

North Stonington Ambulance Association, Inc.

Policy & Procedure Manual

Public Copy

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North Stonington Ambulance Association

Policy & Procedure Manual

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Definitions

Employee:	Means both volunteer members of North Stonington Ambulance Association, Inc. and/or paid personnel hired by North Stonington Ambulance Association, Inc.
EMT:	Emergency Medical Technician
EVO:	Emergency Vehicle Operator
Haz-Mat Incident:	Hazardous Materials Incident
NSAA:	North Stonington Ambulance Association, Inc.
MCI:	Mass Casualty Incident
MICU:	Mobile Intensive Care Unit
Observer:	Any person who has been granted permission to ride with NSAA for purposes of education, evaluation, or other approved reason. Must be at least CPR BLS-Level C certified unless granted an exception by a supervisor
OEMS:	State of Connecticut Department of Public Health's Office of Emergency Medical Services
OSHA:	Occupational Health and Safety Administration
PCR:	Patient Care Report (i.e.: Run Form)
Supervisor:	Any person authorized by the Board of Directors to delegate tasks, oversee work, and evaluate personnel work performance.
Valid Driver's License:	Means that the driver's license has not reached its expiration date, there are no restrictions on the license other than corrective eyewear, the license is not currently suspended or revoked, the operator is not presently serving a conviction for Speeding, the operator has no convictions for DUI or DWI, and the operator does not suffer from epilepsy or other forms of seizure disorders.

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Chapter 1: Privacy and Information Access

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1.0.1 Distribution of Notice of Privacy Practices

Number: 1.0.1	Created: 04/14/03
Page: 1 of 1	Revised:
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Purpose

To ensure that all patients treated by North Stonington Ambulance Association, Inc. are apprised of their rights with regard to PHI and that North Stonington Ambulance Association, Inc. provides the necessary tools to facilitate patient requests.

Policy – Notice of Privacy Practices (NPP)

North Stonington Ambulance Association field providers will furnish a copy of North Stonington Ambulance Association Inc.'s NPP to the patient at or prior to treatment in non-emergency situations and as circumstances permit after treatment in an emergency. In non-emergency situations only, field personnel should attempt to get a signed acknowledgement from patient or note why a signature was not obtained.

Procedure – Non-emergency Transport

1. Provide a copy of the NPP to the patient.
2. Indicate on your trip sheet that a copy has/has not been given to the patient, family member or with hospital staff.
3. Have the patient sign an Authorization/Acknowledgement form.
4. An authorized personal representative of the patient may sign on the patient's behalf.
5. If no signature can be obtained, please explain reason.

Procedure – Emergency Transport

1. Provide a copy of the NPP to the patient.
2. Indicate on your trip sheet that a copy has/has not been given to the patient, family member or with hospital staff.
3. You do not need the patient to acknowledge receipt of NPP.
4. Be sure you obtain any other necessary signatures if possible.
5. If unable to obtain patient's signature, please provide reason.

Procedure – Refusals of Care

1. Provide a copy of the NPP to the patient.
2. Indicate on your trip sheet that a copy has/has not been given to the patient, family member or with hospital staff.
3. Have the patient sign the Refusal form.

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1.0.2 Privacy Training

Number: 1.0.2

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Purpose

To ensure that all staff members of North Stonington Ambulance Association Inc. including all employees, members, volunteers, students and trainees (collectively referred to as “staff members”) who have access to patient information understand the organization’s concern for the respect of patient privacy and are trained in North Stonington Ambulance Association Inc.’s policies and procedures regarding PHI.

Policy

All current staff will be required to undergo privacy training in accordance with the HIPAA Privacy Rule prior to the implementation date of the HIPAA Privacy Rule, which is April 14, 2003.

All new staff members will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time upon association with the organization, as scheduled by the Privacy Officer.

All staff members will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time after there is a material change to North Stonington Ambulance Association, Inc.’s policies and procedures on privacy practices.

Procedure

The Privacy Training will be conducted by the Privacy Officer or his or her designee.

All attendees will receive copies of North Stonington Ambulance Association Inc.’s policies and procedures regarding privacy.

All attendees must attend the training in person and verify attendance and agreement to adhere to North Stonington Ambulance Association, Inc.’s policies and procedures on privacy practices.

Topics of the training will include a complete review of North Stonington Ambulance Association Inc.’s Policy on Privacy Practices and will include other information concerning the HIPAA Privacy Rule, such as, but not limited to, the following topic areas:

- Overview of the federal and state laws concerning patient privacy including the Privacy Regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Description of protected health information (PHI)
- Patient rights under the HIPAA Privacy Rule
- Staff member responsibilities under the Privacy Rule
- Role of the Privacy Officer and reporting employee and patient concerns regarding privacy issues
- Importance of and benefits of privacy compliance
- Consequences of failure to follow established privacy policies
- Use of North Stonington Ambulance Association, Inc.’s specific privacy forms

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1.1.1 Use of Computer and Information Systems & Equipment

Number: 1.1.1	Created: 04/14/03
Page: 1 of 4	Revised: 11/01/05
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Purpose

North Stonington Ambulance Association, Inc. is committed to protecting our staff members, the patients we serve, and the company from illegal or damaging actions by individuals and the improper release of protected health information and other confidential or proprietary information.

The purpose of this policy is to outline the acceptable use of computer equipment at NSAA. These rules are in place to protect the employees and patients of NSAA. Inappropriate use exposes NSAA to risks including virus attacks, compromise of network systems and services, breach of patient confidentiality and other legal claims.

Policy

This policy applies to employees, volunteers, members, contractors, consultants, temporary employees, students, and others at North Stonington Ambulance Association, Inc. who have access to computer equipment, including all personnel affiliated with third parties. This policy applies to all equipment that is owned or leased by NSAA.

Procedure

Use and Ownership of Computer Equipment

1. All data created or recorded using any computer equipment owned, controlled or used for the benefit of NSAA is at all times the property of NSAA. Because of the need to protect the North Stonington Ambulance Association, Inc. computer network, the company cannot guarantee the confidentiality of information stored on any network device belonging to NSAA, except that it will take all steps necessary to secure the privacy of all protected health information in accordance with all applicable laws.
2. Staff members are responsible for exercising good judgment regarding the reasonableness of personal use and must follow operational guidelines for personal use of Internet/Intranet/Extranet systems and any computer equipment.
3. At no time may any pornographic or sexually offensive materials be viewed, downloaded, saved, or forwarded using any Company computer equipment. Please refer to the Company's policies regarding harassment.
4. For security and network maintenance purposes, authorized individuals within NSAA may monitor equipment, systems and network traffic at any time, to ensure compliance with all Company policies.

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1.1.1 Use of Computer and Information Systems & Equipment

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Security and Proprietary Information

1. Confidential information should be protected at all times, regardless of the medium by which it is stored. Examples of confidential information include but are not limited to: individually identifiable health information concerning patients, company financial and business information, patient lists and reports, and research data. Staff members should take all necessary steps to prevent unauthorized access to this information.
2. Each user must have at least two distinct identification components, such as a username and password, which together, shall constitute a "unique code". At no time shall the User's name suffice as a username or password.
3. Only official members and employees of North Stonington Ambulance Association shall be issued a username and/or password. In addition, only those issued such username and password shall operate computer devices.
4. Keep passwords secure and do not share accounts. Authorized users are responsible for the security of their passwords and accounts. System level and User level passwords should be changed every 60 days.
5. All PCs, laptops, workstations and remote devices should be secured with a password-protected screensaver, wherever possible, and set to deactivate after being left unattended for ten (10) minutes or more, or by logging-off when the equipment will be unattended for an extended period.
6. All computer equipment used by staff, whether owned by the individual staff member or NSAA, shall regularly run approved virus-scanning software with a current virus database in accordance with company policy.
7. Staff members must use extreme caution when opening e-mail attachments received from unknown senders, which may contain viruses.

Unacceptable Use

Under no circumstances is a staff member of North Stonington Ambulance Association, Inc. authorized to engage in any activity that is illegal under local, state, or federal law while utilizing NSAA computer resources.

The lists below are by no means exhaustive, but attempt to provide a framework for activities that fall into the category of unacceptable use.

System and Network Activities

The following activities are strictly prohibited, with no exceptions:

1. Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of "pirated" or other software products that are not appropriately licensed for use by NSAA.

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1.1.1 Use of Computer and Information Systems & Equipment

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2. Unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which North Stonington Ambulance Association, Inc. or the end user does not have an active license is strictly prohibited.
3. Exporting system or other computer software is strictly prohibited and may only be done with express permission of management.
4. Introduction of malicious programs into the network or server (e.g., viruses, worms, etc.).
5. Revealing your account password to others or allowing use of your account by others. This includes family and other household members when work is being done at home.
6. Using a North Stonington Ambulance Association, Inc. computer device to actively engage in procuring or transmitting material that is in violation of the Company's prohibition on sexual and other harassment.
7. Making fraudulent statements or transmitting fraudulent information when dealing with patient or billing information and documentation, accounts or other patient information, including the facsimile or electronic transmission of patient care reports and billing reports and claims.
8. Causing security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data of which the staff member is not an intended recipient or logging into a server or account that the employee is not expressly authorized to access, unless these duties are within the scope of regular duties.
9. Providing information about, or lists of, North Stonington Ambulance Association, Inc. staff members or patients to parties outside NSAA.

E-mail and Communications Activities

1. Sending unsolicited e-mail messages, including the sending of "junk mail" or other advertising material to individuals who did not specifically request such material (e-mail spam).
2. Any form of harassment via e-mail, telephone or paging, whether through language, frequency, or size of messages.
3. Unauthorized use, or forging, of e-mail header information.
4. Solicitation of e-mail for any other e-mail address, other than that of the poster's account, with the intent to harass or to collect replies.
5. Creating or forwarding "chain letters", "Ponzi" or other "pyramid" schemes of any type.
6. Use of unsolicited e-mail originating from within North Stonington Ambulance Association, Inc. networks of other Internet/Intranet/Extranet service providers on behalf of, or to advertise, any service hosted by North Stonington Ambulance Association, Inc. or connected via North Stonington Ambulance Association, Inc.'s network.

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1.1.1 Use of Computer and Information Systems & Equipment

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Use of Remote Devices

The appropriate use of Laptop Computers, Personal Digital Assistants (PDAs), and remote data entry devices is of utmost concern to NSAA. These devices, collectively referred to as “remote devices” pose a unique and significant patient privacy risk because they may contain confidential patient, staff member or company information and these devices can be easily misplaced, lost, stolen or accessed by unauthorized individuals

1. Remote devices will not be purchased or used without prior Company approval.
2. NSAA must approve the installation and use of any software used on the remote device.
3. Remote devices containing confidential or patient information must not be left unattended.
4. If confidential or patient information is stored on a remote device, access controls must be employed to protect improper access. This includes, where possible, the use of passwords and other security mechanisms as stated in Policy 1-04.
5. Remote users utilizing electronic signatures shall certify that the electronic signature is intended to be the legally binding equivalent of the User's traditional handwritten signature.
6. Remote devices should be configured to automatically power off following a maximum of ten (10) minutes of inactivity.
7. Remote device users will not permit anyone else, including but not limited to user's family and/or associates, patients, patient families, or unauthorized staff members, to use company-owned remote devices for any purpose.
8. Remote device users will not install any software onto any PDA owned by NSAA except as authorized by North Stonington Ambulance Association, Inc.
9. Users of company-owned remote devices will immediately report the loss of a remote device to a supervisor or the Privacy Officer.

Enforcement

Any staff members found to have violated this policy may be subject to disciplinary action, up to and including suspension and termination.

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1.1.2 Access Control: Usernames and

NOT FOR PUBLIC DISCLOSURE
SENSITIVE INFORMATION



Contents developed for release to
North Stonington Ambulance
and authorized personnel only

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1.2.1 Electronic Patient Care Reports

Number: 1.2.1	Created: 04/14/03
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Policy

To ensure that all staff members of North Stonington Ambulance Association Inc. properly dispose of all “paper” used in the preparation of a patient care report (PCR) and to secure and restrict PCR accessibility.

Procedure

North Stonington Ambulance Association Inc. maintains strict requirements on the security and access of all PCRs as well as the initial documentation created by the field providers in their preparation of a PCR.

All preliminary documentation used by a crewmember to assist in the creation or modification of a PCR is the sole property of North Stonington Ambulance Association, Inc.

Each crewmember will be given a password to use North Stonington Ambulance Association, Inc.’s computer systems.

No crewmember may disclose his/her password to any other crewmember.

Each crewmember is to access ONLY his/her PCRs unless directed otherwise by the Privacy Officer or as permitted by management.

No crewmember is to log onto any computer or password protected software under any user name other than his/her own.

A PCR may be amended by a crewmember upon approval by the Privacy Officer or Management.

Printed PCRs are to go immediately to a Supervisor. PCRs must be either hand delivered or placed in a lock box.

All scratch paper used by a crewmember in the preparation of a PCR must be shredded immediately.

Inappropriate access or retention of PHI may result in disciplinary action, including termination.

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Chapter 2: Employment / Membership

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2.0.1 Nature of Employment

Number: 2.0.1	Created: 06/13/01
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Employment in NSAA is voluntarily entered into and the employee is free to resign at will at any time, with or without cause. Similarly, NSAA may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law or violations of the NSAA Bylaws.

Policies set forth in this handbook are not intended to create a contract, nor are they to be construed to constitute contractual obligations of any kind of a contract of employment between NSAA and any of its members or employees. The provisions of the handbook have been developed at the discretion of management and may be amended or canceled at any time, at NSAA's sole discretion.

These provisions supersede all existing policies and practices and may not be amended or added to without the express written approval of the Board of Directors of NSAA.

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2.0.2 Employee Relations

Number: 2.0.2	Created: 06/13/01
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NSAA believes that the work conditions, benefits and experiences it offers to its employees are competitive with those offered by other ambulance services in this area. If employees have concerns about work conditions or any other service related matters, they are strongly encouraged to voice these concerns openly and directly to their supervisors in a constructive manner. Alternatively, the employee may write a professional, constructive letter to the Board of Directors voicing the concern.

Verbally degrading the Association, or any component of the Association, only serves to lower morale and bolster hostility in the workplace. This will not be tolerated, and any violation of this may lead to disciplinary action up to and including termination.

Our experience has shown that when employees deal openly and directly with supervisors, the work environment can be excellent, communications can be clear, and attitudes can be positive. We believe that NSAA amply demonstrates its commitment to employees by responding effectively to employees' concerns.

In an effort to protect and maintain direct employee/supervisor communications, we will resist organization, within applicable legal limits, and protect the right of employees to speak for themselves.

If and when employees examine the option of representation by individuals outside NSAA, however, we strongly encourage careful consideration of such related issues as the potential for outside interference with supervisory relationships, and the commitment to comply with directions from third parties.

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2.0.3 Business Ethics and Conduct

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The successful business operation and reputation of NSAA is built upon the principles of fair dealing and ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

With this in mind, it is imperative that employees use good judgment in deciding what places are appropriate to go to while on duty, and/or while in the ambulance. As an example: establishments such as adult oriented stores, liquor stores, bars, etc. shall be avoided while on-duty and/or while in the ambulance.

The continued success of NSAA is dependent upon our patients' trust and we are dedicated to preserving that trust. Members owe a duty to NSAA, its patients, and fellow service personnel to act in a way that will merit the continued trust and confidence of the public.

NSAA will comply with all applicable laws and regulations and expects its directors, officers, members and employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct.

In general, the use of good judgment, based on high ethical principles, will guide you with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with your Crew Chief, if necessary, with a supervisor for advice and consultation.

Employees should remember that NSAA is a place of business, and should be treated as such.

Compliance with this policy of business ethics and conduct is the responsibility of every NSAA employee. Disregarding or failing to comply with this standard of business ethics and conduct could lead to disciplinary action, up to and including termination.

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2.0.4 Medical Examinations

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To ensure personnel are able to perform their duties safely and without risk to other safety personnel or patients, medical examinations may be required.

After an offer has been made to an applicant entering a designated employment category, a medical examination will be performed at NSAA's expense by a health professional of NSAA's choice.

Pre-employment drug screening may be part of the pre-employment medical examination.

The offer of membership/employment and assignment of duties is contingent upon satisfactory completion of the exam, including, but not limited to passing any pre-employment drug screening.

Information on an employee's medical condition or history will be kept separate from other employee information and maintained confidentially. Access to this information will be limited to those who have a legitimate need to know.

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2.0.5 Employment/Membership Applications

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NSAA relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

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2.0.6 Resignation

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Resignation is a voluntary act initiated by the member or employee to terminate membership or employment with NSAA. Although advance notice is not required, NSAA requests at least 2 weeks written notice from all members.

Except in cases of extenuating circumstances, any member or employee not providing the requested 2 weeks notice shall be considered ineligible to reapply for membership or employment at NSAA. "Extenuating circumstances" include, but are not limited to, immediate job transfer, illness, or injury.

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2.1.0 Job Description - General

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It is the intent of NSAA to clarify the definitions of employment and membership classifications so that employees understand their employment status and benefit eligibility. These classifications do not guarantee employment for any specified period of time. Accordingly, the right to terminate the employment relationship at will at any time is retained by both the employee and NSAA.

Paid	Non-Paid (Volunteer)
EMT-B (non-driver)	Observer
EMT-B	Emergency Vehicle Operator
First Responder	EMT-B (non-driver)
Crew Chief	EMT-B
Supervisor	First Responder
	Crew Chief

Certain management position and membership are beyond the scope of this manual and can be found in the Administrative Manual or Bylaws.

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2.1.1 Job Description: Observer

Number: 2.1.1	Created: 06/13/01
Page: 1 of 1	Revised: 08/08/06
	Version: ① ② ③ ④ ⑤

The Observer Job Description applies to persons who are not employed by NSAA and who have obtained permission from a supervisor to ride on the ambulance for approved purposes. Generally, only physicians, Nursing Personnel, EMS Professionals, and Students affiliated with an state approved EMS instructional program may ride as Observers.

Qualifications:

- CPR Certification (unless special exemption granted by a supervisor)

Duties and Responsibilities

The Observer shall report for duty as approved by a supervisor in clean, professional attire. Such attire shall consist of:

- Plain white polo shirt having no embroidered/screened images, logos, or names;
- Navy blue or black colored standard fitting pants (jeans are not acceptable);
- Closed-toe footwear;
- Hats/Ball Caps may be worn as long as they do not show affiliation of any nature;
- Department issued accountability tag.

The Observer shall review all safety procedures with the Crew Chief prior to responding to any emergency calls.

The Observer is responsible for:

- Following all general safety guidelines, including the use of seatbelts;
- Following the directions of the Crew Chief at all times;
- Remaining calm and controlled during emergency calls;
- Protecting the privacy of patient health information;
- Communicating safety concerns to the Crew Chief.

Reports to

The Observer reports to the Crew Chief, then to a Supervisor respectively.

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2.1.2 Job Description: Emergency Vehicle Operator

Number: 2.1.2	Created: 06/13/01
Page: 1 of 3	Revised: 08/08/06
	Version: ① ② ③ ④ ⑤

The job description for Emergency Vehicle Operator (EVO) applies to any NSAA employee who drives the ambulance or emergency vehicle without having certification as Emergency Medical Technician. With exception of salary, no distinction is drawn between volunteer and paid employees.

Nature of Work

People's lives often depend on the rapid response and competent care from the Emergency Medical Services. Incidents as varied as automobile accidents, heart attacks, drownings, childbirth, and gunshot wounds all require immediate medical attention. Emergency Vehicle Operators assure the safe arrival of personnel and equipment, as well as the safe transport of the sick or injured to a medical facility.

Salary Range

There is no salary for this position.

Minimum Qualifications

- Eighteen (18) years of age or older;
- Valid Driver's License;
- Three (3) years of driving experience;
- NIMS IS-700 Introduction to National Incident Management System;
- Hazardous Materials First Responder – Awareness Level or higher;
- Certified Emergency Vehicle Operation Training.

Conditions for Continuous Employment

Employment as an Emergency Vehicle Operator is contingent upon passing a post-offer physical examination and drug screening by the NSAA's Occupational Health Physician. Additionally, employment as such is contingent upon passing a post-offer background check. Both, physical examination and investigation will be at the expense of NSAA.

Abilities Required

- Communicate verbally via telephone and radio equipment;
- Use good judgment and remain calm in high-stress situations;
- Be unaffected by loud noises and flashing lights;
- Function efficiently throughout an entire work shift without interruption;
- Read English Language manuals and road maps;
- Accurately discern street signs and address numbers;
- Converse in English Language with coworkers and hospital staff as to status of patient;
- Lift, carry, and balance up to 125 pounds (250 with assistance);
- Bend, stoop, and crawl on uneven terrain;
- Withstand varied environmental conditions such as extreme heat, cold, and moisture;
- Work in low light and confined spaces.

