citizens Ambulance Service maintains diversion prevention measures including:
        i. Electronic medication tracking (LogRx)
        ii. Routine narcotic reconciliation
        iii. Random audits
        iv. Medication usage review
        v. Incident reporting procedures
    b. These procedures help ensure effective controls against diversion.
    c. Citation: 21 CFR §1301.71(a)
10. **Diversion Investigation**
    a. If a discrepancy or suspected diversion occurs, the EMS Chief shall initiate an investigation.
    b. Investigative actions may include:
        i. LogRx audit review
        ii. Inventory reconciliation
        iii. Patient care documentation review
        iv. Staff interviews
        v. Inspection of medication packaging
        vi. Medical Director Involvement
        vii. Administrative Leave
    c. If diversion is suspected or confirmed, the EMS Chief may notify:
        i. DEA
        ii. Ohio Board of Pharmacy
        iii. Local law enforcement
        iv. Agency Medical Director
11. **Reporting Theft or Significant Loss**
    a. DEA regulations require reporting of theft or significant loss of controlled substances.
    b. Initial Notification
        i. The EMS Chief shall notify the DEA Field Division Office within one business day of discovery.
    c. DEA Form 106
        i. The EMS Chief shall complete and submit DEA Form 106 documenting the loss.
    d. Citation: 21 CFR §1301.76(b)

12. **Ohio Board of Pharmacy Reporting**
    a. The EMS Chief shall report any theft or significant loss of dangerous drugs to the Ohio Board of Pharmacy.
    b. Initial notification must occur immediately upon discovery.
    c. A detailed report must be submitted within 30 days.
    d. Citation: Ohio Administrative Code 4729-9-14
13. **Biennial Controlled Substance Inventory**
    a. Citizens Ambulance Service shall conduct a complete controlled substance inventory at least every two years.
    b. The inventory must include:
        i. Drug name
        ii. Strength
        iii. Dosage form
        iv. Quantity on hand
        v. Date of inventory
    c. Inventory records must be maintained for inspection for at least 2 years.
    d. Citation: 21 CFR §1304.11
14. **Expired Controlled Substances**
    a. Expired controlled substances shall:
        i. Be removed from active inventory
        ii. Be documented in LogRx
        iii. Be secured in a Knox Drug Safe until destruction or return
        iv. Expired drugs shall not be used for patient care.
15. **Controlled Substance Destruction**
    a. Controlled substances that are expired, damaged, or otherwise unusable shall be destroyed in accordance with DEA regulations.
    b. Destruction may occur through:
        i. Reverse distributor transfer
        ii. DEA-authorized destruction procedure via on-site destruction
            1. Destruction must:
                a. Render drugs non-retrievable by use of the Deterra Drug Deactivation Bag
                b. Be witnessed
                c. Be documented
                d. Use DEA Form 41
                e. Regulation: 21 CFR §1317.90 – Destruction by registrants
    c. Destruction must include:
        i. Documentation of drug name
        ii. Quantity destroyed
        iii. Date of destruction
        iv. Witness verification
    d. Citation: 21 CFR §1317 – Disposal of controlled substances
16. **Controlled Substance Audits**
    a. The EMS Chief shall conduct periodic audits including:
        i. Random inventory checks
        ii. LogRx documentation review
        iii. Medication administration review
        iv. Controlled substance reconciliation
        v. Audits shall occur at least quarterly.

17. **Record Retention**
    a. Controlled substance records shall be maintained for a minimum of three years and must be readily retrievable for inspection.
        i. DEA only requires two years however Ohio requires three
    b. Citation: 21 CFR §1304.04
    c. Citation: Ohio Administrative Code 4729:5-3-07
18. **Training Requirements**
    a. All personnel authorized to handle controlled substances must receive training on:
        i. Controlled substance security
        ii. Diversion prevention
        iii. Inventory procedures
        iv. LogRx documentation
        v. Theft/loss reporting procedures
    b. Training shall occur:
        i. During onboarding
        ii. Annually thereafter
19. **Policy Violations**
    a. Violation of this policy may result in:
        i. Suspension of controlled substance access
        ii. Disciplinary action
        iii. Termination
        iv. Reporting to licensing authorities
        v. Referral to law enforcement

Dangerous Drug Storage, Security, and Accountability Policy

Policy # CAS 900-9

Purpose

The purpose of this policy is to establish procedures for the storage, security, accountability, and monitoring of dangerous drugs maintained by Citizens Ambulance Service.

