TOMS RIVER TOWNSHIP
OFFICE OF EMERGENCY MANAGEMENT

EMS DIVISION

Policies and Procedures Manual

Revised October 2017

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INTRODUCTION

This manual is a guide to the policies, procedures and daily operations of the Toms River Office of Emergency Management EMS Division. Although all situations and issues cannot possibly be addressed in a manual, we have endeavored to develop policies and procedures that are reasonable and workable.

This manual is available online and in the EMS office. If you have questions or comments, please do not hesitate to contact a supervisor or the Director of EMS.

This manual and the policies it contains will be updated periodically. Updates will be posted on the web. You are responsible for checking your email every shift to receive updates and any new memos, messages or announcements. You must still think on your feet, use common sense, and look for opportunities where you can "do the right thing".

Certification, Re-Certification, and Employee Files

Credentials

The State of New Jersey Department of Health and Senior Services - Office of Emergency Medical Services (OEMS) will certify and re-certify all EMTs.

Ambulance crews shall consist of at least two (2) EMT-Basics (EMTs) for all Basic Life Support (BLS) units.

The State of New Jersey recognizes the National Registry of Emergency Medical Technicians as a valid certification.

All employees must carry their current certification cards on their person at all times, including an EMT card, driver's license, and CPR card.

Employee Files

Toms River Office of Emergency Management EMS Division maintains an employment file for each Community Service Officer (CSO). The contents of this file include copies of all current certifications. This file will be updated annually to document that all CSOs meet OEMS requirements. Copies contained in employee files include:

- EMT-B or/or EMT-P certification
- Driver's license
- CPR certification

Additionally, all CSOs must be trained in the use of the Epinephrine Auto Injector (Epi-pen)

It is the responsibility of all employees to maintain current certifications. Failure to maintain required certifications may result in immediate dismissal.

Former Employee Files

Former employee records will be kept for ten years. These records will be stored at the Toms River Township Municipal Complex, 33 Washington Street, Toms River, NJ 08753.

New Employees

Overview

All new CSOs will be given an opportunity to receive orientation before being assigned to a two person crew.
All new CSOs will be evaluated on their overall performance. Use this manual and your common sense to consistently improve all aspects of your performance.

New Employee Orientation Program

All new CSOs will be oriented to the operation of the Toms River Office of Emergency Management EMS Division by using the New Employee Orientation Program as a guide. Every new CSO is encouraged to ask questions. All staff members should be willing and able to assist a new CSO.

Duties of Transportation

Primary Service Area and Duty to Respond

The Toms River Office of Emergency Management EMS Division has the responsibility and duty to respond to all emergency calls in a timely fashion. The primary service area is Toms River Township, New Jersey.

Duty to Treat and Transport

The calls that the Toms River Office of Emergency Management EMS Division respond to create the responsibility and duty to treat and transport all patients who are requesting EMS.

Duty to Treat and Transport to Closest Appropriate Facility

All patients should be transported to the nearest *appropriate* facility. The Toms River Office of Emergency Management EMS Division will strive to honor specific patient requests for transport to a more distant facility based on the condition of the patient and current staffing. The crew caring for the patient will make this determination with input from dispatch or a supervisor.

Transport of a Deceased Person

No Toms River Office of Emergency Management EMS Division vehicle shall transport a deceased person from their home, except in special circumstances when it is in the interest of public health and/or safety to do so.

Parent Rights

Any parent requesting to accompany a minor child in the rear of the ambulance shall be allowed to do so unless it is determined that this would hinder patient care (i.e. parent uncontrollably upset). If a parent is denied the right to accompany a child, the reasons must be completely and thoroughly documented on the patient care report.

Mandated Reporting

EMTs are required by law to report all cases of suspected or actual abuse and/or neglect of children, the elderly, and the disabled. Incidents of this type shall be reported to the Toms River Police Department. The RN accepting the patient at the receiving hospital shall also be notified. An incident report shall be completed by the reporting EMS crew, and this report shall be submitted to the supervisor.

Non-Discrimination Statement

In accordance with requirements of federal and state anti-discrimination statutes and the Township of Toms River, no person in its employ shall discriminate on the basis of race, color, creed, religion, sex, sexual orientation, age, national origin, ancestry or disability in any aspect of the provision of emergency medical services or in employment practices.

Backup Services

Backup Agreements

In the event that the Toms River Office of Emergency Management EMS Division is unable to respond to an emergency call immediately they are to notify the dispatcher. The dispatchers are directed to contact the listed backup services and request their response in the following order:

1. **Dispatcher Discretion**
2. **Toms River Volunteer First Aid Squads**

Selection of the agency shown below shall be based upon location of the call:

3. **Lakewood Twp. Dept. of EMS**
4. **Brick Twp. Police EMS**
5. **Tri-Boro EMS**
6. **Quality Medical Transport**
7. **Alert Ambulance**
8. **MONOC**

Disaster Coordination

The Toms River Office of Emergency Management EMS Division utilizes a disaster plan approved by the Toms River Township Office of Emergency Management as well as the New Jersey Office of Emergency Management. The disaster plan is modeled after a national plan and is predicated on the National Incident Management Plan and the Incident Command System (ICS). This plan is located in every EMS vehicle and provides step-by-step instructions to each responder and outlines their responsibilities.

Dispatch

Overview

It is the dispatcher's responsibility to know the status of all EMS units. Each EMS unit shall communicate their status whenever a change occurs. **If crew is delayed at a receiving hospital for more than 10 (ten) minutes, the dispatcher shall be notified and the dispatcher shall document the delay.** The dispatcher may stage units in particular areas to maximize coverage and minimize response times.