Duties and Responsibilities

The EVO drives the ambulance or emergency vehicle to emergency calls to provide safe delivery of medical personnel and equipment. After receiving the call from the dispatcher, the EVO drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. The EVO must observe traffic ordinances and regulations concerning emergency vehicle operations.

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2.1.2 Job Description: Emergency Vehicle Operator

Number: 2.1.2	Created: 06/13/01
Page: 2 of 3	Revised: 08/08/06
	Version: ① ② ③ ④ ⑤

The EVO:

- Functions in uncommon situations;
- Has a basic understanding of stress response and methods to ensure personal well-being;
- Has an understanding of body substance isolation;
- Understands basic medical-legal principles;
- Complies with regulations on the handling of emergency vehicles.

Upon arrival at the scene of an emergency, the EVO parks the ambulance or vehicle in a safe location to avoid additional injury.

In the absence of law enforcement, the EVO creates a safe traffic environment, such as the placement of hazard triangles, removal of debris, and redirection of traffic for the protection of the injured and those assisting in the care of injured.

Unless otherwise directed by the Crew Chief, the EVO shall remain with the vehicle and monitor radio communications.

The EVO is responsible for:

- Maintaining accurate accounting of medical equipment removed from vehicle;
- Ensuring vehicle safety and security;
- Assisting the Crew Chief in lifting, carrying, and balancing the patient on transport device (be able to lift and carry 125 pounds);
- Assisting the Crew Chief in retrieval of medical equipment.

The EVO uses their knowledge of road conditions, traffic, and distance from hospital when selecting the route of travel.

After each call, the EVO:

- Restocks and replaces used linens, blankets and other supplies;
- Cleans all equipment following appropriate disinfecting procedures;
- Makes careful check of all equipment so that the vehicle is ready for the next run;
- Maintains vehicle in efficient operating condition, including refueling;
- Ensures that the ambulance is clean and washed and kept in a neat orderly condition;
- In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

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2.1.2 Job Description: Emergency Vehicle Operator

Number: 2.1.2	Created: 06/13/01
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Additional Responsibilities of the EVO

- Determines that vehicle is in proper mechanical condition by performing vehicle checks;
- Maintains familiarity with specialized equipment used by the service;
- Attends continuing education and refresher training programs as required by NSAA;
- Completes the daily chore list, in accordance with the instructions provided for each task;
- Answer the business phone lines as needed;
- Assist with the orientation, mentoring and training of new members/employees;
- Maintain contact with Dispatch Center at all times;
- Other periodic duties for the benefit of NSAA as assigned by a supervisor;
- Protects the privacy of all patient information in accordance with the Company's privacy policies, procedures, and practices, as required by federal and state law, and in accordance with general principles of professionalism as a health care provider.

Reports to

The EVO reports to the Crew Chief, Supervisor, then to Management respectively.

Disclaimer:

The information provided in this description has been designed to indicate the general nature and level of work performed by incumbents within this job. It is not designed to be interpreted, as a comprehensive inventory of all duties, responsibilities, qualifications and working conditions required of employees, assigned to this job. Management has sole discretion to add or modify duties of the job and to designate other functions as essential at any time. This job description is not an employment agreement or contract.

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2.1.3 Job Description: EMT-B (non-driver)

Number: 2.1.3	Created: 08/08/06
Page: 1 of 4	Revised:
	Version: ① ② ③ ④ ⑤

The job description for Emergency Medical Technician – Basic (non-driver) known herein as (EMT-B), applies to all NSAA employees that are certified in the State of Connecticut as an Emergency Medical Technician who ride in the patient compartment of the ambulance for the purpose of rendering care to the ill or injured. With exception of salary, no distinction is drawn between volunteer and paid employees.

Nature of Work

People's lives often depend on the quick reaction and competent care of Emergency Medical Technicians. Incidents as varied as automobile accidents, heart attacks, drownings, childbirth, and gunshot wounds all require immediate medical attention. EMTs provide this vital attention as they care for and transport the sick or injured to a medical facility.

Salary Range

\$12.00 /hour - \$18.50 /hour

Qualifications

- Eighteen (16) years of age or older;
- State of Connecticut Emergency Medical Technician Certification or higher;
- Sponsor Hospital BLS Pharmacology/Defibrillation;
- NIMS IS-700 Introduction to National Incident Management System;
- Hazardous Materials First Responder – Awareness Level;
- Successful completion of NSAA's Written Examination and Skills Proficiency Testing.

Conditions for Continuous Employment

Employment as an Emergency Medical Technician is contingent upon passing a post-offer physical examination and drug screening by the NSAA's Occupational Health Physician. Additionally, employment as such is contingent upon passing a post-offer background check. Both, physical examination and investigation will be at the expense of NSAA

Abilities Required

- Communicate verbally via telephone and radio equipment;
- Interpret written, oral and diagnostic form instructions;
- Use good judgment and remain calm in high-stress situations;
- Be unaffected by loud noises and flashing lights;
- Function efficiently throughout an entire work shift without interruption;
- Read English Language manuals and road maps;
- Accurately discern street signs and address numbers;
- Interview patient, family members, and bystanders;
- Document, in writing, all relevant information in prescribed format in light of legal ramifications of such;
- Converse in English Language with coworkers and hospital staff as to status of patient;
- Lift, carry, and balance up to 125 pounds (250 with assistance);
- Bend, stoop, and crawl on uneven terrain;
- Withstand varied environmental conditions such as extreme heat, cold, and moisture;
- Work in low light and confined spaces;
- Effectively delegate tasks and oversee the work of at least two (2) persons simultaneously.

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2.1.3 Job Description: EMT-B (non-driver)

Number: 2.1.3	Created: 08/08/06
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Duties and Responsibilities

The EMT-B responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and to transport the patient to a medical facility. After receiving the call from the dispatcher, the EMT-B responds with the ambulance to address or location given.

The EMT-B:

- Functions in uncommon situations;
- Has a basic understanding of stress response and methods to ensure personal well-being;
- Has an understanding of body substance isolation;
- Understands basic medical-legal principles;
- Functions within the scope of care as defined by state, regional and local regulatory agencies;
- Complies with regulations on the handling of the deceased, notifies authorities and arranges for protection of property and evidence at the scene.

Upon arrival at the scene of an emergency, and prior to initiating patient care, the EMT-B will "size-up" the scene to determine:

1. The scene is safe;
2. The mechanism of injury or nature of illness;
3. The total number of patients;
4. Requirements for additional help or resources.

In the absence of law enforcement, the EMT-B creates a safe traffic environment, such as the placement of hazard triangles, removal of debris, and redirection of traffic for the protection of the injured and those assisting in the care of injured.

The EMT-B determines the nature and extent of illness or injury and establishes priority for required emergency care. The EMT-B renders emergency medical and or trauma care, to adults, children and infants based on assessment findings. Duties include but are not limited to:

- Opening and maintaining an airway;
- Ventilating patients;
- Administering cardiopulmonary resuscitation, including use of automated external defibrillators;
- Providing pre-hospital emergency medical care of simple and multiple system trauma such as:
 - Controlling hemorrhage,
 - Treatment of shock (hypoperfusion),
 - Bandaging wounds,
 - Immobilization of painful, swollen, or deformed extremities,
 - Immobilization of painful, swollen, or deformed neck or spine;
- Providing emergency medical care to:
 - Assist in emergency childbirth,
 - Manage general medical complaints of altered mental status, respiratory, cardiac, diabetic, allergic reaction, seizures, poisoning behavioral emergencies, environmental emergencies, and psychological crises. Additional care is provided based upon assessment of the patient and obtaining historical information.
- Searching for medical identification emblems as a guide to appropriate emergency medical care.

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2.1.3 Job Description: EMT-B (non-driver)

Number: 2.1.3	Created: 08/08/06
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- Assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto-injectors and hand-held aerosol inhalers.
- Administration of oxygen, oral glucose and activated charcoal.
- Reassuring patients and bystanders by working in a confident, efficient manner.
- Avoiding mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, the EMT-B assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

The EMT-B is responsible for:

- Lifting the stretcher (be able to lift and carry 125 pounds);
- Placing the stretcher in the ambulance and verifying the patient and stretcher are secure;
- Continuing emergency medical care while enroute to the medical facility.

The EMT-B uses the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities to determine the most appropriate facility to which the patient will be transported. The EMT-B reports directly to the emergency department or communications center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on arrival. The EMT-B identifies assessment findings, which may require communications with medical control, for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

The EMT-B:

- Constantly assesses the patient enroute to the emergency facility, administers additional care as indicated or directed by medical control;
- Assists in lifting and carrying the patient out of the ambulance and into the receiving medical facility;
- Reports verbally and in writing, observations and emergency medical care of the patient at the emergency scene and in transit, to the receiving medical facility staff for purposes of records and diagnostics;
- Upon request, provides assistance to the receiving medical facility staff.

After each call, the EMT-B:

- Restocks and replaces used linens, blankets and other supplies;
- Cleans all equipment following appropriate disinfecting procedures;
- Makes careful check of all equipment so that the ambulance is ready for the next run;
- Maintains ambulance in efficient operating condition;
- Ensures that the ambulance is clean and washed and kept in a neat orderly condition;
- In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

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2.1.3 Job Description: EMT-B (non-driver)

Number: 2.1.3	Created: 08/08/06
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Additional Responsibilities of the EMT-B

- Determines that vehicle is in proper condition by performing vehicle checks;
- Maintains familiarity with specialized equipment used by the service;
- Attends continuing education and refresher training programs as required by NSAA, Medical Control, Regional/State licensing or certifying agencies;
- Completes the daily chore list, in accordance with the instructions provided for each task;
- Answer the business phone lines as needed;
- Assist with the orientation, mentoring and training of new members/employees;
- Maintain contact with Dispatch Center at all times;
- Other periodic duties for the benefit of NSAA as assigned by a supervisor;
- Protects the privacy of all patient information in accordance with the Company's privacy policies, procedures, and practices, as required by federal and state law, and in accordance with general principles of professionalism as a health care provider;
- Accesses protected health information and other patient information only to the extent that is necessary to complete job duties and only shares such information with those who have a need to know specific patient information in possession of the EMT-B in order to complete their job responsibilities as related to treatment, payment or other company operations.

Reports to

The EMT-B reports to the Crew Chief, Supervisor, then to Management respectively.

Disclaimer:

The information provided in this description has been designed to indicate the general nature and level of work performed by incumbents within this job. It is not designed to be interpreted, as a comprehensive inventory of all duties, responsibilities, qualifications and working conditions required of employees, assigned to this job. Management has sole discretion to add or modify duties of the job and to designate other functions as essential at any time. This job description is not an employment agreement or contract.

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2.1.4 Job Description: EMT-B (driver)

Number: 2.1.4	Created: 06/13/01
Page: 1 of 4	Revised: 08/08/06
	Version: ① ② ③ ④ ⑤

The job description for Emergency Medical Technician – Basic (driver) known herein as (EMT-B), applies to any NSAA employee who rides on an ambulance in the capacity of an Emergency Medical Technician. With exception of salary, no distinction is drawn between volunteer and paid employees.

Nature of Work

People's lives often depend on the quick reaction and competent care of Emergency Medical Technicians. Incidents as varied as automobile accidents, heart attacks, drownings, childbirth, and gunshot wounds all require immediate medical attention. EMTs provide this vital attention as they care for and transport the sick or injured to a medical facility.

Salary Range

\$12.00 /hour - \$18.50 /hour

Minimum Qualifications

- Eighteen (18) years of age or older;
- Valid Driver's License;
- State of Connecticut Emergency Medical Technician Certification or higher;
- Sponsor Hospital BLS Pharmacology/Defibrillation Certification;
- NIMS IS-700 Introduction to National Incident Management System;
- Hazardous Materials First Responder – Awareness Level or higher;
- Certified Emergency Vehicle Operation Training;
- Successful completion of NSAA's Written Examination and Skills Proficiency Testing.

Conditions for Continuous Employment

Employment as an Emergency Medical Technician is contingent upon passing a post-offer physical examination and drug screening by the NSAA's Occupational Health Physician. Additionally, employment as such is contingent upon passing a post-offer background check. Both, physical examination and investigation will be at the expense of NSAA

Abilities Required

- Communicate verbally via telephone and radio equipment;
- Interpret written, oral and diagnostic form instructions;
- Use good judgment and remain calm in high-stress situations;
- Be unaffected by loud noises and flashing lights;
- Function efficiently throughout an entire work shift without interruption;
- Read English Language manuals and road maps;
- Accurately discern street signs and address numbers;
- Interview patient, family members, and bystanders;
- Document, in writing, all relevant information in prescribed format in light of legal ramifications of such;
- Converse in English Language with coworkers and hospital staff as to status of patient;
- Lift, carry, and balance up to 125 pounds (250 with assistance);
- Bend, stoop, and crawl on uneven terrain;
- Withstand varied environmental conditions such as extreme heat, cold, and moisture;
- Work in low light and confined spaces;
- Effectively delegate tasks and oversee the work of at least two (2) persons simultaneously.

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2.1.4 Job Description: EMT-B (driver)

Number: 2.1.4	Created: 06/13/01
Page: 2 of 4	Revised: 08/08/06
	Version: ① ② ③ ④ ⑤

Duties and Responsibilities

Emergency Medical Technician - Basic (EMT-B) respond to emergency calls to provide efficient and immediate care to the critically ill and injured, and to transport the patient to a medical facility. After receiving the call from the dispatcher, the EMT-B drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. The EMT-B must observe traffic ordinances and regulations concerning emergency vehicle operations.

The EMT-B:

- Functions in uncommon situations;
- Has a basic understanding of stress response and methods to ensure personal well-being;
- Has an understanding of body substance isolation;
- Understands basic medical-legal principles;
- Functions within the scope of care as defined by state, regional and local regulatory agencies;
- Complies with regulations on the handling of the deceased, notifies authorities and arranges for protection of property and evidence at the scene.

Upon arrival at the scene of an emergency, the EMT-B parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMT-B will also "size-up" the scene to determine:

1. The scene is safe;
2. The mechanism of injury or nature of illness;
3. The total number of patients;
4. Requirements for additional help or resources.

In the absence of law enforcement, the EMT-B creates a safe traffic environment, such as the placement of hazard triangles, removal of debris, and redirection of traffic for the protection of the injured and those assisting in the care of injured.

The EMT-B determines the nature and extent of illness or injury and establishes priority for required emergency care. The EMT-B renders emergency medical and or trauma care, to adults, children and infants based on assessment findings. Duties include but are not limited to:

- Opening and maintaining an airway;
- Ventilating patients;
- Administering cardiopulmonary resuscitation, including use of automated external defibrillators;
- Providing pre-hospital emergency medical care of simple and multiple system trauma such as:
 - Controlling hemorrhage,
 - Treatment of shock (hypoperfusion),
 - Bandaging wounds,
 - Immobilization of painful, swollen, or deformed extremities,
 - Immobilization of painful, swollen, or deformed neck or spine;
- Providing emergency medical care to:
 - Assist in emergency childbirth,
 - Manage general medical complaints of altered mental status, respiratory, cardiac, diabetic, allergic reaction, seizures, poisoning behavioral emergencies, environmental emergencies, and psychological crises. Additional care is provided based upon assessment of the patient and obtaining historical information.
- Searching for medical identification emblems as a guide to appropriate emergency medical care.

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2.1.4 Job Description: EMT-B (driver)

Number: 2.1.4	Created: 06/13/01
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- Assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto-injectors and hand-held aerosol inhalers.
- Administration of oxygen, oral glucose and activated charcoal.
- Reassuring patients and bystanders by working in a confident, efficient manner.
- Avoiding mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, the EMT-B assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. If needed, the EMT-B radios the dispatcher for additional help or special rescue and/or utility services and provides simple rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

The EMT-B is responsible for:

- Lifting the stretcher (be able to lift and carry 125 pounds);
- Placing the stretcher in the ambulance and verifying the patient and stretcher are secure;
- Continuing emergency medical care while enroute to the medical facility.

The EMT-B uses the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities to determine the most appropriate facility to which the patient will be transported. The EMT-B reports directly to the emergency department or communications center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on arrival. The EMT-B identifies assessment findings, which may require communications with medical control, for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

The EMT-B:

- Constantly assesses the patient enroute to the emergency facility, administers additional care as indicated or directed by medical control;
- Assists in lifting and carrying the patient out of the ambulance and into the receiving medical facility;
- Reports verbally and in writing, observations and emergency medical care of the patient at the emergency scene and in transit, to the receiving medical facility staff for purposes of records and diagnostics;
- Upon request, provides assistance to the receiving medical facility staff.

After each call, the EMT-B:

- Restocks and replaces used linens, blankets and other supplies;
- Cleans all equipment following appropriate disinfecting procedures;
- Makes careful check of all equipment so that the ambulance is ready for the next run;
- Maintains ambulance in efficient operating condition;
- Ensures that the ambulance is clean and washed and kept in a neat orderly condition;
- In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

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2.1.4 Job Description: EMT-B (driver)

Number: 2.1.4	Created: 06/13/01
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Additional Responsibilities of the EMT-B

- Assumes the position of Crew Chief as appropriate;
- Determines that vehicle is in proper mechanical condition by performing vehicle checks;
- Maintains familiarity with specialized equipment used by the service;
- Attends continuing education and refresher training programs as required by NSAA, Medical Control, Regional/State licensing or certifying agencies;
- Completes the daily chore list, in accordance with the instructions provided for each task;
- Answer the business phone lines as needed;
- Assist with the orientation, mentoring and training of new members/employees;
- Maintain contact with Dispatch Center at all times;
- Other periodic duties for the benefit of NSAA as assigned by a supervisor;
- Protects the privacy of all patient information in accordance with the Company's privacy policies, procedures, and practices, as required by federal and state law, and in accordance with general principles of professionalism as a health care provider;
- Accesses protected health information and other patient information only to the extent that is necessary to complete job duties and only shares such information with those who have a need to know specific patient information in possession of the EMT-B in order to complete their job responsibilities as related to treatment, payment or other company operations.

Reports to

The EMT-B reports to the Crew Chief, Supervisor, then to Management respectively.

Disclaimer:

The information provided in this description has been designed to indicate the general nature and level of work performed by incumbents within this job. It is not designed to be interpreted, as a comprehensive inventory of all duties, responsibilities, qualifications and working conditions required of employees, assigned to this job. Management has sole discretion to add or modify duties of the job and to designate other functions as essential at any time. This job description is not an employment agreement or contract.

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2.1.5 Job Description: First Responder

Number: 2.1.5	Created: 06/13/01
Page: 1 of 2	Revised: 08/08/06
	Version: ① ② ③ ④ ⑤

The job description for First Responder applies to any NSAA employee who is authorized to respond directly to the scene of an emergency in the capacity of an Emergency Medical Technician. With exception of salary, no distinction is drawn between volunteer and paid employees.

Nature of Work

People's lives often depend on the quick reaction and competent care of Emergency Medical Technicians. Incidents as varied as automobile accidents, heart attacks, drownings, childbirth, and gunshot wounds all require immediate medical attention. First Responders not only provide this vital attention as they care for the sick or injured, but are first to arrive and must take charge of sometimes chaotic scenes.

Salary Range

The salary range for this position shall be equal to the employee's normal pay rate, to be paid for the length of time the employee is actively involved in First Responder duties, but not less than one (1) hour of pay, plus any premium pay offered.

Qualifications

First Responders must meet the qualification listed within the EMT-B Job Description in order to be eligible for this position. Additionally, First Responders must also meet the following requirements:

- NIMS ICS-200 Basic Incident Command System
- NIMS IS-324 Hurricane Preparedness

Abilities Required

First Responders require the same abilities as those listed in the EMT-B Job Description.

Duties and Responsibilities

The First Responder responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and to assume the role of incident command until relieved by a higher ranking officer. After receiving the call from the dispatcher, the First Responder responds to the address or location given, using the most expeditious route, depending on traffic and weather conditions. The First Responder must observe traffic ordinances and regulations concerning emergency vehicle operations.

The First Responder:

- Functions in uncommon situations;
- Has a basic understanding of stress response and methods to ensure personal well-being;
- Has an understanding of body substance isolation;
- Understands basic medical-legal principles;
- Functions within the scope of care as defined by state, regional and local regulatory agencies;
- Complies with regulations on the handling of the deceased, notifies authorities and arranges for protection of property and evidence at the scene.

Upon arrival at the scene of an emergency, the First Responder parks in a safe location to avoid additional injury. Prior to initiating patient care, the First Responder will also "size-up" the scene to determine:

1. The scene is safe;
2. The mechanism of injury or nature of illness;
3. The total number of patients;
4. Requirements for additional help or resources.

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2.1.5 Job Description: First Responder

Number: 2.1.5	Created: 06/13/01
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In the absence of law enforcement, the First Responder creates a safe traffic environment, such as the placement of hazard triangles, removal of debris, and redirection of traffic for the protection of the injured and those assisting in the care of injured.