This policy ensures compliance with:

- Ohio Revised Code Chapter 4729
- Ohio Administrative Code Chapter 4729
- Ohio Board of Pharmacy requirements for entities holding a Dangerous Drug License.

Scope

This policy applies to all non-controlled dangerous drugs maintained or administered by Citizens Ambulance Service personnel. Dangerous drugs include prescription medications that are not classified as controlled substances under the Controlled Substances Act.

References

Ohio Law

Ohio Revised Code Chapter 4729

Ohio Administrative Code 4729-9-14 — Reporting theft or loss of dangerous drugs

4729:5-3-02 — Storage of dangerous drugs

4729:5-3-07 — Recordkeeping requirements

Definitions

Procedure

1. **Responsible Person**
    a. The EMS Chief shall serve as the Responsible Person for dangerous drug compliance.
    b. Responsibilities include:
        i. Oversight of drug storage and security
        ii. Maintenance of inventory records
        iii. Ensuring compliance with Ohio Board of Pharmacy regulations
        iv. Investigation of discrepancies
        v. Oversight of medication expiration management
        vi. Oversight of staff training
    c. The EMS Chief may designate trained supervisory personnel to assist with these responsibilities.
    d. Citation: Ohio Administrative Code 4729:5-3 — Dangerous drug distribution and storage requirements.

2. **Dangerous Drug Storage and Security**
    a. Dangerous drugs shall be stored in a manner that prevents unauthorized access and ensures drug integrity.
    b. Citizens Ambulance Service shall store dangerous drugs in:
        i. Tamper-evident sealed drug boxes
        ii. Stored inside locked cabinets or secured compartments
        iii. The locked cabinet shall be located in an area restricted to authorized personnel only.
    c. Dangerous drugs shall remain sealed until needed for patient care or inventory verification.
    d. Citation: Ohio Administrative Code 4729:5-3-02 — Storage requirements for dangerous drugs.
3. **Ambulance Drug Storage**
    a. Each ambulance shall carry dangerous drugs within a tamper-evident sealed drug box.
    b. The drug box shall be stored within a locked cabinet or secured compartment inside the ambulance.
    c. The tamper seal number shall be documented during inventory verification.
    d. If a tamper seal is broken, inventory verification must be conducted immediately.
4. **Access Authorization**
    a. Access to dangerous drugs shall be limited to authorized EMS personnel, including:
        i. Paramedics
        ii. Advanced EMTs (if permitted under protocol)
        iii. Supervisory EMS staff
        iv. EMS Chief or designee
    b. Those having access must also have a Pre Employment Background Check and Drug Screen on file and be approved by the EMS Chief
    c. Personnel must hold a valid Ohio EMS certification.
5. **Inventory Control**
    a. Dangerous drug inventories shall be verified:
        i. At the beginning of each shift
        ii. At the end of each shift
        iii. Whenever custody of an ambulance changes
            1. Inventory verification shall include:
                a. Tamper seal verification
                b. Drug presence confirmation
                c. Expiration date review
        iv. Inventory checks may be documented using LogRx or agency inventory documentation systems.
6. **Medication Administration**
    a. When a dangerous drug is administered to a patient, the provider shall document:
        i. Medication name
        ii. Dose administered
        iii. Route of administration
        iv. Time administered
        v. Patient identification
        vi. Administering provider
    b. Documentation shall be recorded in the patient care report.