Every patient transported should be brought to the closest *appropriate* facility.

Level I Trauma Centers

University of Medicine and Dentistry (Newark)

Robert Wood Johnson University (New Brunswick)

Cooper University Medical Center (Camden)

Local Level II Trauma Centers

Jersey Shore University Medical Center (Neptune) See Appendix J

AtlantiCare Regional Medical Center (Atlantic City)

Capital Health System at Fuld (Trenton)

Burn Centers

St. Barnabas Medical Center (Livingston)

Hackensack University Medical Center (Hackensack)

Dispatch Procedure

When the dispatcher assigns a call the following information will be transmitted:

1. Alert tone (x3) - - - Unit number being called
   a) Unit acknowledges
2. Exact location of the call
3. Nature of the call
4. Dispatch priority

5. Time of dispatch

    a) Unit acknowledges and states their current location

Additional information, landmarks, hazards or presence of danger will be given as it becomes available. Under no circumstances should a CSO wait for additional information prior to responding.

Complaints/Compliments, Dispatcher Received

An incident report shall be filled out each time a complaint or compliment is received. The dispatcher shall notify a supervisor of any complaints, no matter how minor in nature, as they are received.

Basic information shall be obtained including:

1. Date
2. Caller comments
3. Complaint/compliment received by
4. Caller's name and phone number

These reports will be used as a tool in measuring satisfaction with the program, and should not be construed as a disciplinary action process, unless a complaint is found to have merit based on information obtained from the caller and the crewmembers.

Management Notification

The dispatcher is responsible for notifying the supervisor in the following events:

1. Complaints requiring immediate action/response
2. Toms River Office of Emergency Management EMS Division vehicle accidents
3. Mass casualty incidents (defined as any one incident requiring three (3) or more ambulances)
4. "Working" fire calls (defined as any multi-company "active" fire)
5. Fatalities
6. Events meeting the CISD notification criteria

If you find yourself in a situation where you are unsure whether to notify the supervisor of some type of event, you should make the notification.

Communications

Dispatch/Response Priorities

Emergency vehicles in Toms River Township are dispatched using the following codes:

Code 1 - No lights and siren, non-emergency

Code 1A - Lights and siren, only as needed, based upon traffic flow, non-life-threatening, situation is reportedly under control.

Code 2 - Routine emergency response, lights and sirens required.

Code 3 - High priority emergency, lights and sirens required, a true life threat is imminent.

Hospital Notification

Overview

Notifications are not required to local hospitals unless the patient presents with a life threatening condition. Relay all pertinent patient information to the dispatcher so they can give an appropriate entry note to the receiving facility. The dispatcher will then inform you that the transfer of information is complete and the facility is awaiting your arrival.

Status Checks

Dispatchers will periodically check the status of crews when a unit has been on scene for an extended period of time. The EMS crew should notify the dispatcher if they anticipate a prolonged stay on scene. If the dispatcher cannot confirm the safety of the crew the dispatcher shall initiate a police response.

Portable Radios

The rules for the portable radios are as follows:

a) When out of the vehicle on portable, utilize Toms River EMS channel 1 for communications.
b) If Toms River EMS channel 1 is not working, attempt to contact the dispatcher using the Toms River Police channel 3 or by MDC.
c) Portable radios must be carried at all times.
d) Portable radios must be turned on and kept at an appropriate volume level at all times.
e) Portable radios must be clipped on the belt or in a holster at all times.
f) Key all microphones for a full second before speaking.

Activation of the PANIC button will result in a high-priority response from the police. If this is done in error, immediately contact the police dispatcher on Police Channel 1 (the radio will have defaulted to this channel), and advise of the error, and of your status.

Stocking of Supplies

It is the responsibility of the crew to restock supplies as soon as possible after using them.

NEVER - UNDER ANY CIRCUMSTANCES – LEAVE ANY AMBULANCE WITHOUT THE FOLLOWING FOR ANY REASON:

a) **At least ½ tank of fuel**

b) **Two full portable O_2 tanks**

c) **Onboard O_2 tank with at least 300 psi**

d) **Immobilization equipment (at least one full set)**

e) **Resuscitation equipment**

f) **Paperwork/Functional MDC for the next crew**

g) **Vehicle clean, front and back**

If you are unable to replace supplies at the hospital it is your responsibility to replace missing supplies at headquarters.

If stock is running low in the supply room notify a supervisor.

Sanitary Practices

Care and Maintenance of Reusable Items

All equipment is to be cleaned and disinfected before being returned to service. All personnel shall wear gloves when cleaning reusable items. **Always utilize universal precautions when cleaning any item.**

Flowmeters
An oxygen flowmeter that has been contaminated with any patient secretions/excretions, i.e. blood, sputum, urine, feces, bile, etc., shall be cleaned and disinfected by the crew. The exterior surface of the flowmeter will be cleaned by wiping with a disinfectant wipe. If a contaminant has entered the internal part of the flowmeter, it is to be placed in a red hazardous bag and turned over to the supervisor.

Suction Unit - Onboard
The crew shall disassemble the suction unit and discard the collection container in a red biohazard collection bin. After cleaning, the components should be thoroughly rinsed with clear water and wiped with a disinfectant wipe. After inspection for any worn, broken, or defective parts the suction unit will be reassembled and checked for proper function.