The First Responder determines the nature and extent of illness or injury and establishes priority for required emergency care. The First Responder renders emergency medical and or trauma care, to adults, children and infants based on assessment findings. Duties to include those listed in the EMT-B Job Description until relieved by the responding ambulance crew or Paramedic.

Additionally the First Responder shall accompany the ambulance crew if requested to do so. In such case, the First Responder shall maintain patient control and assume the position of Crew Chief.

When not in direct control of patient care, the First Responder:

- Continually assess the scene to ensure safety;
- Updates the Dispatcher as to the progress of the incident;
- Request additional help or resources as needed;
- Functions as an integral part of the Incident Command System or MCI Plan.

After each call, the First Responder:

- Restocks and replaces items used;
- Cleans all equipment following appropriate disinfecting procedures;
- Makes careful check of all First Responder equipment to ensure readiness.

Additional Responsibilities of the First Responder

- Assumes the position of Crew Chief as appropriate;
- Maintain adequate inventory of medical supplies in accordance with company specifications;
- Determines that vehicle is in proper mechanical condition by performing vehicle checks;
- Surrender response vehicle, equipment, and supplies for inspection at the request of Management, OEMS, or as scheduled;
- Document the time of response, time available from incident, and incident number of each call responded to.

Reports to

The First Responder reports to the Supervisor, then to Management respectively.

Disclaimer:

The information provided in this description has been designed to indicate the general nature and level of work performed by incumbents within this job. It is not designed to be interpreted, as a comprehensive inventory of all duties, responsibilities, qualifications and working conditions required of employees, assigned to this job. Management has sole discretion to add or modify duties of the job and to designate other functions as essential at any time. This job description is not an employment agreement or contract.

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2.1.6 Job Description: Crew Chief

Number: 2.1.6	Created: 06/13/01
Page: 1 of 1	Revised: 08/08/06
	Version: ① ② ③ ④ ⑤

The job description for Crew Chief applies to any NSAA employee who fulfills qualifications listed within the EMT-B Job Description.

Qualifications

Crew Chiefs must meet the qualification listed within the EMT-B Job Description in order to be eligible for this position.

Determining the Crew Chief

In determining the Crew Chief, the following order shall be followed:

- 1) Supervisor, if none then;
- 2) First Responder, if none then;
- 3) EMT-B who has been EMS certified/licensed the longest.

Duties and Responsibilities

To ensure at least minimal supervision is provide to each shift, the following duties shall be applied in addition to the employee's regular job description:

- Communicates with other shift personnel and relays any concerns to a supervisor;
- Ensures calls are covered by an appropriate crew;
- Supervise all EMS incidents until a higher-ranking officer arrives;
- Ensures proper procedures are followed;
- Submits incident reports for policy or procedure violations;
- Reports any injuries or accidents to a supervisor;
- Ensures daily assignments, tasks, chores have been completed accordingly.

Reports to

The Crew Chief reports to a Supervisor, then to Management respectively.

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Chapter 3: Personnel

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3.0.1 Training/Certification

Number: 3.0.1	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

NSAA personnel cannot provide patient care beyond the level of service NSAA is certified to provide.

NSAA personnel cannot provide patient care beyond the level of their own certification.

NSAA personnel must carry their original certification cards and drivers licenses on their person, or with them in their vehicle, at all times while on duty. NSAA personnel will have to present these to OEMS staff during a licensure spot check. All personnel should carry with them at least one form of ID that has their picture on it.

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3.0.2 Uniforms and Personal Appearance

Number: 3.0.2	Created: 06/13/01
Page: 1 of 3	Revised: 03/08/05
	Version: ① ② ③ ④ ⑤

Our business is to serve the public. We need to inspire confidence through all of our actions. This includes how we look and present ourselves. Dress, grooming, and personal cleanliness standards contribute to the morale of all members and employees and affect the business image NSAA presents to the community.

The proper uniform for on-duty NSAA employees/member is:

<u>Standard</u>	<u>Supplemental items</u>
<ul style="list-style-type: none">• Navy blue NSAA t-shirt worn as an undershirt• Short sleeve or long sleeve French Blue uniform shirt<ul style="list-style-type: none">○ NSAA patch on the right shoulder○ EMT rocker and State of Connecticut EMS Patch on the left shoulder (assuming this certification has actually been obtained)○ NSAA silver badges and nametag○ Circular EMT collar pins• Royal blue NSAA 3-season jacket• ID badge affixed visibly to the right epaulet• Black belt• Navy blue pants• Black OSHA-compliant footwear (i.e.: uniform boots or shoes)	<ul style="list-style-type: none">• Turnout gear (supplied in the ambulances)• EMS jumpsuit (supplied in the ambulance)• NSAA ball cap• NSAA Winter hat• Navy blue NSAA mock turtleneck• Black NSAA Sweater

SHORTS, TANK TOPS, DRESSES, BATHING SUITS, SLIPPERS OR OPEN-TOE SHOES ARE NOT ALLOWED AT ANY TIME.

It is the employee's responsibility to stay in uniform throughout their shift. During the approved hours, employees may take off their dress uniform shirt and boots/shoes. See Sleeping Policy.

Personnel shall NOT wear any identification that suggests or indicates affiliation with any other organization or agency.

Personnel may only wear patches showing the highest level of certification that NSAA holds; and which they have actually obtained

No additional pins, buttons, etc. will be allowed while on duty unless otherwise advised by NSAA Management Personnel.

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3.0.2 Uniforms and Personal Appearance

Number: 3.0.2	Created: 06/13/01
Page: 2 of 3	Revised: 03/08/05
	Version: ① ② ③ ④ ⑤

The proper uniform for NSAA Supervisors, the President, Vice Presidents, and the Captain is:

<u>Standard</u>	<u>Supplemental items</u>
<ul style="list-style-type: none">• White t-shirt worn as an undershirt• Short sleeve or long sleeve white uniform shirt<ul style="list-style-type: none">○ NSAA patch on the right shoulder○ EMT rocker and State of Connecticut EMS Patch on the left shoulder (assuming this certification has actually been obtained)○ NSAA gold badge and nametag○ Circular EMT collar pins• ID badge affixed visibly to the right epaulet• Black belt• Navy blue pants<ul style="list-style-type: none">○ Dress pants will be acceptable when not on call-taking duty• Black OSHA-compliant footwear (i.e.: uniform boots or shoes)	<ul style="list-style-type: none">• Turnout gear (supplied in the ambulances)• EMS jumpsuit (supplied in the ambulance)• NSAA ball cap• NSAA Winter hat• White NSAA mock turtleneck

First Responders shall wear appropriate issued turnout gear (i.e., helmet, boots gloves, coat and pants) at the scene of a motor vehicle crash or hazardous materials incident when the scene has been determined to be hazardous by the fire department. No First Responder shall enter a hazardous scene without appropriate turnout gear.

Personnel should see a member of management for information on obtaining uniform components or for uniform repair and replacement.

Employees are required to have a spare uniform with them at NSAA headquarters while on duty in accordance with OSHA standards. The jumpsuits carried on the ambulances may be used as a spare uniform when needed.

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3.0.2 Uniforms and Personal Appearance

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The following additional rules shall also be followed:

Jewelry: Large dangling earrings, necklaces, loose bracelets, etc. all present safety hazards in the field and are not permitted. Earrings are allowed so long as they are not offensive and do not cause a safety hazard.

Fingernails shall be clean and manicured; subdued color nail polish is permissible. Nail jewelry is not permitted.

Perfumes and colognes should not be worn as it may adversely affect people with respiratory disorders and will not be permitted.

Hair must be clean and well kept and must be pulled back and kept out of the face. Hair color is to be such that a reasonable person would consider it professional in appearance.

Shirts are to be straight, tucked and buttoned to include the second button from the top.

Facial Hair:

In light of OSHA guidelines (1910.134) regarding Tuberculosis and the requirements for respirators, facial hair, such as beards, goatees, oversized sideburns, etc. *which have the potential of interfering with the proper fit of a HEPA respirator* will not be allowed while on duty at NSAA. (Well-trimmed mustaches that do not exceed beyond the corners of the mouth are acceptable.) All employees must be clean-shaven when they report for duty.

While on duty, personnel are expected to present a clean and neat appearance and to dress according to the requirements of their positions. Personnel who appear for work inappropriately dressed (including worn, torn, or out-of-date uniforms) may be sent home and directed to return to duty in proper attire. Paid personnel will not be paid for any time spent going home to change their attire.

Questions regarding this policy should be directed to a member of management.

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3.0.3 Personal Equipment

Number: 3.0.3	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

NSAA EMTs shall maintain the following personal equipment during working hours:

1. Watch with seconds indicator
2. Valid EMT card as well as a valid driver's license

It is recommended that NSAA EMTs maintain the following equipment during working hours:

1. Work gloves
2. HEPA Respirator
3. Other PPE Equipment as deemed necessary

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3.0.4 Personal Property

Number: 3.0.4	Created: 06/13/01
Page: 1 of 1	Revised:
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NSAA is not responsible for personal property left at the building. This includes uniform articles.

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3.0.5 Building Combination

Number: 3.0.5	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

To ensure the safety and security of NSAA personnel and equipment, the building shall remain locked anytime the building is not occupied by NSAA personnel. Additionally, access into the building shall be regulated by combination lock.

Upon entering into employment, all personnel will be informed of the current combination and any changes to the combination thereafter. Such combination shall not be disclosed unless expressly permitted otherwise by management. Unauthorized disclosures may lead to disciplinary action, up to and including termination.

Prior to leaving the premises, NSAA personnel should ensure all doors are closed and locked.

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3.0.6 Information Data Changes

Number: 3.0.6	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

It is the responsibility of each employee to promptly notify NSAA of any changes in personal data. Personal mailing addresses, telephone numbers, number and names of dependents (if applicable), individuals to be contacted in the event of an emergency, training updates, and other such status reports should be accurate and current at all times. If any personal data has changed, contact a Supervisor. Current copies of Driver's License and EMT Card must be on file. It is the member's / employee's responsibility to be certain that current copies are always on file and that updates copies are turned into a Supervisor prior to or upon the expiration of the current ones. Failure to provide updated information may result in disciplinary action, up to and including suspension from duty and termination.

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3.0.7 Access to Personnel Files

Number: 3-07	Created: 06/13/01
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NSAA maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment records.

Personnel files are the property of NSAA, and access to the information they contain is restricted. Generally, only supervisors and management personnel of NSAA who have a legitimate reason to review information in a file are allowed to do so.

Employees who wish to review their own file should contact a Supervisor. With reasonable advance notice, employees may review their own personnel files in NSAA's offices and in the presence of an individual appointed by NSAA to maintain the files.

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3.0.8 Gratuities and Tips

Number: 3.0.8	Created: 06/13/01
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	Version: ① ② ③ ④ ⑤

Patients and their families sometimes wish to give a gratuity to the crew for their efforts. Employees are discouraged from accepting gratuities from patients and their families. Employees are directed to suggest that the patient or the patient's family make a donation to NSAA directly. However, if the patient or the patient's family insists on giving a gratuity to the crew, management recognizes that from a public relations standpoint, it is sometimes better to accept it than to refuse. Therefore, if the patient or their family insists, the crew may accept the gratuity.

Gratuities shall NOT be accepted from agencies, agents, sales representatives, or anyone else other than a patient or a patient's family.

Also, employees are not to solicit letters and/or statements from patients, families, agencies, agents, or others concerning their performance.

Employees are expected to offer the patient top quality care to the best of their abilities and with no expectation for compensation other than any paycheck, which the employee might earn from NSAA, and the intrinsic rewards of the job.

Anyone caught soliciting gratuities, accepting gratuities from persons other than a patient or a patient's family, or soliciting letters and/or statements concerning their performance will be subject to disciplinary action, up to and including termination.

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3.0.9 Problem Resolution

Number: 3.0.9	Created: 06/13/01
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NOTE: This procedure is NOT to be used for appeals of Disciplinary Actions.

NSAA is committed to providing the best possible working conditions for its employees. Part of this commitment is encouraging an open and frank atmosphere in which any problem, complaint, suggestion, or question receives a timely response from NSAA officers.

NSAA strives to ensure fair and honest treatment of all members. Officers and employees are expected to treat each other with mutual respect. Employees are encouraged to offer positive and constructive criticism.

If employees disagree with established rules of conduct, policies, or practices, they can express their concern through the problem resolution procedure. No employee will be penalized, formally or informally, for voicing a complaint with NSAA in a reasonable, business-like manner, or for using the problem resolution procedure.

If a situation occurs when employees believe that a condition of employment or a decision affecting them is unjust or inequitable, they are encouraged to make use of the following steps. The employee may discontinue the procedure at any step.

1. Employee presents the problem to a supervisor within 30 calendar days, after the incident occurs. If a supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee may present the problem to the President or any other officer.
2. A supervisor responds to the problem during discussion or within 30 calendar days, after consulting with appropriate management, when necessary. Supervisor documents the discussion.
3. Employee presents the problem to the Board of Directors in writing within 30 calendar days, if the problem remains unresolved.
4. The Board reviews and considers the problem. The Board informs the employee of their decision within 30 calendar days, and forwards a copy of their written response to the President for the employee's personnel file. The Board has full authority to make any adjustment deemed appropriate to resolve the problem.

Not every problem can be resolved to everyone's total satisfaction, but only through understanding and discussion of mutual problems can employees and officers develop confidence in each other. This confidence is important to the operation of an efficient and harmonious work environment, and helps to ensure everyone's satisfaction.

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Chapter 4: Benefits

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4.0.1 Worker's Compensation Insurance

Number: 4.0.1	Created: 06/13/01
Page: 1 of 1	Revised:
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NSAA provides a comprehensive workers' compensation insurance program at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.

Employees who sustain work-related injuries or illnesses should inform a supervisor. No matter how minor an on-the-job injury may appear, it is important that it be reported immediately. This will enable an eligible employee to qualify for coverage as quickly as possible.

Neither NSAA nor the insurance carrier will be liable for the payment of workers' compensation benefits for injuries that occur during an employee's voluntary participation in any off-duty recreational, social, or athletic activity sponsored by NSAA.

Your worker's compensation insurance is provided under a comprehensive plan administered by the Town of North Stonington. It is extremely important that the proper forms are completed for the medical bills to be paid.

In order for your medical costs to be covered you must seek medical attention at the medical center of your choice.

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4.0.2 Employee Assistance Program

Number: 4-02	Created: 06/13/01
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NSAA cares about the health and well-being of its employees and recognizes that a variety of personal problems can disrupt their personal and work lives. While many employees solve their problems either on their own or with the help of family and friends, sometimes employees need professional assistance and advice.

Through the Employee Assistance Program (EAP), NSAA provides confidential access to professional counseling services for help in confronting such personal problems as alcohol and other substance abuse, marital and family difficulties, financial or legal troubles, and emotional distress. The EAP is available to all employees offering problem assessment, short-term counseling, and referral to appropriate community and private services.

The EAP is strictly confidential and is designed to safeguard your privacy and rights. Information given to the EAP counselor may be released only if requested by you in writing. All counselors are guided by a Professional Code of Ethics.

Personal information concerning employee participation in the EAP is maintained in a confidential manner. No information related to an employee's participation in the program is entered into the personnel file.

There is no cost for employees to consult with an EAP counselor. If further counseling is necessary, the EAP counselor will outline community and private services available. The counselor will also let employees know whether any costs associated with private services may be covered by their health insurance plan. Costs that are not covered are the responsibility of the employee.

Minor concerns can become major problems if you ignore them. No issue is too small or too large, and a professional counselor is available to help you when you need it. Call the President for information on contacting an EAP counselor. All such requests to the President for contact information will be kept confidential and will not be used against the employee.

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4.0.3 Critical Incident Stress

Number: 4.0.3	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

NSAA recognizes that emergency medical service workers are human and that there are times when the stress of the job becomes overwhelming. NSAA is committed to providing a healthy working environment and to helping its employees lead normal lives. To that end, NSAA will honor requests for Critical Incident Stress Management (CISM) by its employees and will encourage participation in CISM sessions.

All employees shall be alert for the warning signs of stress in themselves or others at all times. Common warning signs may be isolation, emotional outbursts, change in sleeping or eating habits, sudden change in friends, excessive alcohol consumption, irritability, unexplained weight gain or loss, or not acting like themselves. This may be particularly apparent after an atypical incident response.

Crews are encouraged to discuss incidents they have responded to as a crew prior to going off duty. This is recognized as a generally positive therapeutic procedure that will reduce stress and anxiety.

Employees are encouraged to discuss with their Crew Chief the need for CISM following a stressful incident. No administrative approval is needed to contact CISM, however, it is recommended that the Crew Chief and/or Supervisor notify the President when such contact is made.

In cases of large-scale incidents or incidents lasting for an extended period of time, a supervisor shall contact CISM and request CISM to respond as CISM sees fit based upon the nature of the call.

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4.0.4 Sick Leave

Number: 4.0.4	Created: 06/13/01
Page: 1 of 1	Revised:
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NSAA does not provide paid sick leave benefits to any employees.

Employees who are unable to report to work due to illness or injury should notify their direct supervisor before the scheduled start of their workday if possible. A supervisor must also be contacted on each additional day of absence. If an employee is absent for three or more consecutive days due to illness or injury, a physician's statement must be provided verifying the disability and its beginning and expected ending dates. Such verification may be requested for other sick leave absences as well and may be required as a condition to receiving sick leave benefits. Before returning to work from a sick leave absence of 3 calendar days or more, an employee must provide a physician's verification that he or she may safely return to work.

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4.0.5 Bereavement Leave

Number: 4.0.5	Created: 06/13/01
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Employees who wish to take time off due to the death of an immediate family member should notify a supervisor immediately. Unpaid time off will be granted to allow the employee to attend the funeral and make any necessary arrangements associated with the death.

Bereavement leave will normally be granted unless there are unusual business needs or staffing requirements.

NSAA defines "immediate family" as the employee's spouse, parent, child, sibling; the employee's spouse's parent, child, or sibling; the employee's child's spouse; grandparents or grandchildren.

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4.0.6 Witness Duty

Number: 4-06	Created: 06/13/01
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NSAA encourages employees to appear in court for witness duty when subpoenaed to do so.

Paid employees will receive paid time off for the entire period of witness duty if they are

- a) appearing on behalf of NSAA, or
- b) appearing as a witness in proceedings related to an incident they were involved in while on duty.

Paid employees will not be paid for witness duty if they are appearing in court on a personal matter or one in which the employee is individually named, but to which NSAA is not a party.

Paid employees who qualify for paid time off will be granted a maximum of 8 hours of paid time off to appear in court as a witness when such appearance is at the request of a party other than NSAA.

The subpoena should be shown to a supervisor immediately after it is received so that operating requirements can be adjusted, where necessary, to accommodate the employee's absence. The employee is expected to report for work whenever the court schedule permits.

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4.0.7 Length of Service Awards Program

Number: 4.0.7	Created: 02/25/97
Page: 1 of 1	Revised: 10/05/04
	Version: ① ② ③ ④ ⑤

The Trustees are responsible to administer the Length of Service Awards Program.

The Trustees will maintain complete records, including all documents for the Length of Service Award.

A Review will be done on an annual schedule for this program in June and a complete report will then be presented to the Board of Directors.

The Manager should make available to the Trustees any information needed to properly administer this program.

A payment request, by the Trustees, must be submitted to the Treasurer to cover all costs that are needed to administer the program.

The following schedule will be adhered to:

- A. Submit to the Board of Directors year-end results including any problems, discrepancies, or concerns at the June Board Meetings.
- B. After a review by the Board of Directors and all irregularities have been resolved by the Board of Directors, each participant will be notified in July using the approved NSAA form. A complete report will be given to the Board of Directors.
- C. The Trustees must have the Length of Service Awards Program forms, which are to be sent to the insurance carrier, ready for the First Selectman's signature by the end of June each year.

Requirements to remain active in the Length of Service Award Program:

- 1) Only those members who respond to ambulance calls will remain enrolled in the Length of Service Awards Program
 - a) No paid employee will be eligible for inclusion in the Length of Service Awards Program.
- 2) Each member must achieve the level of training the State of Connecticut has certified the service to operate at, within a reasonable time period of two (2) years.
- 3) Each member must maintain their level of training and continue to keep that level throughout each evaluation period.
- 4) No exception will be made in maintaining their level of training for those members who are not on a permitted leave of absence, or are in the military.
- 5) Each member must provide a minimum of 144 hours of volunteer time throughout the course of each evaluation period.
 - a) Any member who is certified as a first responder may cumulate 6 hours of volunteer time per each first responder call attended.

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4.0.8 Incentive Awards Program

Number: 4.0.8	Created: 02/25/97
Page: 1 of 2	Revised: 11/01/02
	Version: ① ② ③ ④ ⑤

It is the intent of NSAA to provide a program in which the active, call-taking members of NSAA are rewarded for their participation within the Association.

General:

The Incentive Awards Program will be administered by the Board of Directors, with the required information being compiled by a designee appointed by the President.