7. **Tamper Seal Procedures**
    a. Each drug box shall be secured using a tamper-evident seal.
    b. If the seal is broken due to medication use:
        i. The medication shall be administered per protocol.
        ii. The inventory shall be verified.
        iii. The drug box shall be resealed with a new tamper seal.
        iv. The new seal number shall be documented.
    c. If a tamper seal is broken and no medication use is documented:
        i. The inventory shall be verified.
        ii. The drug box shall be resealed with a new tamper seal.
        iii. The new seal number shall be documented.
8. **Expired Medications**
    a. Expired dangerous drugs shall:
        i. Be removed from active inventory immediately
        ii. Be clearly marked as expired
        iii. Be stored separately from active inventory
        iv. Await proper disposal or return to pharmacy.
            1. Destruction must:
                a. Render drugs non-retrievable by use of the Deterra Drug Deactivation Bag
                b. Be witnessed
                c. Be documented
        v. Expired drugs shall not be administered to patients.
        vi. Citation: Ohio Administrative Code 4729:5-3-02
9. **Medication Disposal**
    a. Unused or expired dangerous drugs shall be disposed of in accordance with Ohio Board of Pharmacy requirements.
    b. Disposal methods may include:
        i. Return to licensed pharmacy
        ii. Approved medical waste disposal service which must:
            1. Render drugs non-retrievable by use of the Deterra Drug Deactivation Bag
            2. Be witnessed
            3. Be documented
10. **Drug Discrepancies**
    a. If a medication discrepancy occurs, the EMS Chief shall initiate an investigation.
    b. The investigation may include:
        i. LogRx audit review
        ii. Inventory reconciliation
        iii. Patient care documentation review
        iv. Staff interviews
        v. Inspection of medication packaging
        vi. Medical Director Involvement
        vii. Administrative Leave
    c. If diversion is suspected or confirmed, the EMS Chief may notify:
        i. Ohio Board of Pharmacy
        ii. Local law enforcement
        iii. Agency Medical Director

11. **Audits**
    a. The EMS Chief shall conduct periodic audits of dangerous drug storage and inventory.
    b. Audits shall include:
        i. Verification of drug presence
        ii. Expiration date checks
        iii. Tamper seal verification
        iv. Inventory reconciliation
    c. Audits shall occur at least annually or more frequently as determined by the EMS Chief.
12. **Record Retention**
    a. Dangerous drug inventory records shall be maintained in accordance with Ohio Board of Pharmacy requirements and retained for a minimum of three years.
    b. Citation: Ohio Administrative Code 4729:5-3-07
13. **Training**
    a. Personnel authorized to access dangerous drugs shall receive training including:
        i. Proper medication storage procedures
        ii. Tamper seal procedures
        iii. Medication documentation
        iv. Inventory verification procedures
        v. Training shall occur:
            1. During onboarding
            2. Annually thereafter
14. **Policy Violations**
    a. Violation of this policy may result in:
        i. Suspension of medication access
        ii. Disciplinary action
        iii. Termination of employment
        iv. Reporting to regulatory authorities if required

1000 – CAS Equipment and Facilities

Medical Equipment And Supplies Procedure

Policy # CAS 1000-1

Purpose

To document the key points of Medical Equipment use and care and medical supplies stocking.

Objectives

Scope

This policy applies to all employees

References

Definitions

Procedure

Equipment essential in accomplishing job duties can be expensive and may be difficult to replace. When using Citizens Ambulance Service property, you are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines.

You should notify your supervisor if any equipment, machines, or tools, appear to be damaged, defective, or in need of repair. Prompt reporting of damages, defects, and the need for repairs could prevent the deterioration of equipment and possible injury to employees or other people. Your supervisor can answer any questions about your responsibility for maintenance and care of the equipment you use on the job.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment, may result in disciplinary action, up to and including termination of employment.

When supplies are needed, notify the coordinator or your supervisor in writing as to what is needed so that cost control and containment within a budgeted amount can be maintained.

Equipment used on runs will be cleaned appropriately and replaced to its proper location as soon as possible.

You may make a request to purchase additional equipment that might be needed for performing the various tasks that are done. This is to be made to the EMS Chief.