Suction Unit - Portable
The crew will disassemble the portable suction unit, except the pump assembly unless obviously contaminated, and remove any obvious debris by washing with warm water and disinfectant. The plastic collection container shall be discarded in a red biohazard collection bin. The unit will then be rinsed with clear water and wiped down with a disinfectant wipe. After inspection for any worn, broken, or defective parts, the portable suction unit will be reassembled and checked for proper function.

Stretchers & Stairchairs
Any stretcher or stairchair that has been contaminated with any patient excretions/secretions shall be cleaned and disinfected by the crew. The stretcher or stairchair will be thoroughly cleaned by washing with warm water and disinfectant and then wiped down with a disinfectant wipe.

Stretcher Mattresses

All mattresses shall be inspected for any cuts, tears, or worn areas on their covers and immediately replaced or repaired if any defects are noted. Any mattress that has become contaminated with any patient excretions/secretions shall be cleaned and disinfected by the crew using disinfectant wipes.

Backboard, Orthopedic Stretcher (scoop), Frac-Pac Splints, Board Splints, KED
The crew shall clean any backboard, scoop, KED, or splint that has been contaminated with any patient excretion/secretions. The backboard, scoop, KED, or splint will be thoroughly cleaned by washing with warm water and disinfectant wipes.

Straps
The crew shall clean and disinfect any strap that is contaminated. If necessary, the strap(s) will be placed in a red biohazard collection bag and returned to quarters for cleaning.

Note: ***The above is a list of examples. Items such as stethoscopes, trauma shears, floors, seats, and steering wheels must be cleaned and disinfected as needed.***

Disposable Items

If a disposable piece of disposable equipment is contaminated it should be immediately disposed of in a red hazard collection bag. Consult a supervisor if there is any doubt in your mind as to whether an item is disposable or reusable.

All sheets and linen should be exchanged at the hospital. Do not leave dirty linen in an ambulance or bring it back to headquarters.

Vehicle Operations and Use of Lights and Siren

Checklist

Vehicle fluid levels should be checked at the start of every shift. The vehicle must be on level ground to properly check the fluid levels. Be sure all fluids, including, but not limited to, oil, coolant, brake fluid, and transmission fluid are all in the normal range. Be sure all emergency lights, siren, headlights, marker lights, and directional signals are in working order. Check belt condition by visual inspection and by listening for unusual sounds. Check tire inflation pressures.

Be sure both the portable and mobile radios are functioning properly. Be sure there are a Toms River Township map book and an Ocean County street directory in addition to a functioning MDC.

Vehicle Locked at ALL Times

Per state regulation the ambulance is to be locked at all times when left unattended, all doors and compartments included. Vehicle keys shall be in the possession of the crew at all times. **Remember to turn the keys in at the end of the shift.**

Seatbelts Required

All CSOs are required to wear seatbelts while in the front seats of a township vehicle. All passengers must wear seatbelts whether they are in the front seat or in the patient compartment.

Any staff member found to be not wearing a seatbelt will be subject to progressive discipline.

Safe Driving Guidelines

General Ambulance Driving Guidelines

The ambulance operator's primary responsibility is the safe transport of all occupants. Safe means not risking an accident or injury.

Smooth driving refers to driving that will not stress or traumatize the patient, permitting the attendant to safely provide medical care to the patient.

An ambulance transporting a stable patient should never travel over the posted speed limit or violate normal driving laws.

The Law of Due Regard

All drivers must drive with "due regard" for the safety of others. State vehicle statutes provide special privileges to an operator of an emergency vehicle. This does not relieve the operator from the duty and responsibility to drive with due regard for the safety of others.

Sufficient notice of the ambulance's approach must be given to allow other motorists and pedestrians the opportunity to yield the right-of-way. Proper use of signaling equipment is, by itself, not enough. Never travel at a speed that does not permit complete control of the vehicle.

NEVER ASSUME THAT THE USE OF LIGHTS AND SIREN WILL CLEAR THE WAY THROUGH TRAFFIC OR THAT A MOTORIST IN THE VICINITY WILL DO WHAT IS EXPECTED AFTER BECOMING AWARE OF THE AMBULANCE. WATCH FOR THE REACTION OF OTHER VEHICLES TO THE SIREN AND BE PREPARED TO MANEUVER ACCORDINGLY.

1. An ambulance operator must anticipate hazards during emergency vehicle operations, including:

   a) Blind intersections

   b) Driveways

   c) Motorists with impaired hearing and sight

   d) Inattentive drivers

   e) Pedestrians

2. Always presume that other drivers ***do not hear*** the siren, particularly at intersections. Be aware that drivers often have difficulty in locating the source of the siren.

3. Avoid passing on the right, since motorists in New Jersey are legally required to pull to the right and stop at the approach of an emergency vehicle.

Driving Standards

Driving standards have been established in an effort to inform employees of what driving standards they are expected to achieve. These standards are designed to assist operators function with due regard for the safety of others during non-emergency and emergency driving.

Systematic Eye Movements

Drivers should search for, identify and anticipate potential hazards by scanning the near, middle and distant areas in front of, and to the sides of, the vehicle.

Constant Rate Acceleration
Drivers should move their foot slowly from the brake to the accelerator, gradually rolling the vehicle forward, thereby overcoming inertia forces, gradually and smoothly.

Smooth Braking
The driver should anticipate braking situations early and reduce speed ahead of time by releasing pressure from the accelerator. The engine compression will gradually slow the vehicle. The driver then applies the brake gradually, and just before the vehicle comes to a complete stop, reduces the brake pressure so the vehicle does not jerk to a stop.