- A. The following shall be submitted to the Board of Directors each quarter in time for the Board of Directors meetings:
 - a. A list of all eligible members to participate in the Incentive Awards Program
 - b. The total number of accumulated points for each eligible member
 - c. The total amount to be paid to each eligible member
- B. The President will present these findings to the Board of Directors at the meeting for approval.
- C. Pending Board approval, this list will then be forwarded to the Treasurer to oversee the payment of each member in a timely manner.

Stipulations:

This program is eligible only to active, call-taking members of NSAA who act in the capacity of an Emergency Medical Technician. Paid staff, or members of the Board of Directors of NSAA are not eligible to participate in this program.

Points will be calculated at the end of each quarter, at which time each eligible member will receive his/her award in the form of a check.

At the end of each quarter, each member's accumulated points will be reset to zero (0).

Each member is required to log his/her hours in a book provided, for the calculation of points at the end of the quarter.

Earning Points:

The following list shows the accepted ways for members to earn points.

1. Attendance at a training session 5 points
2. Twelve (12) hours of duty time 7 points
 - a. Duty time is defined as any time an active, call-taking member is part of the duty crew for that day or night shift. Typically these points will not be assigned to observers, or third-riders.
3. Pager Call 7 points
 - a. A pager call is defined as any time one (1) or more EMTs are needed to complete a crew to respond with the ambulance to an emergency. This could either be for a first crew (in the instance no duty-crew is available), or a second crew.
 - b. These points will be assigned at the time the crew-member calls in to the dispatch center, irregardless the outcome of the call (refusal, cancelled prior to arrival, etc.)

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4.0.8 Incentive Awards Program

Number: 4.0.8	Created: 02/25/97
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4. First Responder Call

3 points

- a. A first responder call is defined as anytime an authorized NSAA First Responder is requested to respond to the scene of a medical emergency.
- b. These points will be assigned at the time the First Responder calls in to the dispatch center, irregardless of the outcome of the call (refusal, cancelled prior to arrival, etc.)

Point Value:

A scale consisting of groups of ten (10) points has been devised to determine the award given to each eligible member. A monetary figure has been assigned to each 10-point group. This amount is what will be given, by check, to the participating member.

The maximum dollar amount to be given to each member, each quarter from the Incentive Awards Program is \$300.00.

<u>Group</u>	<u>Multiplier</u>	<u>Award</u>
01 thru 10	0	-0-
11 thru 20	1.00	\$20.00
21 thru 30	1.25	\$37.50
31 thru 40	1.50	\$60.00
41 thru 50	1.75	\$87.50
51 thru 60	2.00	\$120.00
61 thru 70	2.25	\$157.50
71 thru 80	2.50	\$200.00
81 thru 90	2.75	\$247.50
91 and above	3.00	\$300.00

Any questions or concerns should be directed to the President for clarification.

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4.0.9 Holiday Pay

Number: 4.0.9

Created: 10/01/03

Revised: 12/07/04

Page: 1 of 1

Version: ① ② ③ ④ ⑤

1) Purpose

It is the spirit of NSAA to recognize and appropriately compensate members and employees of the organization that choose to work during a recognized holiday.

2) Volunteer members

Any volunteer member that works during a recognized holiday will receive twice the amount of points issued for that shift or call appropriately.

3) Paid Employees

Any employee that works during a recognized holiday will receive 1 ½ times their hourly rate.

4) Holidays

The following is a list of holidays recognized by North Stonington Ambulance Association.

Title	Starting	Duration
New Year's Day	0600 hours	Exactly 24 hours
Memorial Day	0600 hours	Exactly 24 hours
Easter Day	0600 hours	Exactly 24 hours
Independence Day	0600 hours	Exactly 24 hours
Labor Day	0600 hours	Exactly 24 hours
Veterans Day	0600 hours	Exactly 24 hours
Thanksgiving Day	0600 hours	Exactly 24 hours
Christmas Eve	1800 hours	Exactly 12 hours
Christmas Day	0600 hours	Exactly 24 hours
New Years Eve	1800 hours	Exactly 12 hours

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4.0.10 Paid Employee Pager Call-In

Number: 4.0.10	Created: 07/01/02
Page: 1 of 1	Revised: 10/01/03
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Paid employees are encouraged to call in for pager-calls when off-duty. This allows NSAA to be able to respond to calls within our PSA in a timely manner.

A pager call, as it applies to this policy, is defined as any time one (1) or more EMTs are needed to complete a crew to respond with the ambulance to an emergency. This could either be for a first crew (in the instance no duty-crew is available), or a second crew.

The following will apply for paid employees who call in for a pager call:

- The employee will call in the Dispatch Center to acknowledge that he/she is responding to the building for the pager call;
- Once this call has been placed the employee is then paid hourly for their time worked, not to be paid less than (1) hour of work regardless of the outcome of the call (refusal, cancelled prior to arrival, etc.) The employee is then also entitled to a premium pay of \$15.00 per call;
- Upon completion of the pager call, the employee will clock out appropriately and note the incident number and time of call on the "exception form".

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4.0.11 Anniversary Awards Program – Per-Diem EMT Staff

Number: 4.0.11	Created: 12/07/04
Page: 1 of 2	Revised:
	Version: ① ② ③ ④ ⑤

Purpose

North Stonington Ambulance Association recognizes the continued support of its personnel. This program is designed to award those employees who have dedicated many hours throughout the years.

Program Administration

It is the responsibility of the payroll administrator to calculate and verify hours worked of all employees under this program.

Availability

This program is available to the Per-Diem EMT staff only.

Calculation of hours

Accumulation of hours start on the employee's hire date and resets every year on their hire date thereafter.

Bonus

The amount shown in the Bonus¹ column is a full dollar value that will be paid to the employee in paycheck.

Items

While it is the intent to provide employees with specific items as gifts for their service to the company, NSAA reserves the right to maintain ownership of certain items that could cause security risks.

Award date

Each employee enrolled in this program will receive, or have access to, these gifts within the first payable business week following their hire date.

¹ Bonuses are subject to all Federal, State, and Local taxes.

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4.0.11 Anniversary Awards Program – Per-Diem EMT Staff

Number: 4.0.11

Created: 12/07/04

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Forfeiture of awards

Any employee who resigns from their position or has been discharged for any reason affectively forfeits their award entitlement.

Schedule of awards

1 & 2 Years of Service:

Not eligible for program.

3 Years of Service:

	Hours	Bonus	Items
Group 1	< 1000 hrs	0	
Group 2	1000 – 1249 hrs	100.00	
Group 3	1250 – 1500 hrs	175.00	
Group 4	> 1500 hrs	300.00	

4 Years of Service:

	Hours	Bonus	Items
Group 1	< 1000 hrs	0	
Group 2	1000 – 1249 hrs	\$150.00	
Group 3	1250 – 1500 hrs	\$300.00	
Group 4	> 1500 hrs	\$450.00	

5 Years of Service:

	Hours	Bonus	Items
Group 1	< 1000 hrs	0	
Group 2	1000 – 1249 hrs	\$300.00	Custom Badge
Group 3	1250 – 1500 hrs	\$450.00	Custom Badge
Group 4	> 1500 hrs	\$600.00	Custom Badge

6 - 9 Years of Service:

	Hours	Bonus	Items
Group 1	< 1000 hrs	0	
Group 2	1000 – 1249 hrs	\$400.00	
Group 3	1250 – 1500 hrs	\$550.00	
Group 4	> 1500 hrs	\$700.00	

10 + Years of Service:

	Hours	Bonus	Items
Group 1	Reserved for future use.		
Group 2			
Group 3			
Group 4			

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Chapter 5: Payroll & Scheduling

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5.0.1 Scheduling

Number: 5.0.1	Created: 06/13/01
Page: 1 of 2	Revised: 08/01/04
	Version: ① ② ③ ④ ⑤

The president of the organization shall appoint the position of the scheduler. It is the scheduler's responsibility to ensure conformance to the following standards set herein.

Purpose

It is the intent of NSAA to provide one fully staffed ambulance at all times. This staffing shall come from paid employees, volunteers, or a combination of the two. In order to provide this level of coverage scheduling is needed. The president of the organization is responsible for appointing the position of scheduler.

Policy

All personnel must provide their availability by **Thursday 1500hrs.** each week. Availability must be provided in writing and submitted to the Scheduler via our website or email. If this is not possible, then by submitting through internal mailbox, fax, or hand delivery. Personal phone calls are not an acceptable form of providing availability.

Over the next 24 hour time span (Thursday 1500hrs. thru Friday 1500hrs) the Scheduler shall compile availabilities and develop a schedule for the following workweek.

The Scheduler shall make available, by no later than Friday 1600 hrs of each week, the schedule for all personnel to view. This will be done primarily via posting the schedule within the building, on the website, or via bulk email. It is the employee's responsibility to know what shifts they are scheduled. The Scheduler's responsibility ends after the schedule has been posted at the building on Friday 1600 hrs of each week.

Employees must provide a complete availability. The scheduler will make a determination of the specific shifts and/or hours each employee is to be scheduled based on the submitted availability. The availability provided shall contain the dates, start time and end time of each available shift the employee is willing work. The availability shall also indicate the maximum number of hours (out of the total number of hours submitted) the employee is able to work.

If an employee fails to provide availability, or fails to provide availability by the deadline, that employee will not be placed on the schedule. The only exception to this rule is if there is an open shift after the schedule becomes official. Only then, shall an employee be allowed to fill open shifts.

The scheduler shall not schedule any employee more than 36 hours without prior approval. Management may approve any openings in the schedule to be filled by employees in the following order:

1. Overtime by employees available
2. Employees failing to meet deadline
3. Employees with available segments during a shift.

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5.0.1 Scheduling

Number: 5.0.1	Created: 06/13/01
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If for whatever reason an employee is unable to work the scheduled shift, or is unable to arrive on time, it is the employee's responsibility for filling their shift. If the employee is able to do so without creating overtime, they will not be penalized. The replacement employee must be equally qualified to fill the shift. Personnel availability information will be made available in an area accessible by all employees; this information will contain the recent availabilities that personnel have submitted to the scheduler.

If the employee is unsuccessful in filling their shift they must notify the manager. The employee will be subject to points withdrawal. (See Attendance policy).

There are two shifts: day and evening. These shifts start either at 0600 hrs. or 1800 hrs. and end exactly 12 hours later. Providing an availability other than from the time segments listed here will be treated as a special request, and therefore will take a lower priority.

Questions or comments regarding scheduling should be directed to the Appointed Scheduler or their designee.

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5.0.2 Attendance and Punctuality

Number: 5.0.2	Created: 06/13/01
Page: 1 of 3	Revised: 08/01/04
	Version: ① ② ③ ④ ⑤

Rationale

To maintain a safe and productive work environment, NSAA expects members and employees to be reliable and to be punctual in reporting for scheduled shifts. Absenteeism and tardiness place a burden on other members, employees and NSAA as a whole.

Policy

Poor attendance and excessive tardiness are disruptive. Either may lead to disciplinary action, up to and including termination.

The following Attendance and Punctuality Policy has been developed to provide a uniform standard of accountability for employees concerning their attendance and punctuality.

Each employee will be given 25 attendance points upon their being hired. On an annual basis, on the employees' hiring anniversary date, their total amount of remaining points will be reset to 25.

If at any time the employee reaches a balance of five (5) points or fewer, the employee will receive a written warning. If the employee reaches a balance of fewer than zero (0) points this will be considered grounds for further disciplinary action, up to and including termination.

Excusable Occurrences

No points shall be deducted from an employee should the occurrence be found to be excusable. It is at the discretion of management to classify tardiness, absences, or cases of early punch-out as excused or unexcused. Generally only the following circumstances will be considered for an excused absence:

- Sick or injured with documentation from a doctor
- Car trouble with proof of the incident
- Immediate family emergencies with appropriate documentation

Not Excusable

The following is a brief list of common incidents that are not excusable:

- Held over from other place of employment
- Called in to other place of employment
- Medical condition/illness not treated by medical doctor
- Power failure

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5.0.2 Attendance and Punctuality

Number: 5.0.2	Created: 06/13/01
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The following schedule of points shall be used to determine the type of occurrence and amount that should be deducted.

0 - 7 minutes late	0 Points	Used when an employee is late to a scheduled shift
8 - 15 minutes late	1 Point	Used when an employee is late to a scheduled shift
16 - 30 minutes late	2 Points	Used when an employee is late to a scheduled shift
31 - 60 minutes late	3 Points	Used when an employee is late to a scheduled shift
61 - 120 minutes late	4 Points	Used when an employee is late to a scheduled shift
Failure to/forgetting to clock in	3 Points	Used when an employee develops a pattern of failing or forgetting to clock in as scheduled. A pattern shall be defined as 3 or more occurrences annually.
No call/No show	15 Points	Used when an employee fails to show up for their scheduled shift and fails to give notification. Also used when an employee is greater than 120 minutes late.
Call outs / Early leaves	5 Points +3 Points	Used when an employee calls out from their scheduled shift and coverage can not be arranged or coverage creates overtime charges. Add 3 points when the above condition exists and the employee fails to notify management within 3 hours of the beginning of the scheduled shift.
Abandoning shift	15 Points	Used when an employee leaves prior to the end of their scheduled shift and coverage does not exist.

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5.0.2 Attendance and Punctuality

Number: 5.0.2	Created: 06/13/01
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The intent of this section is to provide a way in which employees may regain points.

The following schedule of points shall be used to determine the methods by which an employee can regain lost points as well as the amount that should be credited. Points will not rollover to credit a following year nor are they cumulative past 25.

Coverage for every consecutive 6 hours	2 Points	Used when an employee fills a scheduled shift that has become vacant due to another employee calling-out.
Pager Call	3 Points	Used when an employee calls in for a pager call as defined in section 4-11.

Anytime points are deducted or credited to an account the management shall provide the employee or member with a written document indicating the amount and reasons for the change. The employee may be asked to briefly explain or comment on the process. While employees will be afforded the opportunity to present their case on the changes to their points, the ultimate decision will be that of management.

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5.0.3 Timekeeping

Number: 5.0.3	Created: 06/13/01
Page: 1 of 1	Revised: 10/01/03
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Accurately recording time while on duty is the responsibility of the employee/member.

To accurately pay an employee for time worked, and in order to evaluate the Incentive Awards Program for volunteers, all members/employees must adhere to the following procedure.

- Clock in as appropriate at the start of your shift
- Clock out as appropriate at the end of your shift
- File an "Exception Form" as needed for any accidental, late, early, or forgotten punches.

Altering, falsifying, and/or tampering with any time records (including timecards) may result in disciplinary action, up to and including termination of employment or membership.

Any questions or changes regarding the timekeeping for the North Stonington Ambulance Association should be directed to a supervisor.

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5.0.4 Payroll

Number: 5.0.4	Created: 06/13/01
Page: 1 of 1	Revised: 12/07/04
	Version: ① ② ③ ④ ⑤

Pay Period

The pay period begins at 0600 hours Sunday, and ends 0559 hours the following Sunday of each week.

Payday

Employees will be paid biweekly for their time worked during the previous two weeks. All paychecks are to be secured in a sealed envelope and placed in the employee's mailbox, or other place made easily available to the employee by Thursday at 1800 hours.

Taxes and Liabilities

Where required by law, wages are subject to Federal, State, Medicare and Social Security taxes, garnishments, and withholdings.

Deductions

Employees must submit a signed authorization form² for any requests for payroll deduction. This authorization form must be kept in the employee's personnel file at all times. Payroll deduction is available to all qualifying³ employees for any program hosted by NSAA. Employees may cancel deductions at any time.

Direct Deposit

North Stonington Ambulance may elect to offer direct deposit to its employees. Within this offer, NSAA must clearly state if there is a cost for this service and how much the individual is responsible for paying. Employees electing direct deposit must complete an authorization form and supply their bank account information. All direct deposit funds are to be transferred to the employee's bank account by no later than three business days after payday.

Paystub

Each employee will receive with each paycheck or direct deposit, a record⁴ of wage accrual and disbursements. Any individual noticing an error in their paystub should contact the payroll administrator for prompt action.

² No deductions from an employee's paycheck shall be made without the express written consent of the employee.

³ Some programs may require employees to achieve or maintain a predetermined status, hours worked, or years served. See individual program description for availability.

⁴ Record must include total hours worked within the pay period(s), rates, specific tax amounts, withholdings, specific deductions, net pay, and date paid.

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5.0.5 Meal Periods

Number: 5.0.5	Created: 06/13/01
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Members and employees are required to ride their duty tours and respond during all hours of their shifts. As such, there are no breaks or meal times. However, during down time, a crew may choose to eat. Meals may be eaten at North Stonington establishments or food and beverages may be taken back to NSAA headquarters. No crew shall leave the boundaries of the Town of North Stonington to obtain and/or eat a meal. Under no circumstances shall anyone eat or drink in an NSAA vehicle. Eating or drinking in an ambulance is prohibited under OSHA regulations. Anyone caught violating this policy may be subject to disciplinary action.

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Chapter 6: Training

North Stonington Ambulance Association

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6.0.1 Overview

Number: 6.0.1	Created: 08/01/05
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

General

Training is an integral part of ensuring NSAA maintains highly qualified personnel. Within this section NSAA shall clearly define the different training types, who qualifies as a trainee, and responsibilities of the trainee. Subsequent policies shall also explain the process for obtaining the specific status required, process for class participation, tuition reimbursement, and mandated training.

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6.0.2 Classifications

Number: 6.0.2	Created: 08/01/05
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

General

NSAA has many types of job functions. It is important that each different position entertain its very own certification and qualification process. The reasoning for this is twofold. First, it allows for any one person to be qualified in a specific position, while holding a trainee status in another. Secondly, it provides a training structure specific to the job function, ensuring the trainee receives detailed information in the discipline enrolled.

The following list of positions is used to classify the type of trainee:

- Crew Trainee
- Driver Trainee
- First Responder Trainee
- Crew Chief Trainee

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6.0.3 EMS Course Fees

Number: 6.0.3	Created: 06/13/01
Page: 1 of 1	Revised: 07/01/02
	Version: ① ② ③ ④ ⑤

Paid Employees

Paid employees of NSAA are not eligible to receive payment for, or reimbursement for any EMS course fee unless it is approved by the Board of Directors. This will typically be reserved for courses in which the paid employee would become an instructor in the material presented, and agree to hold training classes for NSAA at no cost.

Volunteer Members

Initial EMT Course Fees

Volunteer members are eligible for full reimbursement of their initial EMT course fees according to the following schedule:

1. \$100.00 will be given to the member, in the form of a check, upon proof of registration in an EMT class
2. The member will be fully reimbursed for the cost of the EMT class and associated costs (books, etc.) once that member completes 100 hours of documented duty time following their certification as an EMT.
 - a. Duty time, as it applies to this requirement, is defined as any time an active, call-taking member is part of the duty crew for that day or night shift and is acting in the capacity of an EMT. Time riding as a third-rider or observer will not count towards this requirement.
 - b. No member will be reimbursed over \$750.00.
 - c. Proof of payment is required for all reimbursements.

EMT-B Re-certification

1. Any volunteer member who acts in the capacity of an Emergency Medical Technician for NSAA is eligible to be reimbursed for their EMT re-certification fees providing the member has completed a minimum of 50 hours of documented duty time as an EMT within the last year.
 - a. Duty time, as it applies to this requirement, is defined as any time an active, call-taking member is part of the duty crew for that day or night shift and is acting in the capacity of an EMT. Time riding as a third-rider or observer will not count towards this requirement.
 - b. No member will be reimbursed over \$350.00.
 - c. Proof of payment is required for all reimbursements.

Other EMS Courses

1. Other EMS courses will be reimbursed at the sole discretion of the Board of Directors.

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6.0.4 Conference Attendance

Number: 6.0.4	Created: 06/13/01
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All NSAA members representing NSAA at conferences, seminars, etc. must be at least eighteen (18) years of age, or have a signed guardian consent form.

Approval for attendance at all conferences, seminars, etc. must have a supervisor's approval.

Members must have any minimum level of certification required for conference/seminar attendance.

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6.1.0 Trainee: Crew

Number: 6.1.0	Created: 08/01/05
Page: 1 of 1	Revised:
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General

All personnel seeking qualification as “Crew” (the ability to respond as part of the duty crew) must successfully demonstrate proficiency with patient care management, and prove in-depth knowledge of emergency medical care to the Emergency Medical Technician Basic level.

Obtaining Trainee Status

Any member/employee enrolled in an official Emergency Medical Technician course or member/employee already certified to that level may apply to the Vice President of Operations for consideration of “Crew Trainee” status.

Responsibilities

It is the trainee’s responsibility to attend all scheduled training classes and riding tours. Further, trainees will be required to follow the direction of their Trainer or Crew Chief as appropriate at all times.