If supplies are needed on an emergency basis, contact any member of management.

When checking a vehicle, the employees on duty are responsible for everything in the unit and everything that is supposed to be in it.

If you find supplies or equipment missing, defective, or expended in your unit, it should be noted to a member of management.

Periodic audits may be conducted by your supervisor. If any discrepancies are noted between the check-off list and the inspection report, appropriate action will be taken.

No equipment shall be loaned to anyone without the approval of management. The only exception is when another service transports the patient that has been placed on our equipment.

Any equipment or supplies left at a scene or facility shall be reported verbally and in writing on the run sheet. Give a description of what was left, from which unit, the quantity, date, where it was left, patient's name, and with whom. You will be responsible to ensure the equipment is picked up from these facilities as soon as possible based on location and distance.

Lost equipment or supplies shall be reported immediately to your supervisor or manager. If an effort can be made to locate what is lost, notify dispatch and the on duty supervisor of your plans. In any case, a follow up form must be filed, stating what was lost and approximate whereabouts, how it was lost and who was involved. This can be filed using the Incident Report or contacting the supervisor or EMS Chief.

General Responsibilities, Rules, & Guidelines

Policy # CAS 1000-2

Purpose

Employees are required to follow basic operational procedures and policies to ensure productivity and safety.

Objectives

Scope

This policy applies to all employees

References

Employee Handbook

Equipment & Station Cleaning & Sanitation Policy

Shift, Trucks, and Medications Handoff Policy

Definitions

Procedure

- You shall be responsible for the prompt discharge of your duties and carrying out all directives, oral and written.
- Refusal to respond to any trip while on duty will subject the offender to immediate dismissal from their shift for that day, and/or termination. A review by a supervisor or manager will determine further action.
- As Emergency Medical Technicians, you shall be responsible for prompt, definitive emergency medical care in accordance with your training level and job function including any neglect or failure, or any want of judgment which may cause unnecessary loss of life of injury and/or suffering, and shall exercise caution to minimize damage to property. At no time shall an employee shirk or evade any required duty.
- You shall become familiar with and obey the laws of the United States, and of any state, city, township, county or village in which Citizens Ambulance works or responds to. Likewise, you shall know the Citizens Ambulance policies and the various Medical Board protocols (Standing Orders) and promptly obey both written and verbal orders.
- You shall at all times be respectful and follow the directives of management and be courteous to patients, the public and other employees, both personal contacts and in telephone conversations.
- You shall not at any time take or remove for your use anything from the building, vehicle or person without permission from your supervisor.
- When any valuables are found or received, they shall be turned over to the proper authority for safekeeping and disposition. If a patient's belongings are found, Dispatch is to be notified of their whereabouts.
- Training will be scheduled from time to time, concerning various subjects for crews on duty. Likewise, there will be MANDATORY online training every month.
- You will be responsible for all property in your care, and will keep the vehicles, equipment, and supplies in good working order and sanitary condition for prompt and immediate use.