Four-Second Following Distance
As a vehicle in front of a driver passes a stationary object, the driver counts, "1001, 1002, 1003, 1004", and should not pass the same object until four seconds has elapsed. This added cushion allows a driver sufficient reaction time to safely navigate any obstacle or hazard.

Rear Tire Concept
Remain far enough behind (12-15 feet) a vehicle stopped in front of the driver's vehicle to observe the front vehicle's rear tires. This provides adequate room to turn the vehicle around without backing up.

Ten-second Lane Change
Drivers should anticipate and plan for lane changes in advance. They should signal in advance to advise other drivers of their intention. After signaling, the driver then drifts towards the centerline, and before entering the lane makes a second check over their shoulder for vehicles in their blind spots. Gradually and smoothly move to the next lane.

Rear and Side-Space Cushion
Through systematic eye movements, a driver should remain aware of vehicles and objects surrounding their vehicle. By adjusting their speed or position, they maintain a cushion of space on all sides and to the rear of their vehicle.

Avoiding Rear-end Collisions
Rear-end collisions can be avoided by maintaining a safe following distance, thinking and looking far enough ahead so that you can anticipate the need to stop, controlling your speed, and not allowing your vehicle to roll backwards into another vehicle.

To avoid rear-end collisions the driver must practice the use of safe following and stopping distances. In order to understand the problem, and what the emergency vehicle driver must do to avoid rear-end collisions, they need a total understanding of the following:

a) Rear-end collisions are responsible for 15% of all ambulance accidents.

b) Drivers must know the distance required to allow another driver to stop before, or steer around, an object that suddenly appears in front of the vehicle.

c) A driver must know the distance required to stop the vehicle when another vehicle comes to a sudden stop in front of the driver's vehicle.

d) **Following distances:** To drive safely, the driver must maintain adequate following distances, and understand the two elements that are required for safe stopping time:

    a. **Reaction Time**: The time from when a situation arises to the time the driver identified a hazard, predicts its immediate influence, decides on the appropriate action, and the execution of the action.

    b. **Stopping Time**: The time from when the brakes are applied to the time the vehicle comes to a complete stop.

e) **Car Length**: One car length between your vehicle and the vehicle in front of you for each ten (10) miles an hour your vehicle is traveling.

f) **Four to Five Second Rule for Road Safety**: Allow four or five seconds between your vehicle and the vehicle in front of you.

g) **Double the Distance**: When you have a patient on board and when you are driving in darkness, rain, fog, smoke, or limited by other factors such as fatigue.

h) **Triple the Distance:** When the road surface has snow, packed snow, ice, or black ice.

i) **Stopping at Controlled Intersections**: Always stop your vehicle so that your front bumper does not extend into or over a "Pedestrian Lane" or the first "white line" in front of your vehicle. Stop your vehicle so that you can see a minimum of two feet of road surface between your vehicle and the first "white line" in front of your vehicle.

j) **Stopping in Traffic at Controlled Intersections**: When another vehicle is stopped in front of your vehicle, always maintain a minimum of one vehicle length between your vehicle and the one in front of you. When stopped in traffic, you should always be able to see the bumper and rear tires of the vehicle in front of you and a minimum of five feet of road surface between your vehicle and rear wheels of the vehicle stopped in front of you.

When stopped, keep your right foot on the brake pedal with pressure applied. Do not take your right foot off the brake pedal and start to accelerate until the

vehicle in front of you has started to move and is accelerating. When starting in traffic, anticipate the vehicle in front of you will make a sudden stop.

Stopping Distances at Various Speeds

VEHICLE SPEED and STOPPING DISTANCES

10 MPH - - 18 Feet	20 MPH - - 52 Feet
30 MPH - - 100 Feet	40 MPH - - 169 Feet
50 MPH - - 280 Feet	60 MPH - - 426 Feet

Backing Policy

The driver of a Toms River Office of Emergency Management EMS Division vehicle is responsible for the safe backing of the vehicle. The driver shall not place the vehicle in the reverse gear and start backing until the following procedures have been completed:

a) The unit has come to a complete stop.

b) Ideally - A spotter is in place eight to ten feet at the left rear of the unit. Eye contact has been made with the spotter through the left-hand side rearview mirror and voice and hand communications have been established with the spotter.

c) Nominally - When no one is available to be a spotter, the driver must visually survey the area and back slowly using extreme caution, **with the back-up alarm on.** If not 100% certain of what might be behind the vehicle, get out and visualize the area.

d) Most scenes should not be backed into. See the "Parking the Ambulance" section below.

Parking the Ambulance

Always park the vehicle in a safe area to protect the crew, patient and the vehicle. On most scenes the emergency lights can be turned off. The hazard flashers should be turned on.

a) At most residential addresses, position the ambulance at the end of the driveway with the rear doors perpendicular to the driveway. This allows for the best access with the stretcher. Always be aware of overhangs and low clearances when operating or parking any vehicle.

b) At commercial locations, park in the fire lane areas at the front of the building, or in some manner where you will not be blocking other vehicles in the parking area.

c) When in traffic, park in front of (past) any involved vehicles, or park in a

position to protect yourselves, the patients, and the vehicle. Leave the emergency warning lights activated. Whenever the emergency lights are left on, be certain to activate the high idle system.

Getting to the Hospital

Transporting Relatives and Friends in the Ambulance
When it is necessary for a friend or relative of the patient to be a passenger in the ambulance, they shall sit in the front right seat and be secured with a seat belt before the vehicle is placed in motion. Only one passenger should accompany the patient in the ambulance.