Lesson Plans, Skill Performance, Testing

The ability for a trainee to demonstrate and practice a specific skill rests with the decision of the FTO. As most trainees learn differently they may not have acquired certain abilities yet, therefore lesson plans and the authority vested in a trainee must be dynamic to match the individual. NSAA requires that all trainees be tested to the same level as their peer, however the manner in which they achieve this level may vary.

Time Limitations

Most people do not learn at the same pace, adding to this, some trainees may require several attempts at the same task in order to become proficient, therefore NSAA does not feel it is necessary to limit the amount of time one person may hold trainee status.

Crew Status

Only by recommendation of the FTO to the Vice President of Operation may any crew trainee be granted crew status. Trainees may appeal the FTO’s recommendation to the Training Committee.

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6.1.1 Assembling Unscheduled With the Ambulance Crew

Number: 6.1.1	Created: 08/01/05
Page: 1 of 2	Revised:
	Version: ① ② ③ ④ ⑤

Purpose

The purpose for this policy is to provide a clear understanding of the responsibilities and safe practices of the trainee when assembling with the ambulance crew.

Rationale

It is important that Crew Trainees are exposed to as many emergency scenes as possible in order to further enhance their skills. With this in mind, during regularly scheduled shifts a trainee may not receive calls for ambulance service. Therefore, NSAA may allow trainees to assemble with the ambulance crew outside of a scheduled shift.

Policy

No trainee shall assemble unscheduled with the ambulance crew without already having joint approval of the assigned FTO and Vice President of Operations. This is to ensure the safety of the trainee.

Obtaining Approval, Approval Process

Trainees requesting to assemble unscheduled with the ambulance crew must seek approval of their FTO. Once the FTO has received such request, the FTO and Vice President of Operations together shall determine if approval should be granted.

When approval is granted, the trainee may begin assembling, and continue to assemble thereafter without having to repeat this process. In addition, the trainee must strictly adhere to the following procedure:

Procedure

- 1) When possible, advise the on-duty crew that you will be listening for calls during such shift. This allows the on-duty crew to plan accordingly – and possibly intercept with the trainee.
- 2) Following the dispatch of the call, contact the dispatch center and advise them of your response.
- 3) By use of pager (radio if issued), actively listen and respond to changes or updates in the call.
- 4) Don applicable uniform or acceptable attire. (see uniform policy)
- 5) Respond with the flow of normal traffic to:
 - a. The intercept point of the ambulance if prearranged, or
 - b. The safe location just prior to the scene and wait for the arrival of the ambulance crew.
- 6) Identify yourself to the on-duty crew and await instruction from the Crew Chief.
- 7) Assist in treating the patient(s) as directed by the Crew Chief or FTO as appropriate.
- 8) Accompany the on-duty crew to the hospital as directed.
- 9) Complete any required paperwork.

Specific Procedures

Trainees are required to follow the same response procedures as the ambulance crew where applicable in Section 7 of this manual.

Reflective Safety Vests - All crew trainees will be issued a reflective safety vest to be donned prior to the response of any emergency call involving motorized traffic. See Reflective Safety Vest Policy.

Interstate/Highway - No trainee shall ever respond to the scene of an emergency if such emergency is located on the interstate, or on/off ramp connecting to the interstate, unless that trainee is onboard the ambulance.

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6.1.1 Assembling Unscheduled With the Ambulance Crew

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Mutual Aid – From time to time a mutual aid ambulance may be needed to handle the emergency call. In these instances, the trainee shall cancel themselves from the response.

Amount of Trainees Limited

Only one (1) trainee will be allowed to assemble with the ambulance crew per call. Since two-way communication is not always possible, and there is a likelihood of more than one trainee to respond, priority to complete the call will be given to the trainee who:

1. Is the scheduled Crew Trainee, or if none, then;
2. The first responding trainee acknowledged by the dispatch center, or if none, then;
3. The first arriving trainee at the scene of a call, or if none, then;
4. By selection of Crew Chief

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6.2.0 Trainee: Emergency Vehicle Operator

Number: 6.2.0	Created: 08/01/05
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Contents to be developed

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6.3.0 Trainee: First Responder

Number: 6.3.0	Created: 08/01/05
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6.4.0 Trainee: Crew Chief

Number: 6.4.0	Created: 08/01/05
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Chapter 7: Administrative

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7.0.1 Incident Reports

Number: 7.0.1	Created: 06/13/01
	Revised: 10/01/03
Page: 1 of 1	Version: ① ② ③ ④ ⑤

Incident reports (see Appendix) should be filled out any time there is a problem with anything or anyone, either internally or outside of the service. Incident reports should also be used for such incidents as complaints, inquiries, missing property, etc. The original report shall be signed and submitted to a supervisor. Persons filing incident reports may make a copy to keep for their records. If the incident is of an urgent nature, it is requested that you follow up with a phone call to a supervisor.

A supervisor shall review all incident reports and investigate as necessary. All persons involved should, if possible, be interviewed prior to the completion of any investigation. The Supervisor shall notify the President as appropriate.

The President shall notify the members of the executive board and convene a meeting as necessary.

All incident reports shall contain an Incident Report Number and that number shall be logged into a logbook for tracking purposes.

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7.0.2 Disciplinary Action

Number: 7.0.2	Created: 06/13/01
Page: 1 of 2	Revised: 07/01/02
	Version: ① ② ③ ④ ⑤

In order to maintain an efficient and effective organization and to protect the organization from undue liability, it is sometimes necessary to take disciplinary actions. Every effort will be made to maintain consistency in implementing this policy. However, there is no automatic discipline pre-determined for a specific offense. The order of the disciplinary steps set forth may be varied based upon the seriousness of the incident, the employee's past record, previous efforts to resolve the situation, as well as other factors, at the discretion of a supervisor. Furthermore, all circumstances surrounding the incident will be considered.

Corrective or Disciplinary action will be authorized by a supervisor, or in more severe cases the President and/or the Commander. All action will be documented and placed in the employee's personnel file.

The following are the actions employed by NSAA:

Counseling:

The most informal of all disciplinary procedures. Given for first offense of something minor. Employee counseled as to why what they did was incorrect and asked not to let it happen again. A note to the effect that counseling took place is placed in the employees personnel file.

Verbal Warning:

Given where the employee failed to correct the behavior following counseling or the behavior or incident justified bypassing counseling. A record of the verbal warning shall be placed in the employee's personnel file.

Written Warning:

Given for an offense for which the employee has already received a verbal warning or in instances where there is justification for bypassing prior steps in the chain of discipline. A written warning must be issued either by the President or the Commander.

Suspension or Demotion:

For any infraction for which prior warnings have been given and there has been no change in the behavior, or where prior warnings were given and the incident happened again, or for incidents serious enough to justify bypassing prior stages of discipline.

Where suspension of an employee is required, a supervisor may suspend that person for up to one (1) day without President / Commander approval. The President / Commander may suspend that person for up to five (5) days without Board approval. All suspensions must be reported to the Board within a five (5) day period of the commencement of the suspension. Board approval must be sought for suspensions lasting more than five (5) days. This approval requirement shall in no way effect the ability of the Commander or President to impose a five (5) day suspension immediately and then seek Board approval for the extended period suspension time during the initial five (5) day period.

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7.0.2 Disciplinary Action

Number: 7.0.2	Created: 06/13/01
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Termination:

Employment and membership with NSAA is “at will” and may be terminated for any reason, at any time. However, termination is generally reserved for serious offenses or where previous levels of discipline have had no effect.

Serious offenses shall include, but shall not be limited to:

1. Intoxication, possession while on duty, or use of illegal drugs or alcohol.
2. Willful destruction of property
3. Knowingly or intentionally violating NSAA and/or OSHA safety precautions or repeated negligent or reckless violations of same.
4. Violations of NSAA SOPs
5. Falsification of records
6. Fighting
7. Theft
8. Gross insubordination
9. Threatening
10. Harassment of another member / employee
11. Misuse of NSAA property and equipment, including the NSAA building
12. Unauthorized use of emergency warning devices and radios
13. Conviction of a felony
14. Reporting a false emergency
15. Failure to follow established medical protocols

All discipline must be carried out within a reasonable time.

Appeals:

Employees may appeal any disciplinary action to the Board of Directors. All appeals must be filed, in writing, within 10 days from the date of the disciplinary action. Appeals will be heard in Executive Session at the next regularly scheduled meeting of the Board of Directors and the decision of the Board of Directors shall be final. Employees shall be notified in writing of the Board’s decision.

Any employee who is testifying before the Board of Directors on an appeal may bring another employee with them, if such other person can shed additional light on the situation.

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7.0.3 Surveys and Licensure

Number: 7.0.3	Created: 06/13/01
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NSAA personnel must allow authorized OEMS staff to conduct surveys (inspections) to make sure that NSAA is complying with all of the regulations. NSAA could be fined if NSAA personnel do not allow these surveys. OEMS staff carries official Department identification and NSAA personnel should ask to see it. NOTE: A business card is NOT proper identification.

OEMS surveys may be made at any time, and at any location used by NSAA, at any place of medical care, and wherever a patient is picked up or dropped off.

OEMS surveys can include a review of all required records and forms, conferences with staff and patients and an inspection of NSAA business locations, vehicles, equipment, proof of the crew's training and driver's license. They can also ride in NSAA vehicle(s) and go with you while you provide services.

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7.0.4 Donations Received on Calls

Number: 7.0.4	Created: 06/13/01
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There may be times when a patient or a patient's family will give the crew a donation while on a call. If a donation is received on a call, the donation shall be placed in an envelope and left for the Treasurer at NSAA Headquarters. If the donation is made in cash, a note should be enclosed with the name and address of the person making the donation so that a thank you card may be sent.

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7.0.5 Revisions & Additions to the Policy Manual

Number: 7.0.5	Created: 06/13/01
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	Version: ① ② ③ ④ ⑤

NSAA will develop and maintain a Policy & Procedure Manual designed to serve as the primary medium of communication for informing NSAA personnel of approved policies, procedures, practices, and responsibilities under federal, state, and local laws.

All policy or procedures changes, additions, deletions will be made in the format utilized in this document.

A master copy of the Policy & Procedure Manual will be maintained at NSAA Headquarters by the President.

All members and employees will be issued a copy of the Policy & Procedure Manual and will be required to sign an acknowledgment forms stating that they have received a copy of the Manual, have read it and agree to abide by it. Employees are responsible for the upkeep of their Manuals, including insertion or deletion of policies as directed by the Board of Directors.

All employees will be notified of policy/procedure changes, additions, and deletions in an expedient manner. An official copy of all policy/procedure changes, additions and deletions will be added to the appropriate section of the master copy. In addition, every employee will receive a copy of any changes, additions and deletions and they are responsible for insertion in the appropriate section of their personal copies.

Only those policies/procedures issued by the Board of Directors of North Stonington Ambulance Association, Inc. shall be official. The Board shall periodically review the Policy & Procedure Manual to determine the need for revisions.

Employees are welcome and encouraged to bring suggestions for new policies or policy changes to the Board of Directors and to actively participate in the policy writing process.

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7.0.6 Administrative & Operational Memos

Number: 7.0.6	Created: 07/01/02
Page: 1 of 1	Revised:
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From time to time administrative and operational memos will be issued by a supervisor. These memos will be placed in a binder located on the desk labeled Memo Book. Employees will be required to read any new memos at the start of each shift. These memos should be considered policy and violations may result in disciplinary action.

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7.0.7 Pass-Down Log

Number: 7.0.7	Created: 06/13/01
	Revised: 07/01/02
Page: 1 of 1	Version: ① ② ③ ④ ⑤

Crews and NSAA Officers are required to log important information, operational notes and anything necessary for other crews/shifts to know in the Pass-Down log located on the desk at NSAA Headquarters. The Pass-Down log is only for professional, operational notes – not for personal communication.

Per Diem crews are required to check the Pass-Down log at the beginning of every shift for new information entered since they last worked.

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Chapter 8: Vehicles

North Stonington Ambulance Association

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8.0.1 Use of Equipment and Vehicles

Number: 8.0.1	Created: 06/13/01
Page: 1 of 1	Revised: 07/01/02
	Version: ① ② ③ ④ ⑤

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

Please notify a supervisor if any equipment, machines, tools, or vehicles appear damaged, defective, or in need of repair. Prompt reporting of damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. A supervisor can answer any questions about a member's responsibility for maintenance and care of equipment or vehicles used on the job.

The parking brake for the ambulance must be applied any time the vehicle is parked.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment or vehicles, as well as excessive or avoidable traffic and parking violations, can result in disciplinary action, up to and including termination.

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8.0.2 Emergency Vehicle Operations

Number: 8.0.2	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

A vehicle is only an emergency vehicle when it is displaying flashing lights and using a siren in accordance with state laws and regulations. By law, lights and siren shall only be used when responding to an emergency call or during an emergency patient transport.

The driver of the emergency vehicle is never relieved from the requirement to obey all laws and to operate the vehicle with due regard for the safety of other motorists or pedestrians.

The “Good Samaritan” Law will NOT protect the driver of an emergency vehicle in the event of a lawsuit arising from the operation of that vehicle.

State laws and regulations permit the operation of emergency warning lights and sirens only when responding to an actual emergency. Once the ambulance arrives at the scene, the patient’s condition must be assessed. ONLY if the patient’s condition warrants may emergency lights and sirens be used during transport of the patient. If the patient’s condition is stable, there is no emergency, and transport must be in a non-emergency mode (i.e.: without lights and sirens).

Lights and sirens may NOT be used during routine transports when the patient is stable.

All NSAA personnel will complete the NSAA Driver Training requirements as set forth in the NSAA Policy & Procedure Manual.

No person shall operate an NSAA vehicle prior to successful completion of the NSAA Driver Training requirements as set forth in the NSAA Policy & Procedure Manual.

No person shall be allowed to staff or operate an NSAA vehicle while under the influence of alcohol or illegal drugs.

Driving recklessly and/or at excessive speeds will result in disciplinary action, up to and including revocation of Emergency Vehicle Operator status and/or termination of employment / membership and may also result in criminal charges, fines, and suspension of driver’s license.

No NSAA vehicle shall transport any patient without the minimum personnel on board as required by the State of Connecticut.

Seat Belts shall be worn at all times by driver and passengers (except during those times when patient care would be jeopardized).

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8.0.3 Misuse of Emergency Warning Devices

Number: 8.0.3	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

Misuse of emergency warning devices (i.e.: lights and sirens) will result in disciplinary action, up to and including revocation of Emergency Vehicle Operator status and/or termination of employment / membership.

Misuse of emergency warning lights may also result in criminal charges, fines, and suspension of driver's license.

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8.0.4 Suspension of Driving Privileges

Number: 8.0.4	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

Supervisors may suspend driving privileges at any time, with or without notice, for anyone violating Connecticut State Statutes and/or NSAA policies.

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8.0.5 Vehicle Checks

Number: 8.0.5	Created: 06/13/01
Page: 1 of 1	Revised:
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At the beginning of each shift, the crew will check both the duty ambulance and the back-up unit. Vehicle checks shall be done using the “Ambulance Check Sheet” (see Appendix 2), located on the desk.

Completed Ambulance Check Sheets shall be placed in the binder marked “Daily Work Assignments” located on the desk at NSAA headquarters.

Restocking supplies can be found in the supply cabinets in the bay area. Personnel are responsible for restocking items as needed, based on rig checks and call usage.

If you are in immediate need of supplies and what you need is not in the supply cabinets, please contact a supervisor.

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8.0.6 Fuel

Number: 8.0.6	Created: 06/13/01
Page: 1 of 1	Revised: 07/01/02
	Version: ① ② ③ ④ ⑤

It is the responsibility of each EVO to ensure that the vehicle is always fueled. If the duty ambulance is less than 1/2 full, the tank should be filled.

Fuel tanks should be filled at the Town Garage whenever possible.

The key to the Town Garage gas pump is located on the key ring in each ambulance. The Town Garage uses an electronic fuel delivery system. The employee number that should be entered is "4".

ONLY USE DEISEL FUEL IN THE AMBULANCES

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8.0.7 Ambulance Rotation

Number: 8.0.7	Created: 06/13/01
Page: 1 of 1	Revised: 03/08/05
	Version: ① ② ③ ④ ⑤

To prevent uneven wear and tear on the ambulances, NSAA maintains a vehicle rotation policy.

It is the responsibility of management to plan ambulance rotation and notify the affected emergency vehicle operators.

Any questions regarding ambulance rotation should be directed to a member of management.

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8.0.8 Ambulance Cleaning

Number: 8.0.8	Created: 06/13/01
Page: 1 of 1	Revised: 07/01/02
	Version: ① ② ③ ④ ⑤

Each crew is responsible for keeping their vehicle clean. This includes cleaning and sanitizing the inside of the vehicle after each call and cleaning and washing the vehicle at the end of the shift.

In addition, a schedule will be posted for detailing and comprehensive disinfecting of the ambulances on a monthly basis. The schedule will indicate which duty crew will be responsible for these duties. The procedure for disinfecting an ambulance is given in the OSHA Book in the lower divider cabinet of the ambulance.

Failure to wash the vehicle at the end of the shift will only be excused if the vehicle, having just returned from a call, is required to respond immediately to another call at shift change. There shall be no excuse for failing to clean the inside of the vehicle.

Failure to comply with these provisions shall be grounds for disciplinary procedures.

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8.0.9 Vehicle Breakdown

Number: 8.0.9	Created: 06/13/01
Page: 1 of 1	Revised: 07/01/02
	Version: ① ② ③ ④ ⑤

In the event of vehicle breakdown:

- Immediately notify Dispatch and, if necessary, the appropriate police department.
- If you are transporting a patient or responding to a call, request another vehicle to be dispatched to pick up the patient(s).
- If the breakdown occurs outside NSAA's PSA, the appropriate ambulance service should be called.
- The NSAA driver shall remain with the disabled NSAA vehicle.
- The NSAA EMT who was tending to patient care shall accompany the patient on the responding services' ambulance, if that service permits. This is to ensure continuity of patient care.
- Place appropriate hazard triangles around the incident location to protect against accidents and/or injuries.
- Notify a supervisor.
- Upon return to NSAA headquarters, an incident report must be filled out.

In the event that vehicular breakdown occurs during transport of a patient, under no circumstances should a patient be left alone.

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8.0.10 Accidents Involving Ambulances or Responding Personnel

Number: 8.0.10	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

In the event of a motor vehicle crash involving an NSAA vehicle:

- Safely stop the vehicle.
- Immediately notify Dispatch and the appropriate police department.
- Assess for any personal injuries to the crew and others. In the event of personal injury to any crew member, have Dispatch notify a supervisor immediately.
- Request additional EMS units to immediately respond to the incident location if you were transporting a patient and/or there are apparent injuries. Under no circumstances is the ambulance to leave the scene of an accident until released by the investigating police department.
- Place appropriate safety flares around the incident location to protect against any additional accidents and/or injuries.
- Notify a supervisor.
- Upon return to NSAA headquarters, incident reports are to be filled out by everyone involved, including the police jurisdiction and police report number.
- If any member of the crew is injured, a supervisor must be contacted within 24 hours to ensure proper insurance filings.

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8.0.11 “Out of Service” – OEMS Declaration

Number: 8.0.11	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

OEMS staff may order a vehicle “Out of Service” if they find that the vehicle, equipment or improper staffing poses an imminent threat to the health, safety or welfare for the public, NSAA patients or personnel.

Imminent threat may include, but is not limited to, problems with the brakes, tires, exhaust system, door locks and handles, or storage of equipment. It also includes serious patient care violations such as missing (or broken) oxygen or suction equipment.

If an NSAA vehicle is ordered “Out of Service”, NSAA personnel must immediately stop using the vehicle to transport patients. The vehicle must remain “Out of Service” until it passes a resurvey by OEMS staff.

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8.0.12 Ambulances to Remain Within the PSA

Number: 8.0.12	Created: 07/01/02
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

Ambulances must remain within the PSA at all times. This is to ensure acceptable response times to all areas within NSAA's PSA. Ambulance may **only** be taken out of the PSA for the following reasons:

1. Dropping/picking up laundry as part of the daily chores
2. When required for patient transport to the hospital
3. Mutual aid calls
4. With express permission of a supervisor

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8.0.13 Vehicle Theft Prevention & Security

Number: 8.0.13	Created: 03/08/05
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

It is the responsibility of the vehicle operator to ensure the vehicle's security at all times.

In light of terrorist attacks, and the possibilities of ambulances being used as weapons, NSAA will maintain proper security systems to deter and prevent our equipment from being utilized in such manner.

However, threats of terrorism alone should only be considered a fraction of the potential hazards faced with vehicle security. Vehicle Operators should take extra steps to decrease our vulnerability to ambulance theft whenever possible. It has been found that the risk of ambulance theft increases while the vehicle is left unattended at stores, restaurants, while on scene at known psychiatric institutions, schools, and near detention facilities.

The following steps must be taken anytime the vehicle operator leaves the vehicle unattended by NSAA personnel.