- You shall become familiar with the location of streets, radios, medical facilities and other information necessary to be able to respond to requests for service quickly and efficiently.
- If you are injured while on duty, management shall be contacted immediately, then followed with a written incident report. If the injury is suspected of being serious, you will be sent to the Emergency Room. Approval by a doctor must be obtained before you will be allowed to return to work.
- You shall perform any necessary work as outlined in the daily equipment and vehicle check offs, station duties, and any other duties as assigned by management. Further, you shall follow the station rules/duties which shall be posted and could change from time to time.
- If it is necessary to search an unconscious or disoriented person, any possessions found should be turned over to a family member, the police, or the receiving hospital. This should be clearly documented on the Patient Care Report, explaining what was found and who it was given to.
- Problems or complaints with fellow employees, hospitals, fire departments or patients will be handled and reported verbally and in writing after the run. Problems or complaints will be handled only by management.
- Patients will be given the utmost in professional care and treatment. An attendant will always be in the patient area tending to the patient's needs during transport.
- Employees will not argue or be abusive with the patients and/or patient's family, friends or relatives.
- All stations will be kept clean and neat at all times, and operated economically; i.e., unused lights turned off and doors and windows closed to prevent wasted heat or air conditioning.
- All doors and windows will be locked when quarters are vacant or if the crew is asleep.
- The on duty crew will be relieved when the station is in satisfactory condition. The relieving crew will be responsible for anything that was not cleaned by the previous crew, documenting the condition of the station or quarters. If the off-going crew has not followed the posted “station cleaning schedule”, an incident report is to be filed and the on-duty supervisor is to be contacted.
- Oncoming personnel must report to work in proper uniform which is clean and neat, and ready to perform required duties.
- Immediately after going on duty, you shall check and verify the ambulance, and all the equipment and supplies that are assigned to the unit. When finished checking the supplies, the vehicle should be cleaned to company standards. The backup vehicle must be checked and cleaned as part of this policy. If damage to a vehicle is discovered, it must be documented, and reported to your supervisor or manager.
- All Patient Care Reports and information for billing purposes shall be completed and turned in before the end of your shift. Failure to do so will result in disciplinary action.
- When returning a unit at the end of a shift, the fuel shall be at least three quarters full.

Failure to comply with this policy will result in discipline not excluding termination.

Facilities Committee Project Review

Policy # CAS 1000-3

Purpose

To provide a clear internal process for reviewing and approving building projects, repairs, replacements, maintenance, and emergency work so all facility-related work is properly screened for safety, scope, budget, communication, and required approvals before work begins.

Objectives

Scope

This SOP applies to all work performed on organization-owned, leased, or controlled facilities by staff, contractors, vendors, or consultants, including:

- New building projects
- Additions
- Renovations and alterations
- Repairs and replacements
- Routine maintenance
- Emergency repairs

References

Definitions

Procedure

No covered work shall begin until the scope has been reviewed, the appropriate internal approval has been obtained, and any required outside approvals have been identified. Work shall not proceed on the assumption that routine or minor scope is automatically exempt from review, permits, or other requirements.

Alignment and Procedure
As a small organization, team members often serve in multiple roles, and projects may involve input from several leadership and board groups. To support clear communication, coordinated decision making, and efficiency, projects that extend beyond routine facilities work should be reviewed through a Project Work Group process.

When a project is identified, a Project Work Group should be convened with representation, as appropriate, from the Facilities Committee, Finance Committee, Executive Committee, and EMS Leadership Team.

The purpose of the Project Work Group is to keep stakeholders aligned and provide input from each area based on operational, financial, governance, and facility-related considerations. The Project Work Group may assist in determining project scope, budget alignment, approval routing, timing, communication needs, and whether additional review or approval is required from a board committee or the full Board of Directors.

For purposes of this SOP, the Project Work Group process applies to:

- New building projects
- Additions
- Renovations and alterations

Routine maintenance, repairs, and replacements remain under the normal oversight of the Facilities Committee unless the scope, cost, complexity, or risk warrants broader review. The EMS Leadership Team should be notified of scheduled maintenance, repairs, and replacements so operational adjustments can be made as needed and building security requirements can be maintained in accordance with DEA and Ohio Board of Pharmacy expectations.

Emergency repairs are addressed separately under the Emergency Repairs section of this SOP.

Work Classification
All proposed work must be classified before it starts:

- Routine Maintenance
    - Minor work that preserves existing conditions and does not change layout, occupancy, egress, structure, accessibility, fire protection, or building-system design.
- Repair / Replacement
    - Work that restores a component or system to service, including like-for-like replacement, without changing design intent or regulated life-safety features.
- Alteration / Project Work
    - Any work that changes layout, use, exits, doors, walls, accessibility, structure, equipment, or mechanical, electrical, plumbing, or fire protection systems.