A family member of a minor child may be permitted to ride in the patient compartment if the situation warrants, i.e., the child is upset and the family member is able to calm them.

Individual circumstances will dictate whether the minor child of an injured adult should be allowed to ride in the patient compartment.

When transporting an ill or injured patient and they do not speak or understand English, you may allow a passenger in the patient compartment to assist in translating and communicating with the patient.

When it is necessary for a passenger to ride in the patient compartment, he or she must be seated in the seat at the head of the stretcher, and secured with a seat belt.

Only Toms River Office of Emergency Management EMS Division personnel and authorized medical personnel are permitted in the patient compartment when a critical patient is being transported.

Route of Travel
Before leaving on an emergency response, the driver must first establish the most appropriate route of travel. Drivers consider factors such as street conditions, one-way versus two-way streets, traffic patterns and pedestrian traffic.

Pre-call Preparation
Emergency vehicle drivers must make every effort to assure that they maintain a constant state of readiness. Every detail must be attended to, from backing the vehicle into its parking spot, to having every aspect of the vehicle and equipment inspected, to being able to access the vehicle rapidly.

Reducing Distractions
When driving in the emergency mode, particularly at intersections, the driver should try to avoid using the radio or allowing other distractions to affect his/her ability to maintain constant control and awareness of the ambulance.

Drivers shall not use a cell phone while driving.

Drivers should not have the "music" radio on when on an assignment.

Staffing and Duties

Staffing of Ambulances

All ambulances will be staffed with a minimum of two EMTs at all times.

Duties

CSOs may be required to perform other duties, such move ambulances, run errands, work as a driver, work as an attendant, teach EMS related subjects, and other tasks as designated by a supervisor or dispatcher.

Conduct of Personnel and Uniforms

Courtesy and Politeness

When you are on the job or when you are wearing your uniform, you are seen as a representative of the Toms River Office of Emergency Management EMS Division.

As a representative of this department, you must maintain a courteous, polite, and in-control demeanor at all times.

Occasionally, you will be subject to verbal abuse and "difficult" people. Remember, it is the CSO's job to care for the sick and injured. The people we serve depend on you and expect you to be neat, clean, courteous, polite, and in control of yourself and the situation.

Uniforms

All personnel are to wear their uniforms properly at all times when on duty:

a) **Only approved Toms River Office of Emergency Management EMS Division uniform items may be worn while on duty.**

b) **A white crew neck t-shirt or a Toms River Office of Emergency Management EMS Division turtleneck must be worn under the uniform shirt.**

c) **You must wear your assigned radio at all times when on duty.**

d) **Your uniform must remain clean, unwrinkled, neat, and in good repair. Uniforms items that are faded, torn, or worn are not acceptable. See a supervisor for replacement of uniform items when needed.**

e) **A department issued badge and name tag must be worn.**

Uniforms are provided upon hire. You are responsible for the care and maintenance of your uniforms. If for any reason your uniform becomes soiled during your shift, you are to return to quarters for a spare uniform. If your uniform is damaged beyond cleaning or repair while working at a scene please see the duty supervisor for assistance in replacing it.

Wearing Uniform Items When Not On Duty

No Toms River Office of Emergency Management EMS Division employee shall wear an identifiable uniform item when not on duty, except while driving to and from a shift. Any off-duty employee observed wearing an identifiable uniform item will be subject to progressive discipline up to and including termination.

Personal Hygiene and Appearance

All personnel are required to present themselves at the beginning of their shift as someone proud to represent this organization and your profession. It is imperative that all employees

are clean, showered, and presentable. Staff members not conforming to this policy will be sent home until the situation is resolved.

Hair must be short and neat at all times. Female CSOs are required to wear their hair short or pinned back for their own safety. Unnaturally colored hair is not permitted, i.e. purple, orange, red, etc.

Mustaches must be neat and trimmed above the lower lip. Sideburns shall not extend past the ears. Beards are not permitted. All personnel must be clean-shaven.

Male CSOs are prohibited from wearing earrings while on duty. Female CSOs may not wear earrings that hang down. Facial jewelry of any type is not permitted. The Toms River Office of Emergency Management EMS Division discourages the wearing of rings while on duty, as rings have the potential to cut through gloves.

Tattoos that are visible when wearing the uniform are not allowed.

CSOs are discouraged from wearing cologne or perfume while on duty

Shoes and/or boots must be cleaned, shined and tied.

Accidents and Mechanical Failures

Accidents - General Guidelines

Accident Information

If you are involved in an accident in a township owned vehicle:

All accidents involving township vehicles will be reported immediately to the dispatcher, who will notify an EMS supervisor as well as a police supervisor. If you are injured and are unable to visually assess the situation notify dispatch.

If you are not injured, you are to assess the situation and instruct dispatch of the help you require. It is important to render medical assistance to any other party involved.

All accident and incident reports must be completed by all crew members prior to the end of the shift.

All employees will document any injuries sustained. Any employee involved in an accident will not make any statement to anyone on scene, aside from the responding police officer and the EMS supervisor.

Accidents occurring with a patient on board
If the patient being transported is **stable**, there are **no injuries**, and damage is minimal, advise the other party or parties involved that police are en route to the scene, and ***proceed to the hospital*** with your patient. Advise dispatch of the location of the accident

If the patient being transported is **unstable** and **injuries** have been incurred, (non-serious), and damage is minimal, advise the other party involved that the police and another ambulance are en route to the scene, and ***proceed to the hospital*** with your patient. Advise dispatch of the location of the accident

In situations where the patient being transported is **stable** and **injuries** have been incurred, notify dispatch to send any help that you require. If the patient being transported and your crew are uninjured, you are to ***remain on scene*** until police and another ambulance arrives, then proceed to the hospital with your patient.