1. Set the parking brake
2. Press the ignition by-pass button, and remove the vehicle's key

Whenever possible also consider the following:

1. Shut off the vehicle's engine, and remove the key
2. Lock all doors and compartments

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8.0.14 Fires Involving NSAA Vehicles

Number: 8.0.14	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

NSAA Ambulance:

In the event of a fire in an Ambulance:

- Safely stop the ambulance
- Get out of the ambulance and move away from it
- Notify Dispatch to send the fire department and, if necessary, another EMS unit

If possible, you may attempt to try and put out the fire yourself, using a fire extinguisher.

NSAA First Responders and Responding Personnel:

In the event of a fire in a First Response Vehicle or Personnel Vehicle responding to a call:

- Safely come to a complete stop
- Get out of the vehicle and move away from it
- Notify Dispatch to send the fire department and, if necessary, start additional EMS unit

If possible, you may attempt to try and put out the fire yourself, using a fire extinguisher.

UNDER NO CIRCUMSTANCES SHOULD PERSONNEL PUT THEIR OWN PERSONAL SAFETY AT RISK

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Chapter 9: Building

North Stonington Ambulance Association

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9.0.1 Parking of Personal Vehicles

Number: 9.0.1	Created: 06/13/01
Page: 1 of 1	Revised: 08/08/06
	Version: ① ② ③ ④ ⑤

Unless otherwise posted, or where permitted by law, employees reporting for a schedule shift shall park in the areas available furthest from the main entry, leaving locations closest for visitors and guests.

Parking in the immediate area around the main entry doors shall be reserved for handicap permit holders.

At no time shall any vehicle park in front of the ambulances, ambulance bays, first responder vehicles, or other emergency apparatus. Vehicles found in violation of this policy will be reported to the authorities and/or towed at the owners expense.

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9.0.2 Use of Telephones

Number: 9.0.2	Created: 06/13/01
Page: 1 of 1	Revised: 07/01/02
	Version: ① ② ③ ④ ⑤

Personal use of the telephone for long-distance and toll calls is not permitted. Employees should practice discretion when making local personal calls. Employees may be required to reimburse NSAA for any charges resulting from their personal use of the telephone.

To ensure effective telephone communications, employees should always use the approved greeting and speak in a courteous and professional manner.

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9.0.3 Smoking

Number: 9.0.3	Created: 06/13/01
Page: 1 of 1	Revised: 07/01/02
	Version: ① ② ③ ④ ⑤

Smoking in the workplace is prohibited except in those locations that have been specifically designated as smoking areas. In situations where the preferences of smokers and nonsmokers are in direct conflict, the preferences of nonsmokers will prevail.

Cigarette butts shall be placed in an approved container.

*** NOTE: Smoking is expressly prohibited in NSAA vehicles **at all times**. ***

Any person found smoking in an NSAA vehicle will be subject to immediate disciplinary action, up to, and including termination.

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9.0.4 Sleeping

Number: 9.0.4	Created: 06/13/01
Page: 1 of 1	Revised: 03/08/05
	Version: ① ② ③ ④ ⑤

During the hours of 0800 – 2100, sleeping will not be permitted. This includes the use of pillows or blankets.

During the hours of 2100 – 0800, resting and/or reclining on the furniture will be permitted providing:

- employees remain in full uniform (with the exception of duty boots and dress uniform shirt)
- employees remain ready to take an EMS call without delay
- a sheet is laid over the furniture to protect it
- all daily chores and vehicle checks have been completed
- no employee voices an objection
- no two people sleep on the same piece of furniture

No outside bedding (cots, sleeping bags, etc.) will be permitted within the North Stonington Ambulance building. A special exception will be made, by management during emergencies, when additional personnel are needed in the building.

Employees shall not sleep in EMS vehicles or personal vehicles, or on any piece of EMS equipment (stretchers, etc.) while on NSAA property.

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9.0.5 Visitors in the Workplace

Number: 9.0.5	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

To provide for the safety and security of members, employees and the facilities at NSAA, only authorized visitors are allowed in the workplace. Restricting unauthorized visitors helps maintain safety standards and protects against theft, ensures security of equipment, protects confidential information, safeguards member welfare, and avoids potential distractions and disturbances.

Members and employees are responsible for the conduct and safety of their visitors.

At no time will non-members/visitors be left in the building alone. If a situation arises, such as an emergency, you must contact an officer or board member, explain the situation and receive approval.

If an unauthorized individual is observed on NSAA's premises, employees should immediately notify a supervisor or, if necessary, notify the police department.

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9.0.6 Building Problems

Number: 9.0.6	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

Any problems with the building should be reported to a supervisor.

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9.0.7 Fire at NSAA

Number: 9.0.7	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

In the event of a fire at NSAA headquarters:

- Immediately notify the dispatcher to send the fire department and if necessary, mutual aid EMS
- Attempt to remove the vehicles from the building
- Evacuate the building
- Notify a supervisor

If possible, personnel may try to put the fire out, using supplied fire extinguishers.

UNDER NO CIRCUMSTANCES SHOULD PERSONNEL PUT THEIR OWN PERSONAL SAFETY AT RISK

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9.0.8 Emergency Power Generator

Number: 9.0.8	Created: 07/01/02
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

NSAA has an emergency backup generator that will provide power to the building in the event of a power failure. The generator is completely automatic, and will come on-line within 60 seconds of a power failure. The generator will automatically test every week for approximately 20 minutes. Any problems with the generator should be brought to the attention of a supervisor.

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9.0.9 Use of the Office

Number: 9.0.9	Created: 07/01/02
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

It is the intent of NSAA to keep the office secure, and accessible only to members of the Board of Directors, Management, and authorized Supervisors.

- The office is kept locked at all times when not occupied
- Patient information and other confidential material is stored in the office, as such it must be kept secure.
- The only personnel with permission to be in the office are members of the Board of Directors.
- Any non-board member found in the office without permission will be subject to disciplinary action.
- Any non-board member found in the office, with signs of forced entry into the office (door off hinges, etc.) will receive an immediate 5-day suspension, followed by possible termination and/or legal action.

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Chapter 10: Workplace Safety

North Stonington Ambulance Association

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10.0.1 Safety Program

Number: 10.0.1	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

To assist in providing a safe and healthful work environment for members, customers, and visitors, NSAA has established a workplace safety program. This program is a top priority for NSAA. Supervisors have the responsibility for implementing, administering, monitoring, and evaluating the safety program. Its success depends on the alertness and personal commitment of all.

NSAA provides information to members and employees about workplace safety and health issues through regular internal communication channels such as supervisor-member/employee meetings, bulletin board postings, memos, or other written communications.

Some of the best safety improvement ideas come from members and employees. Those with ideas, concerns, or suggestions for improved safety in the workplace are encouraged to raise them with a supervisor or bring them to the Board of Directors. Reports and concerns about workplace safety issues may be made anonymously if the member or employee wishes. All reports can be made without fear of reprisal.

Each employee is expected to obey safety rules and to exercise caution in all work activities. Members must immediately report any unsafe condition to the appropriate supervisor. Members who violate safety standards, who cause hazardous or dangerous situations, or who fail to report or, where appropriate, remedy such situations, may be subject to disciplinary action, up to and including termination of membership or employment.

In the case of accidents that result in injury, regardless of how insignificant the injury may appear, members shall immediately notify a supervisor. Such reports are necessary to comply with laws and initiate insurance and workers' compensation benefits procedures. In addition, incident reports shall be filled out by everyone involved in the incident.

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10.0.2 On-the-Job Injuries

Number: 10.0.2	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

If an employee is injured while on duty, the Crew Chief must notify a supervisor within 24 hours of the injury. This is to ensure proper insurance filings.

If the injured employee is the Crew Chief, another member of the crew should notify a supervisor.

Any employee injured on duty must fill out an incident report within 24 hours of the injury or, in the event of serious injury, as soon as practical thereafter.

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10.0.3 Alcohol and Drug Free Workplace

Number: 10.0.3	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

NSAA reserves the right to conduct Pre-employment drug screenings.

Personnel are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner. No person shall be allowed to staff or operate NSAA vehicles while under the influence of alcohol or illegal drugs.

While on NSAA premises, and while conducting business-related activities off NSAA premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of over-the-counter and prescribed drugs is permitted on the job only if it does not impair an individual's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

NSAA will accommodate the voluntary screening of any employee who wishes to submit to a drug screening so as to establish that he/she is drug free.

NSAA may require drug screening when reasonable suspicion exists that an employee may be in violation of this policy. An on-duty employee directly involved in a vehicular accident may also be required to submit to drug screening.

An employee's refusal to consent to screening without justifiable reasons may result in disciplinary action, including discharge. An employee required to submit to screening will be dealt with in the utmost professional manner.

An Employee Assistance Program is available for those employees who voluntarily request such assistance. (However, inadequate performance before or after treatment may lead to disciplinary action, up to and including termination.)

Violations of this policy may lead to disciplinary action, up to and including immediate termination. Such violations may also have legal consequences.

Personnel with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or the President without fear of reprisal.

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10.0.4 Violence Prevention

Number: 10.0.4	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

NSAA is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence in society in general, NSAA has adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur during business hours or on its premises.

All employees, including supervisors and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, “horseplay”, or other conduct that may be dangerous to others. Firearms, weapons, and other dangerous or hazardous devices or substances are prohibited from the premises of NSAA without proper authorization.

Conduct that threatens, intimidates, or coerces another employee, patient, or a member of the public at any time, including off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual’s sex, race, age, or characteristic protected by federal, state, or local law.

All threats of (or actual) violence, both direct and indirect, should be reported as soon as possible to your Crew Chief or any other member of management. This includes threats by members, as well as threats by patients, town employees, hospital employees or other members of the public. When reporting a threat of (or actual) violence, you should be as specific and detailed as possible.

All suspicious individuals or activities should also be reported as soon as possible to a supervisor. Do not place yourself in peril. If you see or hear a commotion or disturbance nearby, do not try to intercede or see what is happening.

NSAA will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. In cases involving criminal actions or behavior, the police will be notified. The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, NSAA may suspend employees, either with or without pay, pending investigation.

Anyone determined to be responsible for threats of (or actual) violence or other conduct that is in violation of these policies will be subject to prompt disciplinary action, up to and including termination.

NSAA encourages personnel to bring their disputes or difference with other personnel to the attention of a supervisor before the situation escalates into potential violence. NSAA is eager to assist in the resolution of personnel disputes, and will not discipline employees for raising such concerns.

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10.0.5 Sexual and Other Unlawful Harassment

Number: 10.0.5	Created: 06/13/01
	Revised: 11/01/02
Page: 1 of 5	Version: ① ② ③ ④ ⑤

Purpose:

The purpose of this policy is to clearly establish the North Stonington Ambulance Association's commitment to provide a work environment free from harassment, to define discriminatory harassment, and to set forth the procedure for investigating and resolving internal complaints of harassment. Because of the tremendous importance of a workplace free from any form of harassment, this policy **shall** be reviewed by each supervisor or manager with his or her personnel on an annual basis.

All jobs with emergency service organizations – whether volunteer or paid – are extremely important to the public safety of our community. It is critical that all service personnel treat all other emergency service personnel with dignity and respect. Because of the unique circumstances present in many emergency service jobs, it is the responsibility of each and every emergency service worker, supervisor and manager, volunteer and career, to make sure that there is not inappropriate behavior occurring in the workplace. Inappropriate behavior which impacts the workplace, or has the potential to impact the workplace, will not be tolerated.

This policy applies to all terms and conditions of volunteer membership and employment, including but not limited to hiring, placement, promotion, disciplinary action, layoff, reinstatement, transfer, leave of absence, compensation and training.

Policy:

Harassment of an applicant, client, contractor, business invitee, customer, volunteer, or employee, (a "worker") by a supervisor, management employee, coworker or co-volunteer on the basis of race, religion, color, national origin, ancestry, disabilities, medical condition, marital status, pregnancy, outward appearance, sexual orientation, gender or age is explicitly in violation of state and federal law and will **not** be tolerated by the North Stonington Ambulance Association.

Volunteers or employees found to be participating in any form of job based harassment or **retaliating** against any worker shall be subject to disciplinary action up to and including **termination from employment or membership**.

Responsibilities:

Management: (Elected Board Officers herein after known as management) It is the responsibility of management to develop this policy, keep it up to date, and to ensure that any violation of this policy brought to their attention is dealt with fairly, quickly, and impartially. All managers are also required to set the proper example at all times.

Supervisors: (Operations manager, duty or shift supervisory officials herein after known as Supervisors) It is the responsibility of supervisors to enforce this policy, to make a quarterly review with each employee to ensure they know the policy and to regularly check the workplace and environs to ensure the policy is being followed. When a deviation from this policy is noted or reported, supervisors shall bring this information to management immediately. Additionally, supervisors are required to set the proper example at all times.

Workers: It is the responsibility of each and every volunteer/employee to know and to follow this policy. It is imperative that every volunteer/employee treat every worker with dignity and respect so as to facilitate a sound professional work environment.

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10.0.5 Sexual and Other Unlawful Harassment

Number: 10.0.5	Created: 06/13/01
Page: 2 of 5	Revised: 11/01/02
	Version: ① ② ③ ④ ⑤

Definitions:

For purposes of clarification, harassment includes, but not limited to, the following behaviors.

- 1. Verbal Harassment** – Epithets, derogatory comments, slurs, propositioning, or otherwise offensive words or comments on the basis of race, religious creed, color, national origin, ancestry, disability, medical condition, marital status, pregnancy, outward appearance, sexual orientation, gender or age, whether made in general, directed to an individual, or to a group of people regardless of whether the behavior was intended to harass. This includes, but is not limited to, inappropriate sexual oriented comments on appearance, including dress or physical features, sexual rumors, code words, and race oriented stories.
- 2. Physical Harassment** – Assaults, impeding or blocking movement, leering, or physical interference with normal work, privacy or movement when directed at an individual on basis of race, religious creed, color, national origin, ancestry, disability, medical condition, marital status, pregnancy, outward appearance, sexual orientation, gender or age. This includes pinching, patting, grabbing, inappropriate behavior in or near bathrooms, sleeping facilities and eating areas, or making explicit or implied threats or promises in return for submission of physical acts
- 3. Visual Forms of Harassment** – Derogatory, prejudicial, stereotypical or otherwise offensive poster, photographs, cartoons, notes, bulletins, drawings, or pictures on the basis of race, religious creed, color, national origin, ancestry, disability, medical condition, marital status, pregnancy, outward appearance, sexual orientation, gender or age. This applies to both posted material or material maintained in or on North Stonington Ambulance Association equipment or personal property in the workplace.
- 4. Sexual Harassment** – Any act which is sexual in nature and is made explicitly or implicitly a term or condition of volunteer membership or employment, is used as the basis of a membership/employment decision, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment

Workplace Relationships:

The First Amendment allows anyone to associate with anyone else they desire. It is natural for people who meet in the workplace to sometimes become romantically involved, and it is not the department's intent to interfere with any dating relationship. Any involvement between volunteer/employees must be voluntary and desired by both parties. However, many problems have developed in fire departments and other emergency service organizations because of dating relationships, and they can interfere with our goal of having a sound professional work environment. It is not inappropriate for a person to ask a coworker out. However, if you do not want to go out with a coworker, it is imperative that your response to the request is firm and definite. After this firm, definite response has been made, it is inappropriate for the requesting party to make any further attempt to initiate a dating relationship. Repeated requests for a dating relationship constitutes sexual harassment. It is also inappropriate for any relationship to interfere with normal work operations in any manner. Personnel who desire to become involved with someone in the workplace must be aware of the following guidelines.

1. There shall be no dating activities on department time or department property.
2. There shall be no use of department property to arrange dating activities.

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10.0.5 Sexual and Other Unlawful Harassment

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3. All behaviors between volunteers/employees shall be conducive to a sound professional work environment at all times when on department property or on department time. Hand holding, kissing, hugging, sexual comments and other behaviors generally associated with dating relationships are inappropriate while on department time or department property.
4. Any relationship involving personnel at different levels on the chain of command (or where one party has functional supervision over another) shall be reported by the person of higher rank to his/her supervisor immediately. Failure to report this information is a violation of this policy. The manager receiving this information shall make recommendations to ensure that this relationship will not detract from a sound professional work environment. Such recommendations may include transfer of higher ranking person to another unit.

Complaint Procedure:

Confrontation:

If any person feels they are the victim of any form of harassment, they should inform the person(s) participating in this behavior that he/she finds it offensive. This one-on-one confrontation has been demonstrated to be an effective way to end harassing behaviors. If the inappropriate behaviors do not stop, the offended volunteer/employee can initiate either an informal or formal complaint as described below. Because confrontation is difficult for some people and because of the complex nature of harassment, volunteers/employees are not required to confront an offending party prior to initiating this complaint procedure.

Informal Complaint:

Any volunteer/employee, client, contractor, customer, or membership/job applicant who believes he or she is a victim of discriminatory workplace harassment should make a complaint orally or in writing with any of the following:

Review of Preliminary Complaints:

Upon notification of a harassment complaint, the management shall conduct an initial investigation to make a preliminary determination as to whether there is any merit to the complaint. If no merit is found, the management may still meet with other parties involved to attempt to conciliate the complaint or conflict between the parties.

Formal Complaint:

If after an initial investigation is conducted, there is no resolution and/or conciliation of the preliminary complaint, the management will promptly issue written notice of the right to file a formal complaint to the complainant via hand delivery or certified mail, return receipt. The complaint shall be signed and shall describe in detail the facts asserted with the management within ten (10) calendar days after being notified of the right to file a formal complaint.

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Upon receipt of the formal written complaint, the management will contact the alleged harasser(s) who will be informed of the basis of the complaint, will be given a copy of the same, and will be provided an opportunity to respond. The response shall be in writing, addressed to the President, and received before ten (10) calendar days after being notified of the complaint. Concurrently, a formal investigation of the complaint may be commenced.

Review of Response and Findings:

Upon receipt of the response, the management may further investigate the formal complaint. Such investigation may include an interview with the complainant, the accused harasser(s), and any persons determined by the management to possibly have relevant knowledge concerning the complaint. This may include victims of similar conduct.

Factual information gathered through the investigation will be reviewed to determine whether the alleged conduct constitutes harassment, giving consideration to all factual information, the totality of the circumstances including the nature of the verbal, physical, visual or sexual conduct and the context in which the alleged incident(s) occurred.

The results of the investigation and the determination as to whether harassment occurred shall be final and binding and will be reported to the appropriate persons including the complainant, the alleged harasser(s), the supervisors, and the management within (20) calendar days from the receipt of the response.

Disciplinary Action:

If harassment is determined to have occurred, the management shall take and/or recommend to the appointing authority prompt and effective remedial action against the harasser. The action will be commensurate with the severity of the offense, up to and including termination from membership/employment. Copies of the final report, including disciplinary action taken, will be distributed to both parties.

Retaliation:

Retaliation in any manner against a person for filing a harassment charge or initiating a harassment complaint, testifying in an investigation, providing information or assisting in an investigation, is expressly prohibited and subject to disciplinary action up to and including termination from membership/employment. The management will take reasonable steps to protect the victim from any retaliation as a result of communicating with the complaint.

Confidentiality:

Confidentiality will be maintained to the fullest extent possible in accordance with applicable federal, state, and local laws.

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False Complaints:

This section is not intended to discourage volunteers/employees from making complaints regarding job-based harassment. However, false complaint may adversely impact the workplace and the career of the accused, even when disproved, and will not be tolerated.

Any complaint made by a volunteer/employee of the North Stonington Ambulance Association regarding job-based harassment, which is conclusively proven to be false, shall result in disciplinary action. This discipline may include dismissal from membership/employment.

Limitations:

The use of this procedure is limited to complaints related to discriminatory workplace harassment on the basis of race, religious creed, color, national origin, ancestry, disability, medical condition, marital status, pregnancy, outward appearance, sexual orientation, gender or age. All other complaints shall be handled through the department grievance procedure as established by the department policy manual.

Distribution:

This policy **shall** be disseminated to all volunteers/employees, supervisors, and managers of the North Stonington Ambulance Association. Any questions, concerns or comments related to this policy should be directed to the management.

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Chapter 15: Operations

North Stonington Ambulance Association

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15.0.1 Nondiscrimination

Number: 15.0.1	Created: 06/13/01
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NSAA is required to give service to all regardless of their race, sex, creed, skin color, national origin, age, disability or medical condition of the patient. This includes patients with any communicable diseases such as AIDS, TB, or Hepatitis.

In addition, NSAA cannot fail to respond to an emergency call, refuse to give emergency treatment to or transport any person because of that person's ability to pay for the service.

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15.0.2 Radio Communications

Number: 15.0.2	Created: 06/13/01
Page: 1 of 1	Revised: 07/01/02
	Version: ① ② ③ ④ ⑤

The duty crew must maintain constant communication with the Dispatch Center. While in the building this will be done by the base-radio. While on the road, this will be accomplished by the ambulance mobile radios and the portable radios located in the ambulance.