Projects Requiring Review
The project must be submitted to the Facilities Committee or designated reviewer if it involves:

- Room or space reconfiguration
- Addition or removal of doors or windows
- Change in use or occupancy
- Structural or load-bearing work
- Accessibility modifications
- Fire alarm, sprinkler, or other fire protection work
- HVAC, plumbing, or electrical work beyond simple like-for-like replacement
- Installation of major equipment
- Multi-trade work
- Permit, inspection, or code review questions
- Outside design professional involvement

Projects involving new construction, additions, or significant renovations should also be routed through the Project Work Group for coordination and alignment.

Design and Permit Review
Sealed/stamped drawings are not always required, but projects that involve structural changes, life-safety impacts, engineered components, significant system redesign, or code interpretation questions must be elevated for further review.

No work shall begin until the team has confirmed whether plans, permits, inspections, or other approvals are required.

Authorization to Proceed
No covered work shall begin until:

- Scope review is complete
- Budget approval is complete
- Committee or management approval is complete, if required
- required plans, sketches, or contractor proposals are collected
- Permit or review needs are confirmed
- Contractor or staff authorization is issued

Project Documentation
Each covered project must have a basic project file that includes, as applicable:

- Project description
- Location
- Requester
- Classification of work
- Approval record
- Photos or existing-condition notes
- Quote, estimate, or cost information
- Plans or sketches
- Permit or inspection records
- Closeout notes

Approval Rule
When there is uncertainty, the work shall be treated as an alteration and elevated for review before proceeding.

Emergency Repairs
In the event of an emergency repair, immediate action may be taken to protect people, property, or operations. Initial notification may be made by phone to the Facilities Committee Chair, Board President, EMS Coordinator, or any available leader who can promptly notify and connect the appropriate parties.

Emergency action may proceed as needed to stabilize the condition, restore essential services, or prevent further damage. The condition, action taken, and any contractor involvement must be documented and reported as soon as practical. Any required follow-up approvals, permits, inspections, or corrective work must be completed after stabilization.

Summary
Routine maintenance, repairs, and replacements may proceed through normal Facilities Committee oversight unless the scope, cost, complexity, or risk requires broader review. New building projects, additions, and renovations should be coordinated through a Project Work Group so facilities, finance, executive leadership, and EMS leadership perspectives are aligned. Emergency work may begin immediately to stabilize unsafe or damaging conditions, but it must still be documented and routed for follow-up review.

1100 – CAS Communications

Radio Use Policy

Policy # CAS 1100-1

Purpose

Employees are required to learn how to operate the various radio equipment and the proper care of it.

Objectives

Scope

This policy applies to all employees

References

Employee Handbook

Definitions

Procedure

- The responding unit will advise the dispatcher when they are responding to a call and then again when they arrive on location, if they need extra help, and when they are transporting the patient and where.
- When the unit arrives at the facility or location of the transport, dispatch is also to be advised. Once cleared of a transport and available for a call, the dispatcher is to be notified.
- While in service away from your quarters, dispatch is to be notified any time you leave a unit. Always advise if you are being delayed (train, traffic etc) while on the road. Likewise, if you are being delayed at a facility or on a call, notify dispatch immediately.
- Always report any radio problems immediately so that the proper action can be taken.
- Make all radio traffic short, clear and professional
- Do not give the patient's name or identifiable information over the radio, and never give them a label of drunk, black, crazy etc. Please refer to your HIPAA training for further information on this topic.
- If you are changing radio channels, make sure dispatch is aware of that channel they can contact you on.
- When out of your unit on the scene or otherwise, always take your portable radio and make sure you are listening. Do not leave your radios unattended.
- You shall use the EMS unit name and number when operating on our frequencies and radios.
- Crews are to immediately acknowledge any tone they receive. If a tone is not acknowledged within one minute, dispatch will tone you again.
- When Going On-the-Air, or any time the primary truck is leaving that station, crew members are to mark themselves On-the-Air via the MDT and notify dispatch via radio that they will be out of the station.
- Both crew members are to also have portable radios when you are outside of the truck. Due to the setup of the radios in the units, the units are NEVER to be SHUT OFF when you are out of the truck.