In situations where there is an **unstable** patient and **serious injuries** are incurred, the crew should ***exercise their best judgment*** and request appropriate assistance from dispatch or a supervisor.

Accidents occurring while responding to a call
If you are involved in an accident while responding to an emergency call you must notify dispatch immediately. If another ambulance is available to respond within a reasonable time frame the dispatcher will send another ambulance to the original call.

Dispatch may determine that the circumstances dictate that the ambulance involved in the

accident should continue on the original response based on the nature of the call or an inordinate delay in the response of another unit.

If there are no injuries, and damage is minimal, advise the other parties involved that police are en route to the scene, and proceed to the original emergency call.

In situations where injuries have been incurred, notify dispatch to send any help that you require and render treatment and transport as necessary.

Accident Investigation and Review

All work related vehicular accidents will be investigated in a timely manner. Minor incidents will be investigated as well as serious accidents. Accidents are reviewed by the Township Safety Committee and the results of the investigation are forwarded to the department head.

Responsibility for Accident Investigation
The EMS Director will ensure that the investigation was thorough and that proper action has been taken to avoid similar accidents in the future. The police officer will handle the accident as departmental policies dictate.

Procedures for Investigating Accidents
All accidents shall be investigated as soon as possible. In conducting an inquiry, the supervisor investigating the accident, at a minimum, shall fill out an Automobile Loss Form.

Reporting Procedures
Accidents resulting in personal injury, death, or property damage, shall be reported to OEMS during regular business hours before the end of the next business day following the incident.. The written report shall include a copy of the approved Department of Motor Vehicles Operator's Report of Motor Vehicle Accident. (PEOSH) also gets notified.

Safety Review Committee
The Toms River Safety Committee will review all accidents involving a Toms River Office of Emergency Management EMS Division vehicle.

The Safety Review Committee will make a ruling based upon whether it could be deemed as a preventable accident. The employee will be notified of the ruling immediately following the meeting.

All accidents will subject the employee to the following disciplinary actions:

A. Non-preventable accident;

    1. No action

B. First preventable accident may include one or all of the following;

    1. Written warning and loss of "Birthday" time (8 hours).

2. Up to a 3-day (36 hour) suspension.

C. Second preventable accident;

1. Up to 3-day (36 hour) suspension

D. Third preventable accident;

1. Termination

Mechanical Failures – Ambulances

If during your shift you experience a mechanical failure in an ambulance, you must do the following:

a) Stop the vehicle when you suspect or experience a debilitating problem.

b) Attempt to park the vehicle in a place out of the traffic flow that is safe and proper (into a parking space, side of road, etc.).

c) If you are transporting a patient the dispatcher will send another ambulance to transport the patient to their destination.

d) Use radio codes or cell phone. **Do not** discuss freely over the radio unless absolutely necessary.

e) Do not attempt to fix the vehicle unless you are otherwise instructed.

f) The dispatcher will contact the supervisor and dispatch a tow truck if necessary

g) Problems of a non-debilitating nature must be documented Daily Log Sheets and turned in to the supervisor. Always note a problem on the Daily Log Sheet no matter how many times you believe the problem has been reported.

Do not risk severe or permanent damage to a vehicle by not adhering to the above guidelines.

Inspection Authority

The New Jersey Department of Health and Senior Services - OEMS has the right to inspect a licensed ambulance at any time. Additionally, they can inspect an EMT or Paramedic's credentials. All Toms River Office of Emergency Management EMS Division CSOs are required to carry all necessary credentials with them at all times when working. These credentials include, but are not limited to a current NJDOH EMT and/or Paramedic certification card, a current professional rescuer CPR card from an accredited agency and a valid New Jersey driver's license.

Toms River Office of Emergency Management EMS Division vehicles conform to the United States Department of Transportation General Services Administration, Ambulance Design and Construction Specifications (current KKK-A-1822E as amended, revised or replaced) that are in effect at the date of vehicle production.

The inspector will be looking at the cleanliness of the vehicle and checking medical supplies and equipment. They could also inspect the undercarriage for any fluid leaks. It is important to maintain the cleanliness of your assigned vehicle throughout your shift.

Infection Control Procedure

Exposure Control Plan

Introduction

The following is the exposure control plan for Toms River Office of Emergency Management EMS Division and all of its employees. The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or other infectious body fluids.

Supervisory staff shall be responsible for ensuring that all personnel comply with the provisions of this plan. Supervisory staff shall also be responsible for ensuring that all personnel receive required training. The Designated Infection Control Officer (DICO) will be responsible for assisting employees who suffer an exposure. You can contact the DICO anytime through the supervisor or the EMS Director.

All personnel are responsible for their compliance with this plan. All personnel are also responsible for exercising the good judgment and common sense that is required to protect you, your co-workers and your family.

All personnel are always encouraged to make suggestions and participate in decisions that will make the workplace safer. If you are aware of safer devices or procedures please inform the supervisory staff. Your participation in evaluating and choosing safer devices is always requested.

Hepatitis B vaccinations shall be administered through the DICO at a location to be determined.