If you leave the ambulance it is your responsibility to take the portable radio with you and ensure that you have constant communications. It is possible that there will be some places with the Town of North Stonington where the portable radios will not work. Therefore, it is the responsibility of the duty crew to perform a radio check if there is any uncertainty about the reliability of radio communications. Please remember that radio performance inside a building will be greatly reduced from outside the building.

Failure to remain in constant radio communication with the Dispatch Center may result in disciplinary action, and may result in termination.

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15.0.3 Crew Size

Number: 15.0.3	Created: 06/13/01
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The minimum requirement for a NSAA ambulance to respond to a call is two (2) EMTs. However, volunteer members are allowed to ride as a third crew-member as they wish. Only full service members and employees count toward this requirement.

A maximum of one Observer per vehicle is permitted.

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15.0.4 Passengers in Emergency Vehicles

Number: 15.0.4	Created: 06/13/01
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No one, other than an employee of NSAA, an authorized Observer, a member of another EMS service who is on duty and assigned to a specific incident, a physician, a registered nurse, a police officer, a firefighter, a patient, a patient's family member, or a person designated by the patient to accompany them, shall be allowed to ride in ambulance.

The EMS crew may, in their sole discretion, exclude any and all passengers from the ambulance at any time. However, any person not specifically authorized to ride in the ambulance as a passenger, but who is required by law to accompany the patient, shall NOT be excluded from the ambulance under any circumstances.

No passenger who is NOT an EMS worker or involved in the Emergency Services system shall be allowed to ride in the patient compartment, unless the passenger is the parent of a minor child or "Special Needs" patient, a foreign-language or sign-language interpreter, or is required to do so by law.

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15.0.5 Patient Care Reports

Number: 15.0.5	Created: 06/13/01
Page: 1 of 2	Revised: 08/01/04
	Version: ① ② ③ ④ ⑤

A **complete** patient care report (PCR) must be filled out any time contact with a patient occurs (transport, refusal, walk-in, etc.) or there is potential for contact with a patient (cancelled prior to arrival, stand-by, etc.).

Every incident number generated by Groton Fire Alarm **must** have an associated patient care report.

Each PCR must be **completely** filled out by the EMT. This includes incident number, times, billing information, etc.

Each PCR must be completed prior to the end of the individual's duty shift. In **extenuating** circumstances, if the report absolutely cannot be filled out prior to the end of the shift, it must be placed in the trip-sheet box, and a member of management notified. Under no circumstances, are PCRs to be left in an individual's mailbox, taken with an individual, or left anywhere other than the trip-sheet lockbox.

Any employees who violates HIPAA or causes an unnecessary delay in the processing of PCRs may be subject to suspension and/or termination without prior warning. These are serious issues that have the potential to place liability on NSAA, as well as disrupting the ability to collect billing revenue. Completing a PCR in a timely manner is a core component of the requirements of an Emergency Medical Technician – please keep this in mind.

A PCR is a complete and concise record of what happened to the patient. **It is a legal document and will become part of the patient's medical records.**

A PCR is designed to provide the Emergency Department with the chief complaint, a thorough history of the illness or injury, the care provided in the pre-hospital setting, and any improvement or deterioration in the patient's condition prior to arrival in the Emergency Department.

The PCR is also a legal document which supports your actions and judgment. The law takes the position that "if it is not documented, it wasn't done."

In all cases where a patient is transported to a hospital, PCRs shall be completed in the Emergency Department **prior to leaving** and a complete copy shall be left with the Emergency Department staff. Only in extenuating circumstances may the employee take the complete report with them and finish at a later time.

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15.0.5 Patient Care Reports

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The PCR should contain (at a minimum) the following information:

1. General patient information (name, age, sex, complete address including apartment, unit and/or floor number).
2. Exact location of incident (complete address including apartment, unit and/or floor number).

NOTE: If the incident occurred on the street (ex: a motor vehicle crash), then the closest numerical address or block number is needed, as well as any intersections (ex: In front of 72 State Street, 1600 block of W. Edgar Rd. or at the intersection of Main St. and North Avenue).

3. Status and position of the patient upon your arrival.
4. Chief complaint, history of present illness or accident, mechanism of injury, and description of the scene.
5. Other people or agencies who provided care or information at the scene.
6. Head-to-toe assessment findings
7. At least two complete sets of vital signs
8. Changes in patient's status
9. What was done prior to your arrival and by whom
10. Complete and accurate time log
11. Details of care you provided and the patient's response to treatment
12. Any specific details that may be specific to the situation
13. Crew member providing care (use ID numbers)

All appropriate boxes must be marked, even if the information is repeated in the narrative section of the PCR.

*** REMEMBER: The PCR is your opportunity to paint a picture of your observations and findings. The more complete your PCR is, the less risk of liability there is. ***

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15.0.6 Use of Cellular Phones on Ambulances

Number: 15.0.6	Created: 10/01/03
Page: 1 of 1	Revised: 08/08/06
	Version: ① ② ③ ④ ⑤

Rationale

Cellular telephones can greatly assist in pre-hospital emergency scene operations. However, when cellular telephones are used unnecessarily they may become a distraction and a danger to the crew and patient. The following policy is intended to reduce these risks. Nothing in this policy is intended to slow, interfere with, or complicate patient care.

Policy

Cellular telephones, regardless of whether company or personally owned, shall not be used when responding to an emergency call or when a patient is onboard the ambulance unless the call is directly related to the emergency incident.

Emergency Vehicle Operators

No person having control of any emergency vehicle shall use a cellular telephone while such vehicle is in motion, unless the call is directly related to an emergency incident.

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15.0.7 Release from School

Number: 15.0.7	Created: 06/13/01
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Release from high school shall be granted to members/employees as authorized by the President and shall be with the agreement of school officials and parental consent. Copies of the consent form shall be kept at the school, NSAA, and a copy shall be given to the participating person's parent or guardian.

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15.0.8 Linens

Number: 15.0.8	Created: 06/13/01
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Any laundry generated on a call should be brought to the hospital. Clean linens may be obtained from the hospital.

Soiled linens shall be bagged in accordance with OSHA standards.

Soiled uniforms shall be changed and bagged in accordance with OSHA standards and shall be sent for dry cleaning at an OSHA-approved dry cleaner.

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15.0.9 Crew Status Notifications

Number: 15.0.9	Created: 08/08/06
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It is the responsibility of each duty shift to notify the Dispatch Center of changes in crew status at the beginning or end of each shift as necessary. For example, if a full crew leaves the building with no on-coming duty-crew the Dispatch Center must be notified.

This notification should **not** be done via the two-way radio system; this increases the risk for personnel safety and theft/damage of property. All personnel should provide crew status updates to the Dispatch Center via telephone only.

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15.1.0 Personal Safety

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15.1.1 Emergency Button

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15.1.2 Reflective Safety Vests – Requirements for Use

Number: 15.1.2	Created: 10/01/03
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It is the policy of NSAA to ensure the safety of our employees and members as well as the compliance of OSHA standards.

All personnel responding to the scene of an incident located on a highway, freeway, street, or other high risk area shall adhere to the following procedure:

Upon dispatch, where it is apparent the call will involve street/highway roads such as MVCs, the ambulance crew, R1, or other personnel must be wearing a safety vest prior to the start of their response.

Where otherwise dispatched and arriving personnel find they must occupy a space that includes a street or highway road, the ambulance crew, R1, or other NSAA personnel must immediately don a safety vest.

The following is a general list of calls that require NSAA personnel to don a safety vest.

- Motor Vehicle Crashes
- Mass Casualty Incident
- Pedestrian struck
- Search and Rescue
- Drowning/Near Drowning involving a lake, pond, river, etc.
- Farm machinery accident
- Incidents involving a largely wooded area

It is the responsibility of each employee and member to correctly identify potential hazards. In nearly all incidents a safety vest can only assist with the safety of our personnel. It is in the best interest of each member and employee to wear a safety vest whenever there is question of whether or not it may be needed.

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15.2.0 Response Requests

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15.2.1 Non-Emergency Transports / Special Requests

Number: 15.2.1	Created: 06/13/01
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NSAA is an emergency medical service that generally does not engage in non-emergency transfers. However, NSAA recognizes that from time to time situations may arise where NSAA may handle non-emergency transports. In these cases, NSAA's policy is as follows:

All non-emergency transportation requests shall be forwarded to a supervisor. The supervisor will determine whether or not the non-emergency transportation can be done and will assign a crew if necessary. The on-duty crew will not provide non-emergency transports.

Generally, non-emergency transports will only be made for North Stonington residents. However, special requests for non-emergency transports by non-North Stonington residents will be evaluated by a supervisor on a case-by-case basis.

Requests from hospitals and nursing facilities for non-emergency transports will not be honored; only family members or patients themselves may request such service.

NSAA does not make any guarantees for non-emergency services.

When in doubt, consider it to be an emergency transport and have the call dispatched as such.

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15.2.2 Mutual Aid

Number: 15.2.2	Created: 06/13/01
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Providing Mutual Aid

It is the policy of NSAA to provide mutual aid to its neighboring communities.

Responding crews shall contact the dispatcher of the town requesting mutual aid when en-route. Radio contact should also be maintained with Groton Emergency Communications Center.

In the event the mutual aid request is for a standby, the Crew Chief should respond as requested and contact a Supervisor once enroute.

All PCRs generated from a mutual aid request must be documented as a "Mutual Aid" call.
For example: In the Call Information section, your selection for Response Type would be "Mutual Aid".

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15.3.0 Scene Operations

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15.3.1 Scene Responsibilities

Number: 15.3.1	Created: 06/13/01
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In all cases where Basic Life Support (BLS) personnel are at the scene of an emergency, and no Advanced Life Support (ALS) personnel are present, the BLS personnel are responsible for patient care.

The BLS personnel will determine:

- The nature of the emergency
- The level of care required for each patient
- The type of BLS care required, according to appropriate protocol
- The need for additional units
- The receiving hospital, according to NSAA policies and procedures

Regardless of which unit arrives first, ALS personnel shall assume medical control at the scene where there are both ALS and BLS personnel present.

ALS medical control includes, but is not limited to, decisions involving:

- Patient care
- Patient movement
- Patient transportation

ALS shall retain medical control for the scene even if BLS supervisory personnel are present.

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15.3.2 Incident Command

Number: 15.3.2	Created: 06/13/01
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The first arriving unit on scene shall assume incident command with additional units serving in subordinate roles until such time as the Incident Commander is relieved of command by a senior officer and/or the termination of the incident.

In the event of a mass casualty, the MCI plan shall be followed.

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15.3.3 Requesting ALS Backup

Number: 15.3.3	Created: 06/13/01
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Paramedics are simultaneously dispatched with NSAA in accordance with Regional dispatch guidelines. These guidelines should be followed at all times.

The following is a list of situations when ALS intervention may be useful:

1. Cardiac problems / chest pain
2. Respiratory Distress
3. Unconscious person
4. Severe Trauma
5. Diabetic emergencies
6. Allergic reaction with shortness of breath
7. Overdose
8. Stroke
9. Electrocution
10. Imminent delivery / complicated maternity
11. Extensive burns and/or facial burns
12. Seizures
13. Uncontrolled bleeding
14. Drowning / near drowning
15. Mass Casualty Incident
16. Any other emergencies when, in the opinion of the dispatcher or BLS crew, ALS is needed

Once the need for ALS is established and assistance requested, the patient should be appropriately treated and prepared for transport. The BLS unit shall begin transport of the patient if the ALS unit has NOT arrived by the time the BLS unit is ready to leave the scene. If possible, coordinate with the ALS unit via radio to meet en route to the hospital.

If the BLS crew decides to transport the patient without an ALS unit and an ALS intercept point cannot be arranged enroute, the BLS crew shall notify the receiving hospital of such via the MED Radio. The BLS crew shall also document on the Patient Call Report why the patient was transported without ALS.

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15.3.4 Off-Duty EMS Personnel On Scene

Number: 15.3.4	Created: 06/13/01
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Employees of NSAA are encouraged to assist in the assessment and/or application of basic skills to patients in need of emergency care prior to the arrival of an EMS unit within the Town of North Stonington in instances when they may happen upon an incident.

On-duty NSAA employees and First Responders are directed to assume all patient care management upon their arrival at the incident scene. Off-duty personnel should exchange findings and/or a description of any care rendered prior to the arrival of the EMS unit. Off-duty personnel should not continue in any patient care role after this point unless asked to do so by the person in charge of the responding unit.

NSAA recognizes that there are instances where off-duty Per Diem personnel may happen upon an incident in the Town of North Stonington. In such instances, off-duty Per Diem personnel may provide basic assistance until the arrival of an EMS unit and shall turn care over to the responding crew upon their arrival on the scene. In the event that the ambulance crew requests the continued assistance of the off-duty Per Diem personnel during transport, a supervisor should be notified as soon as possible immediately following the completion of the call. Per Diem personnel will be paid for time spent on the call if their assistance is required for transport.

The name and ID number of any EMS-system personnel involved in patient treatment in this manner should be solicited and recorded on the PCR in the "Comments/Narrative".

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15.3.5 Physician On Scene

Number: 15.3.5	Created: 06/13/01
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When a physician is present at the scene with BLS personnel, the physician's requests concerning emergency care and movements should be followed, provided that they do not conflict with NSAA policies and procedures and accepted pre-hospital care practices.

Pursuant to Regulations of Connecticut State Agencies, §19a-179-13, EMS Personnel may release patient care responsibility to an on-scene physician only after:

- (a) the physician has been identified as a Connecticut licensed physician and has offered some form of identification, such as a driver's license, which confirms the credentials; and,
- (b) Obtaining from the physician a commitment to accompany the patient to the hospital in the vehicle transporting the patient; and,
- (c) Having the physician speak directly to the person responsible for medical direction and receiving authority to release the patient.

The physician's name and address should be noted in the "Comments" section of the patient call report.

In the event of a conflict between the physician and the NSAA crew, the NSAA policy "Contrary Orders By Police, Fire, ALS, or Other Officials" should be followed.

If the physician has provided any advanced-level treatment to the patient (i.e.: medications, IVs), he/she must accompany the patient to the hospital unless ALS is present and assumes care for the patient.

If the call is at a physician's office, every attempt should be made to obtain all chart information. If possible, obtain photocopies of the forms.

Request that the physician call the hospital and give the Emergency Department staff a report. This should be done regardless of whether the physician is transporting with the patient.

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15.3.6 Contrary Orders by Police, Fire, ALS, or Other Officials

Number: 15.3.6	Created: 06/13/01
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If a crew receives an order from Police, Fire, ALS, or another official that is detrimental to a patient's condition, contrary to good patient care, and/or in violation of NSAA policies and procedures, the NSAA crew shall inform the person giving the order of such.

If the person giving the order persists, the crew should ask the person if they are taking control of the patient, and if so, advise them that in doing so, they are assuming both control and liability for the patient. If the person still persists, the NSAA crew shall:

- 1) Notify Dispatch Center to page out for a supervisor to make contact with the crew;
- 2) Do not delay patient care;
- 3) Document all aspects of patient care thoroughly;
- 4) If person giving contrary orders assumes control of the patient, have that person sign a Release form (Patient Refusal Form) indicating that they do not wish the patient to be treated/transported according to the recommendations of the NSAA crew;
- 5) Upon completion of the assignment, immediately prepare an incident report and submit it to a supervisor.

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15.3.7 Walking Patients to Ambulance

Number: 15.3.7	Created: 06/13/01
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Patients may be walked to the ambulance where medically appropriate. If a patient chooses not to be carried by stretcher, it must be documented on the PCR that the offer was made and that the patient refused.

A stretcher or wheelchair should be used to transport a patient to the ambulance. If a situation exists which makes this inappropriate or impossible, it is to be documented on the PCR.

A patient involved in trauma (fall, auto accident, etc.) who upon assessment is found to have neck or back pain or a mechanism of injury which would suggest potential for spinal column injury, shall be immobilized with a C-collar, blanket rolls, Long Spine Board (LSB) and appropriate strapping, placed on a stretcher, and transported to the ambulance. If a situation exists which makes this inappropriate or impossible, it is to be documented on the PCR.

Failure to comply with the policy may result in disciplinary action.

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15.3.8 Helicopter Transports

Number: 15.3.8	Created: 06/13/01
Page: 1 of 1	Revised: 05/20/05
	Version: ① ② ③ ④ ⑤

Reasons for using a helicopter include those in which the patient's condition is life threatening. Life threatening conditions include, but are not limited to:

- Fall of 15 feet or more
- Patient ejected from a vehicle
- Vehicle rollover with unrestrained passengers
- High-velocity crashes
- Significant and substantial damage to the passenger compartment
- Patient who is survivor in MVC where a death occurred in the same vehicle
- Head trauma with altered level of consciousness
- Penetrating injuries to head, neck, chest, abdomen or groin
- Amputations requiring re-implantation
- Facial/airway burns, burns of 15% body surface or greater
- Transport to a hyperbaric chamber
- Multiple multi-trauma victims
- Medical conditions which require immediate transport, especially those requiring transport to a specialized facility

Upon arrival on the emergency scene, the patient(s) should be assessed and a determination made on whether helicopter transport will be required.

If helicopter transport is required, Dispatch should be contacted and instructed to contact LifeStar, as well as the Police (State or local, depending upon where the call is located), and the Fire Department.

Preemptive Response - Requests for Helicopter Standbys:

At the discretion of the responding crew, Life Star may be placed on standby. This may be done any time the responding crew believes a condition exists that would qualify a patient for helicopter transport. Responding crews should rely on their knowledge of high risk areas as well as the dispatcher's creditable information provided by callers when making such judgment.

If a request for Life Star to be placed on standby is made, the dispatch center shall follow the proper procedure to ensure notification is made to all responsible agencies, including NSFD and CSP where applicable.

Select a Landing Zone (LZ). The LZ should be at least 100 ft. square, with no wires, towers, trees, vehicles, people, or loose objects near it, in it, or on the approach to it. It must also be on firm ground.

Once LifeStar has made contact with you, remain in contact with them, providing them with the information they are requesting. Continue to assess and treat the patient.

DO NOT delay ground transport if the helicopter will be delayed or if ground transport would be quicker.

While LifeStar is landing, remain clear of the LZ and wait for the pilot's signal before approaching. NEVER approach a helicopter from the rear; always approach it from the front or side, where the pilot can see you. As you approach, remain low to the ground to avoid injury from the helicopter's rotors. Be sure to give a full patient report to the flight crew and follow their instructions when operating around the helicopter.

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15.3.9 Unable to Gain Entry

Number: 15.3.9	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

If a crew is dispatched to an address but are unable to gain entry, the crew should do the following:

1. Notify Dispatch Center of the situation and request the police to respond. Generally, wait for the police to arrive to gain access.
2. Utilizing practices of scene safety, cautiously attempt to check windows to see if a patient can be seen inside. If so, attempt to assess the patient's condition.
3. If the patient inside can be communicated with prior to access, communicate with them to explain the problem and better determine the condition of the patient.
4. If it is determined that the patient appears to be in a life-threatening situation, immediately contact Dispatch Center, explain the situation, request supervisory/police guidance.

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15.3.10 Patient Transportation

Number: 15.3.10	Created: 06/13/01
	Revised: 08/08/06
Page: 1 of 1	Version: ① ② ③ ④ ⑤

All patients, regardless of severity of illness or injury, shall be transported secured on the wheeled ambulance stretcher or a secured secondary stretcher.

Only one family member or friend of the patient may accompany the patient in the ambulance. This person shall ride in the front passenger seat and shall be secured with a seat belt. The only exceptions to this rule are:

1. If the patient does not speak or understand English and an interpreter is needed;
2. The patient is a small child or infant requiring a parent or guardian for reassurance;
3. The patient is a "Special Needs" patient and the assistance of the patient's caregiver or Guardian is necessary or would be beneficial to patient care, including providing reassurance to the patient.

In the case of a small child or infant, the child will be secured to the wheeled ambulance stretcher, and the parent or guardian will be secured on the bench seat by a seat belt. AT NO TIME will the parent or guardian be placed on the stretcher, holding the child in their arms.

If the EMT feels that the parent or guardian's presence will further frighten the patient, or interfere with treatment, the EMT shall have the authority to deny the parent or guardian access to the ambulance, either in the patient compartment or completely.

Prior to transportation, the EVO, or Crew Chief shall:

- Inform the family or friends to keep back from the ambulance at least 300 feet and to obey all traffic signals, including stoplights and stop signs;
- Insure that all outside compartments are closed and all equipment is returned to the ambulance and properly secured;
- Ensure that all patients are safely secured as stated above, and all passengers are wearing a seat belt.

Transportation Destinations

All patients will be transported to an **appropriate** medical facility. An appropriate medical facility is a hospital or clinic, not a doctor's office or other type of immediate health care facility.