Data Backup Policy

Policy # CAS 1100-2

Purpose

The agency shall have a written policy and process in place for the back-up of electronic data. The policy and processes must be HIPAA compliant. The policy and processes must also be NEMSIS compliant if the agency's state requires NEMSIS data submission. If the agency uses electronic patient care reports (ePCR), there must be a written, HIPAA compliant policy and procedure in place that describes how patient information/records will be exchanged, transmitted, reproduced and securely stored.

Objectives

Clearly document the process and details of the Data Back System for Citizens Ambulance Service.

Scope

The purpose of this policy is to document the Citizens Ambulance Service data backup and recovery procedures, protocols, and standards. This policy covers the data backup schedule, backup protocols, backup retention, and data recovery. This policy does NOT cover data retention or compliance requirements.

References

Record Retention Policy

Definitions

1. Backup - The saving of files onto magnetic tape, disk, or other mass storage media for the purpose of preventing unplanned data loss in the event of equipment failure or destruction.

2. Application Owner – The user, department, or team that maintains or manages the application or data that is being backed up.

3. Data Retention - The saving of historic and/or inactive files on disk, or other mass storage media for the purpose of keeping it for compliance or legal reasons, for a defined period of time. Data Retention is determined and managed by Application Owners (or Data Stewards) in conjunction with legal and regulatory requirements. Data retention is also subject to the litigation hold process as directed by legal counsel.

4. Backup Retention – The time lapse between when a backup is created and when it is formatted to be destroyed or potentially reused. This can be considered the 'shelf-life' for the backup and is how long the backup will be kept before the images are expired. Backups will be saved onto magnetic tape, disk, or in the cloud.

5. Data Recovery – The purpose of backing up data is to store a copy of the data in the event of a disaster where data is lost or corrupt. Data recovery is the act of restoring data from the backup in order to restore data to the desired point in time.

6. Recovery Point Objective (RPO) – is the maximum targeted period in which data might be lost from an IT service. The RPO is the age of files that must be recovered from backup storage for normal operations to resume. The RPO is expressed backward in time (that is into the past) from the instant at which the failure occurs (e.g. a high transactional DB data is only good for 5 days. The RPO is 5 days ago or sooner).

7. Backup Software – The software used to manage the data backups and recovery (e.g. Mozy Back Up).

Procedure

Citizens Ambulance Service IT Manager is responsible for maintenance and Support of the following:

The following are backup schedule and Backup retention frequency:

a. Daily backups

i. Incremental and full backups will be kept on-site for 1 month

ii. Full backups will be stored on and off-site for 3 months

Regarding Data Restores:

a. Restore requests will be submitted to Online Helpdesk via the Employee webpage

b. Restores will be started within 72 hours

c. Restores over weekends/holidays will be performed the following business day, unless an urgent/high ticket is submitted

d. Citizens Ambulance Service IT Manager will be responsible for the following:

a. Checking backup reports to ensure that they were completed without errors

b. Updating clients/servers to current version after upgrades when feasible

c. Managing relationships with storage vendors

d. Maintaining storage arrays

e. Executing this policy

1200 – CAS Training

No Policies at this time

Change Log

Status (Baseline/Revision/ Cancelled)	Document Revision	Effective Date	Revision Purpose
Baseline	1	08/09/2024	CAS original issuance of operating procedures
Policy Formatting	2	12/9/2024	Removed 700-1 / Reformatted other policies / Added 900-7
Revision	3	8/9/2025	Added Special Salary CTO Accrual Schedules
Revision	3	8/9/2025	Added Comp Time Policy 700-8
Policy Update	4	12/29/2025	Backfill Policy Changed CAS 200-6
New Policy 900-8 & 9	5	3/8/2026	New DEA and Board of Pharmacy Policies
New Policy 1000-3	6	3/10/2026	Facilities Committee Project Review
New Policy 700-9	7	3/29/2026	Bonus Policy
Updated 700-4	8	3/29/2026	Updated Policy
New Policy 400-5	9	3/29/2026	New Policy