The following topics will be addressed in this exposure control plan:

a) List of job classifications and tasks
b) Exposure determination
c) Procedures or closely related tasks
d) Methods of compliance
e) HBV vaccinations and post-exposure follow-up
f) Communication of hazards to employees
g) Record keeping procedures and review of this exposure control plan.
h) Procedures for the evaluation of the circumstances that caused the exposure.

Please read this plan carefully as it contains important information regarding exposures to blood and body fluids and the precautions you should take to avoid them. Review it often.

List of Job Classifications
All personnel employed by Toms River Office of Emergency Management EMS Division as Emergency Medical Technicians fall under the following exposure plan rules and regulations:

Tasks and Procedures
You *will* be faced with potential blood and body fluid exposures. Several potential instances of exposures follow:

a) Patients who are bleeding or hemorrhaging
b) IV starts and drawing blood
c) Intubations and airway management
d) Dealing with equipment and linen that may be contaminated with blood or other bodily fluids
e) Blood or body fluids on streets or floors

Exposure Determination
An exposure incident is when a contact or exposure of eyes, mouth, other mucous membranes, non-intact skin, or parenteral (needle sticks, human bites, cuts, and abrasions) contact with blood or other potentially infected materials results from the performance of an employee's duties. Other potentially infectious body fluids include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva, and any body fluid possibly contaminated with blood. All exposure incidents will be determined without regard for personal protective equipment.

Methods of Compliance

Universal Precautions
The primary method of compliance and the safest way of dealing with all potential exposure incidents is to constantly and consistently use universal precautions. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between blood and body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

a) Wear gloves before touching any blood, body fluids, mucous membranes, non-intact skin or performing venipuncture.
b) Wash hands immediately after gloves are removed. Wash hands and other skin surfaces immediately if contaminated with blood or body fluids.
c) Wear a gown or an apron for procedures likely to generate splashes of blood or other body fluids.
d) Wear masks and protective eyewear or face shields for procedures that will likely generate splashes of blood or other body fluids.
e) Dispose of all sharps and needles with syringes and other sharp items in puncture resistant containers near the point of use.
f) Do not recap needles or otherwise manipulate by hand prior to disposal.

g) Keep resuscitation bags close and available to minimize need for emergency mouth-to-mouth resuscitation.
h) Waste and soiled linen should be handled in accordance with company policy and local law. These should be disposed of in infectious waste containers at the hospital.

Work Practices

Work practice controls alter the manner in which a task is performed. The following work practices must be followed to minimize the risk of exposure:

a) All employees are required to wash their hands with soap and water as soon as possible following every call. If this is not possible all employees will use hand sanitizers provided in each vehicle, then wash hands with soap and water as soon as feasible.
b) Eating, drinking, smoking, applying of cosmetics or lip balm, and handling contact lenses are prohibited in the patient compartment of the ambulance or while on calls of any kind.
c) Equipment that has been or may have been contaminated must be disinfected as soon as possible. All potentially contaminated equipment must be disinfected before being returned to a vehicle or put back in service. Use disinfectant provided in vehicles.
d) UTILIZE UNIVERSAL PRECAUTIONS WHENEVER DECONTAMINATING ANY VEHICLE OR EQUIPMENT. DISPOSE OF WASTE PROPERLY.
e) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
f) All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
g) If your uniform, the front cab, or patient compartment of the vehicle become contaminated with blood or body fluids you must do the following:

    1) Avoid skin contact with the contaminated area. Blood and body fluids can soak through your clothing and contact your skin. If your skin is broken, this can become an unprotected exposure.
    2) Inform the dispatcher immediately of your need to properly clean the unit.
    3) If your uniform is contaminated, return to headquarters and change into another uniform. CSOs should have an extra uniform available when they are on duty.
    4) Decontaminate the affected areas of the ambulance with the disinfectant that is provided before returning to service.

5) Do not contaminate the front of the ambulance with soiled gloves. Contaminated or potentially contaminated laundry is to always be handled with universal precautions. It shall be handled as little as possible and with a minimum of agitation. Potentially contaminated laundry and linen should be disposed of in infectious waste barrels at a hospital or receiving facility. If any employee notices work practice problems or has suggestions as to how any work practice can be improved, please let management know. These work practices will be examined on a regular basis to ensure their effectiveness and make necessary changes.

Personal Protective Equipment

Personal protective equipment (PPE) helps prevent occupational exposure to infectious materials and must be used if occupational exposure remains after instituting engineering and work practice controls, or if those controls are not feasible. PPE is provided in various locations in an effort to make the equipment immediately available.

You are required to use PPE when you are in a situation where you are potentially exposed to infectious materials. PPE is provided in various sizes and hypoallergenic gloves or other similar alternatives are available to employees who have an allergic sensitivity to gloves. All PPE at the Toms River Office of Emergency Management EMS Division is disposable and should be discarded in a red biohazard collection bin or bag when you are no longer potentially exposed to the infectious materials.

a) Gloves shall be worn when it can be reasonably anticipated that you may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, starting IV's and doing phlebotomy, and when handling or touching contaminated items or surfaces.
b) Masks in combination with eye protection devices such as goggles or glasses with solid side shields or chin length face shields shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Masks, face shields, goggles, and/or combinations of these are available in each vehicle in various types and sizes. Keep them readily available and use them when necessary.
c) Gowns will be worn when it is judged that exposures may result given the specific situation. Gowns are available in all units.
d) All personal protective equipment will be removed as soon as possible when the exposure potential has been removed and the call is complete. When the PPE is removed it must be placed in an infectious waste container.
e) If blood or other potentially infectious materials penetrate a garment, the garment shall be removed immediately or as soon as feasible.
f) All used PPE must be replaced with new PPE from supply ASAP.
g) If you are unable to use any of the provided PPE for any reason, please inform the management and other arrangements or equipment will be provided. (i.e., glove powder allergies, latex allergies)

h) If you know of new types of PPE or have ideas on how to improve its use, please suggest it.