- Lawrence and Memorial Hospital should be the destination of choice for patients exhibiting signs and symptoms of a myocardial infarction (heart attack) or a cerebrovascular attack (stroke) due to enhanced capabilities of managing these patients;
- Trauma patients are to be transported to Backus Hospital (the region's trauma center) in accordance with Regional Medical Control Guidelines; this includes burn patients;
- If a question arises as to the best transport destination, or if patient refuses transport to the most appropriate medical facility as described above, contact should be made with on-line medical control for direction.

Under most circumstances patients are to be transported to local hospitals: Westerly, L & M, Backus & Pequot Health Center. Psychiatric patients are NOT to be transported to Westerly Hospital or Pequot Health Center. Under extenuating circumstances patients may be transported to out-of-area hospitals under the guidance of on-line medical control. These circumstances may include pediatric emergencies, extensive burns, etc. When transporting a patient, every attempt shall be made to return to service in a quick and efficient manner.

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15.3.11 Special Staff Required

Number: 15.3.11	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

Patient Receiving IV Fluids/Medications

When transporting a patient receiving IV fluids and/or medications, at least **one** of the following staff must be on board:

- an MD
- an RN which is an employee of the sending or receiving hospital or State of Connecticut licensed home health care agency
- an on-duty licensed paramedic providing care as part of a designated Mobile Intensive Care Program
- an employee of the sending or receiving hospital who has been specifically assigned to care for the patient receiving IV therapy

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15.3.12 Treatment / Transport of Minors

Number: 15.3.12	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

Anyone under the age of Eighteen (18) is a minor.

Do not delay treatment and/or transport of a minor if a parent or guardian is not present.

Special conditions to consider if the patient is under 18:

- Patient is legally emancipated from parental care (requires a court order and they should have proof on them -- DO NOT take someone's word on it.) Legally emancipated individuals may refuse care.
- Patient is under arrest (Police have custodial responsibility)
- Parent of patient who is also a minor may refuse treatment/transport for the patient, but not for themselves unless they are legally emancipated. (see above)

Treat all minors who are unconscious the same as any adult patient who may be unconscious (i.e., implied consent).

DO NOT permit minors to sign PATIENT REFUSAL form. Only the parents or legal guardians may sign, except as noted above.

Treat all minors who are not in a life-threatening situation while obtaining the name and location of the parent or guardian. Every reasonable attempt should be made to contact the parent or guardian prior to transport. If contact cannot be established in a timely and reasonable manner, contact Medical Control for advice. All contact information should be given to the receiving hospital immediately upon arrival and attempts to contact documented on the PCR.

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15.3.13 Patient Under Arrest

Number: 15.3.13	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

Respond promptly and follow all patient care procedures. Do not delay treatment or transport of patient who is in police custody and/or in a police holding area.

Do not transport a patient under arrest without a police officer in the patient compartment of the ambulance at all times. Document the badge number of the officer(s) accompanying you in the ambulance.

Document if the patient had any restraint on at the time of transfer. Be sure to include how and where the restraint was applied. You may ask for the restraint to be reapplied to another part of the body if you feel that its placement will interfere with patient treatment.

Notify the supervisor should there be any delay in the transfer of the patient due to non-medical causes.

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15.3.14 Motor Vehicle Crashes (Extrication)

Number: 15.3.14	Created: 07/01/02
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

Rationale

At a motor vehicle crash, the primary responsibility of the EMT is patient care. There may be times when providing patient care poses a risk to the EMT in the form of sharp objects, fluids, and other hazards. In these cases, it is advisable to use the provided personal protective equipment (PPE), which is designed and approved for vehicle rescue operations. This gear is NOT intended for firefighting.

Since extrication of a patient from a vehicle is the most common type of rescue, it is important for the EMT to understand the process so he or she can keep the patient informed and anticipate any dangerous steps in the extrication action plan. You must not only safeguard the patient, but yourself as well by choosing and wearing the proper protective gear. **As an EMT your role in the extrication process is to rescue the patient, not the vehicle.**

Policy

The choice of whether to enter the vehicle remains up to the individual EMT and is an option, rather than a requirement. If the EMT feels the situation is too dangerous, then the appropriate course of action is to advise dispatch of the situation, remain clear of the danger and await the fire department. **Under no circumstances should the EMT place himself/herself in danger.**

NSAA provides the following in its ambulances:

- Personal Protective Equipment
- Rescue Coat and Pants
- Helmet with Face Shield and Goggles
- Gloves
- Various Tools for Extrication
- Fire Extinguishers

If the patient is stable, and no immediate hazards are present, then the EMT will not perform extrication, and their primary responsibility will be providing care to the patient (c-spine stabilization, oxygen administration, bleeding control, etc.). In this scenario extrication will be handled by the fire department.

There may be cases when the ambulance arrives at the scene prior to the fire department and immediate extrication is warranted. These situations, and the need for immediate extrication, should be evaluated on a case-by-case basis and should be in accordance with established National EMT-Basic curriculum standards. If it is decided that immediate extrication is warranted, the EMTs shall use **all** of the provided PPE. Personal / Scene safety should always be considered the first priority, and **at no time should the EMT place himself/herself in danger.**

In the event of hazards that pose severe threats to personal safety such as downed wires, spilled fuel, or fire, NSAA EMTs will not approach the scene.

Fire extinguishers should be brought to the scene any time there is a reasonable risk of fire.

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15.3.15 Motor Vehicle Fires

Number: 15.3.15

Created: 06/13/01

Revised:

Page: 1 of 1

Version: ① ② ③ ④ ⑤

In the event of that you are dispatched to a Motor vehicle crash and the vehicle is on fire:

- Park the Ambulance a safe distance away from the scene.
- Notify Dispatch to send the Fire Department is they have not already been dispatched
- If possible, you may attempt to try and put the fire out, only if doing so will not delay patient care
- Attempt to try and gain access to the patient if they are trapped in the vehicle only if doing so will not cause injury to yourself
- If the patient is lying near the vehicle, you may try to reach the patient, staying as low as possible to the ground when attempting to do so.

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15.3.16 Downed Electrical Lines

Number: 15.3.16	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

In the event that you arrive on a scene to find downed electrical lines, DO NOT EXIT THE VEHICLE.

If you can see the pole number from inside the ambulance, note it.

Contact Dispatch to send Police, Fire and the power company (if they are not already en-route or on scene)

DO NOT attempt to reach a patient in situations where there are downed electrical lines.

Wait until you are told that it is safe to enter the area and follow the Fire Department's instructions. If at any time you are unsure about the safety of the situation, do not proceed and make other arrangements for the patient to be brought out to you.

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15.3.17 Haz-Mat Incidents

Number: 15.3.17	Created: 06/13/01
Page: 1 of 1	Revised: 07/01/02
	Version: ① ② ③ ④ ⑤

It is vital to recognize that Haz-Mat incidents are vastly different from other types of EMS calls. EMS personnel are to remain at all times in an area not contaminated and in that area of safety perform designated procedures within the confines of training and abilities. It is anticipated that multiple agencies will respond to this type of call. NSAA personnel should act in a cooperative manner with these agencies under the direction of NSAA supervision and in accordance with the Incident Command System, which shall be utilized in Haz-Mat incidents.

In the event that you respond to a Haz-Mat incident:

1. Scene (personal) safety will be the first priority.
2. As soon as the presence of a chemical is known or suspected, advise Dispatch Center and all responding units. Request appropriate assistance.
3. EMS units should try and approach the scene from upwind and uphill.
4. Stop your vehicle at least 200 feet or more from the incident and use binoculars (if available) to assess the scene. Maintain a safe, upwind distance and assure that Dispatch Center is aware of your Staging locations.
5. If a fire unit has not been dispatched, notify the dispatcher to do so.
6. Attempt to identify the chemical. Scan involved vehicle(s) for any markings, and the area for victims. If able, advise Dispatch Center and responding units of the chemical (with spelling) and the Emergency Response Guidebook (ERG) guide number.
7. Arrange a safety zone and staging area.
8. After patients have been removed to the safety area, insure an adequate airway and treat any wounds.

NOTE: Do not perform mouth-to-mouth resuscitation -- use resuscitative equipment

9. Contact Medical Control for appropriate directions.
10. Remove any contaminated clothing and cover with clean sheets.
11. Relay patient history, type of hazardous material, and estimated time of arrival to Medical Control.
12. REMEMBER: The safety of emergency response personnel is related to the accuracy and adequacy of information. Make sure your sources of information are reliable.
13. All personnel must be presently trained in Haz-Mat Awareness as required by OSHA regulations and must be familiar with the Department of Transportation's "Emergency Response Guidebook for Hazardous Materials" (ERG).

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15.4.0 Response Disposition

Number: 15.4.0	Created:
Page: 1 of 1	Revised:
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15.4.1 Unable to Locate

Number: 15.4.1	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

When a crew is dispatched to a location and no patient can be found, the crew should do the following:

1. Verify with Dispatch Center that you have the correct address
2. Check with any other responding agencies to see if they have found the patient or have any additional information that may lead to the patient.
3. If the patient is said to be outside, check the general area for the patient.
4. Check with bystanders/neighbors to see if they have any information about the request for an ambulance.
5. If the patient still cannot be found, the crew can clear the call.

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15.4.2 Cancelled Call

Number: 15.4.2	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

A “cancelled call” is any call that is terminated after the ambulance has left the building and is proceeding to the scene.

Calls may only be cancelled by the Dispatch Center, a First Responder, or the Crew Chief.

A PCR will be completed for every cancelled call.

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15.4.3 Patient Refusals

Number: 15.4.3	Created: 06/13/01
Page: 1 of 1	Revised:
	Version: ① ② ③ ④ ⑤

If treatment and/or transport is refused by the patient, it is to be properly documented. Treatment and transport are to be offered to all patients. **Crews are prohibited from denying transport a patient that is requesting it.**

Patients refusing treatment and/or transport must sign NSAA's refusal form. This form may be signed by the patient or the parent or legal guardian and must be witnessed by someone over the age of eighteen (18).

As with other types of calls, when a patient refuses service, personnel are expected to completely fill out a Patient Call Report. With calls involving the patient refusing transport or treatment, documentation should reflect:

- Adequate assessment with vital signs done during initial (primary) assessment
- It is the alert/stable patient's right to refuse treatment or transport. The EMT is not to attempt to influence a patient to refuse transport. In most cases, a patient who is not alert should be transported.
- The patient must be advised of possible risks and consequences which may occur if medical treatment is not sought, i.e.: "You may only have a stomach ache, but you could have a more serious condition which can only be diagnosed by a physician."
- Signatures indicating that treatment/transport was refused should be obtained from the patient and a witness, if possible. Whenever possible, the witness should not be a member of the crew.
- If there is any question regarding the medical condition of the patient, his emotional status, or his ability to make legal decisions regarding his medical care, contact Medical Control for assistance. If Medical Control orders "Do not transport" or "Transport against will", this should be noted on the documentation and the MD's signature should be obtained.
- The disposition of the patient should be noted, i.e.: "Patient to go to private MD, in own vehicle" or "Patient was left in the care of his family".
- Let the patient know that they can change their mind and call for the ambulance later if they feel they need it.
- In the event that some of the above items cannot be done due to the patient refusing or being uncooperative, this should be documented.
- In the event that the patient is not of the age of majority (i.e.: eighteen years of age or legally emancipated), an attempt should be made to contact a parent or guardian. If the parent or guardian cannot be located, contact Medical Control for advice.

The First Responder on scene will be responsible for completing and signing the PCR and all other necessary documents whenever he/she cancels or requests the Dispatcher to cancel the ambulance enroute to the scene.

TRANSPORT OF OTHER PATIENTS SHOULD NOT BE DELAYED TO COMPLETE REFUSALS.

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15.5.0 Pre-Incident Plans

Number: 15.5.0	Created:
Page: 1 of 1	Revised:
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15.5.1 Stonington Institute

Number: 15.5.1	Created: 06/13/01
Page: 1 of 1	Revised:
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The following guidelines will be utilized by Stonington Institute and by NSAA with regard to the need for such service to the facility:

1. On all psychiatric emergencies, Stonington Institute will be responsible for determining the destination of the patient.
2. Should the patient be referred to a private facility, NSAA will be notified and will respond to provide medical assistance at the scene, additionally, the facility will also notify a commercial carrier to provide transportation for the patient to the private psychiatric facility.
3. On all emergencies other than those classified as strictly psychiatric emergencies, NSAA will be notified and will be responsible for providing immediate medical care in cooperation with the staff of the facility and/or Paramedics and providing transportation to any local medical facility.
4. It is incumbent upon all of us to understand that in item number 1, above, it is assumed that a fifteen (15) day commitment order has been signed and the determination of a psychiatric emergency has been made by a physician licensed to practice in the State of Connecticut. Should someone make a determination of a psychiatric emergency condition other than a physician licensed to practice in the state, the patient will be transported to Backus Hospital in Norwich for examination and further diagnosis. Both parties accept that psychiatric emergencies are in fact considered to be high enough in importance to mandate an immediate response to the request for service.

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15.5.2 Suspected Abuse

Number: 15.5.2	Created: 06/13/01
Page: 1 of 1	Revised: 11/01/02
	Version: ① ② ③ ④ ⑤

EMS personnel in the State of Connecticut are Mandated Reporters of Abuse.

Any time EMS personnel respond to an incident where there is a question in the minds of the EMS personnel that physical or emotional neglect or abuse may be present involving a child, a spouse, or an elderly person, the EMT, upon arriving at the receiving facility, is to report the situation to the physician, Registered Nurse, or facility-appropriate person (i.e.: social worker, patient representative, etc.)

All verbal reports must be followed by complete, accurate, and thorough documentation on the PCR, and should contain a notation as to whom the situation was reported to.

All reports are to meet the requirements of the Connecticut Department of Children and Families.

If an EMT has reason to believe that a child, spouse, or elderly person is in immediate physical danger, the EMT is to remain with the endangered person (unless personal safety is also immediately endangered) and request police to the scene immediately.

In cases where there is suspected abuse and the patient, or in the case of a minor child or conserved person, the parent or legal guardian, does not want the patient to be transported, contact Medical Control and request permission to have the Police Department respond to the scene.

For purposes of this section, a “conserved person” means any person who has had a guardian or conservator appointed for them by a court of law and is therefore unable to make decisions regarding their care and treatment for themselves.

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Appendices

North Stonington Ambulance Association

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Form - Confidentiality Agreement (Global)

I understand and agree that as an employee of North Stonington Ambulance Association, Inc. I must maintain the confidentiality of all matters related to the patients, the Association, and its employees. This includes, but is not limited to, refraining from looking up, disclosing, copying, altering, or modifying any business, employee or patient records, materials, computerized data or any other form of information unless authorized to do so.

It has been explained to me that any violation regarding confidentiality will be considered a serious infraction and will result in disciplinary action, up to and including termination.

Signature

Title

Printed Name

Date

North Stonington Ambulance Association

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Form - Confidentiality Agreement (PHI)

Confidentiality of Patient Information and Staff Member Verification

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. North Stonington Ambulance Association, Inc. ("NSAA") prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that North Stonington Ambulance Association, Inc. provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of NSAA's patients. I understand that it is necessary, in the rendering of North Stonington Ambulance Association, Inc.'s services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by NSAA during my entire employment or association with NSAA. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of North Stonington Ambulance Association, Inc. immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with North Stonington Ambulance Association, Inc. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by North Stonington Ambulance Association, Inc. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or of any membership or association with NSAA. This is not a contract of employment and does not alter the nature of the existing relationship between North Stonington Ambulance Association, Inc. and me.

Signature

Title

Printed Name

Date

North Stonington Ambulance Association

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Form - Receipt of Policy & Procedure Manual

I, _____ hereby acknowledge receipt of the North Stonington Ambulance Association, Inc. Policy & Procedure Manual Revision _____. I understand that I will be given an opportunity to read this manual and ask questions. I further understand that after being given an opportunity to read this manual that I will be asked to sign a document agreeing to abide by the policies contained in this Manual in order to continue my employment/membership with North Stonington Ambulance Association, Inc.

Signature

Title

Printed Name

Date

North Stonington Ambulance Association

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Form – Acknowledgment of Policies

I, _____, the undersigned, hereby declare and acknowledge in writing that I have read and understand the policies and procedures of North Stonington Ambulance Association, Inc., as they have been put forth in the North Stonington Ambulance Association, Inc. Policy & Procedure Manual (“Policy & Procedure Manual”) Revision _____. I also understand that I am required to abide by the policies and procedures set forth in the Policy & Procedure Manual and that failure to comply with these policies and procedures may result in disciplinary action, up to and including termination, as set forth in the Policy & Procedure Manual.

I understand that the Policy & Procedure Manual describes important information about North Stonington Ambulance Association, Inc., and I understand that I should consult the President regarding any questions not answered in the Policy & Procedure Manual.

The information, policies, and benefits described in the Policy & Procedure Manual are necessarily subject to change and I acknowledge that revisions to the Policy & Procedure Manual may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Board of Directors of North Stonington Ambulance Association, Inc., by way of resolution, has the ability to adopt any revisions to the policies in this manual. I further understand that the Policy & Procedure Manual shall be the only official compilation of the policies and procedures of North Stonington Ambulance Association, Inc. and that any policies not contained in the Policy & Procedure Manual are not official policies.

Furthermore, I acknowledge that the Policy & Procedure Manual is neither a contract of membership or employment nor a legal document. I have received the Policy & Procedure Manual, and I understand that it is my responsibility to read and comply with the policies contained therein and any revisions made to it.

Signature

Title

Printed Name

Date

Policy & Procedure Manual

Form – Incident Report

Name:

Incident No.:

Date of Incident:

Date Submitted:



Incident Location:

Building
Pt. House

Ambulance
Driveway

Street/Hwy
Public Building

Hospital
Field/Farm

Facility
Other

Others

1

4

Involved:

3

4

Narrative

(Describe the incident to the best of your ability. Provide the answers to the questions of Who, What, When, Where, Why, and How. Use additional forms as needed.)

[illegible]

All incident forms must be printed and given to a member of management within 48 hours of any incident.

Member/Employee Signature _____

Date _____

Policy & Procedure Manual

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Member/Employee Signature_____

Date _____

North Stonington Ambulance Association

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EMT Code of Ethics

Professional status as an Emergency Medical Technician is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician. As an Emergency Medical Technician I solemnly pledge myself to the following code of professional ethics.

A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.

The Emergency Medical Technician provides services based on human needs, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.

The Emergency Medical Technician does not use professional knowledge or skills in any enterprise detrimental to the public well-being.

The Emergency Medical Technician respects and holds in confidence of all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

The Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional action and judgment, both dependent and independent emergency functions, and knows and upholds the laws which affect the practice of the Emergency Medical Technician.

The Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Technician and the Emergency Medical Services System.

The Emergency Medical Technician adheres to standards of personal ethics which reflect credit upon the profession.

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Emergency Medical Technicians, or groups of Emergency Medical Technicians, who advertise professional services, do so in conformity with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician.

The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurse, the physician, and other members of the Emergency Medical Technician.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

-The National Association of Emergency Medical Technicians

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The EMT Oath

Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regime which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured never revealing what I see or hear in the lives of men unless required by law.

I shall also share my medical knowledge with those who may benefit from what I have learned. I will Serve unselfishly and continuously in order to help make a better world for all mankind.

While I continue to keep this oath unviolated, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath, may the reverse be my lot. So help me God.

Adopted by The National Association of Emergency Medical Technicians, 1978

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Policy & Procedure Manual

Organizational Description

North Stonington Ambulance Association, Inc. (NSAA) was founded on August 4, 1970 by Edmond P. McGowan Jr., aided by a core group of North Stonington residents who answered the need for a local ambulance service. The service started out with a 1963 blue Cadillac ambulance, known as the “Blue Beetle”, which was housed at what was then the Phillips 66 gas station located at the corner of Routes 2 and 627. The first dispatchers were out of the homes of the Bannings' (days), who owned a store/gas station located on Route 2 between Mains Crossing and Cossaduck Hill Road, and the Carner's home in Cedar Ridge (nights). In November 1972, the ambulance moved into the North Stonington Fire Station. On August 5, 1973, the building on Main's Crossing Road was dedicated and has since provided a permanent base for the North Stonington Ambulance Association, Inc.

In the summer of 1975, six portable medical kits were purchased and North Stonington Ambulance implemented a First Responder system to provide a quicker method of rendering medical aid to patients. The group of original first responders included Jack Carner, Carol Burdick, Harry Trice, and Audrey Gruber.

Prior to 1988, the members of the North Stonington Ambulance Association handled all dispatching needs. In 1988, the Town became part of the 10-2-1 system and dispatching was moved to the Groton Emergency Communications Center (Groton Fire Alarm). Around the same time, paramedics were introduced into the area and were made available on a call-as-needed basis.

North Stonington Ambulance Association, Inc. was founded on the principal of providing free emergency medical care to the residents and visitors of North Stonington and surrounding communities. Today, NSAA is operated by both volunteers and paid employees and receives funding from donations, the Town of North Stonington, and from insurance billing.