Hepatitis B Vaccinations
Hepatitis B vaccinations will be made available to every employee once they have received their initial training in occupational exposure and within ten (10) working days of their assignment. The Toms River Office of Emergency Management EMS Division DICO will administer the vaccine. It is a series of three shots followed by an antibody test to check if the vaccination was successful. These shots and follow-up are at no cost to the employee. Call (732) 349-1050 ext. 7231 to make an appointment.

All employees will receive information on the Hepatitis B vaccine regarding its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccinations will be offered free of charge. Employees who refuse the vaccination will be required to sign a statement that they are declining the Hepatitis B vaccination. Employees who initially decline will have the option of receiving the Hepatitis B vaccination at a later time at no cost. No employee will be required to participate in a prescreening program prior to the Hepatitis B vaccination. If the U.S. Public Health Service later recommends booster shots at a future date, such booster doses shall be made available at no cost to the employee.

Post Exposure Follow-Up
The following procedures will be followed after an exposure incident:

a) Inform the supervisor. The supervisor will notify the DICO.
b) All parties involved will be required to complete an incident report. Information that should be included will be the location of the call, the route(s) of exposure, the type and brand of any medical device involved, and the details of the incident.
c) An unprotected exposure report must be completed and turned in to the DICO. Make two photocopies. One copy for the EMS Director and one copy for yourself.
d) If the source individual (patient) consents to having their blood tested for HIV or HBV infectivity, it should be performed as soon as possible with the results being documented. If the source individual does not consent that will also be confirmed and documented.
e) Following an exposure incident, the employee can receive a confidential medical evaluation including the documentation of the circumstances of the exposure, blood testing if the employee's consent is given, post exposure prophylactic treatment where necessary, counseling, and evaluation of reported illnesses.
f) The Toms River Office of Emergency Management EMS Division will provide a copy of OSHA regulation found at 29 CFR 1910.1030, a description of the exposed employee's duties, documentation of the route(s) and the circumstances of the exposure, results of the source individual's blood testing if available, and all medical records relevant to the appropriate treatment of the exposed employee including their vaccination status.
g) The Toms River Office of Emergency Management EMS Division DICO will obtain and provide the employee with a copy of the evaluation healthcare

professional's written opinion within fifteen (15) days following the completion of the evaluation that will include the need for Hepatitis B vaccination. The Toms River Office of Emergency Management EMS Division will be limited to knowing and being informed that the employee has been informed of the evaluation results and any medical conditions resulting from the exposure.

h) All other findings or diagnoses shall remain confidential and shall not be included in the written report.
i) All of the above will be provided at no cost to the employee. The Toms River Office of Emergency Management EMS Division will strive to assist exposed employees to the best of its ability.

Communication of Hazards to Employees and Training

A. Communication of Hazards

RED containers or receptacles usually denote sharps containers or contaminated waste receptacles, including bags for contaminated equipment and linen. Hazards that are not in red containers or bags will have biohazard labels affixed to them in a clear and visible place. Remember, treat all potentially contaminated items carefully and inspect them before and after service and decontamination. Use universal precautions at all times.

B. Training

A qualified individual will train all employees in infection/exposure control using this policy and OSHA 29 CFR Part 1910.1030. All new employees will receive their training prior to assignment.

All personnel will be trained annually and will receive additional training if new equipment or new techniques are introduced, or standards change. All personnel will be paid for this training. If you have any suggestions regarding training or individual problems or needs regarding training, Toms River Office of Emergency Management EMS Division will make allowances to facilitate your training.

Remember, the best way to learn is to ask questions. If you have questions or concerns, please ask. Exposure control is an important aspect of your duty to yourself, your patients, and your family.

Record Keeping Procedures

The Toms River Office of Emergency Management EMS Division will maintain records regarding employee exposures. These records will include name, social security number, Hepatitis B vaccination status, results and opinions from follow-ups, and a copy of information provided to the healthcare professional caring for exposed employees.

These records will be kept strictly confidential and will only be disclosed by the consent of the employee or according to the provisions of the statute. The Toms River Office of Emergency Management EMS Division will maintain these records for ten (10) years following the end of your employment. Training records will also be maintained. These records will include the dates of training sessions, summary of training received, names and qualifications of instructors, names of all personnel attending the training. Training records

will be maintained for three (3) years following training. Medical and training records will be made available to employees at their request. The Toms River Office of Emergency Management EMS Division will appropriately transfer these records to its successor or to OSHA should the Toms River Office of Emergency Management EMS Division cease operation. The Toms River Office of Emergency Management EMS Division will maintain a sharps injury log. This log will be maintained in a manner that protects the privacy of employees. It will contain the following:

a) The type and brand of device involved in the incident;
b) Location of the incident (e.g., department or work area); and a description of the incident

Procedures for Evaluation of Circumstances of Exposure
Following the report of an unprotected exposure, all involved Toms River Office of Emergency Management EMS Division employees will be required to meet with management within one week. This meeting will address and explore all details related to the incident. Following this, all participants will be asked to present better methods, procedures, or equipment in an effort to prevent similar incidents from reoccurring. Notes will be kept at these meetings with a summary of suggestions developed by management. This report will be evaluated and acted upon with relevant, reasonable, and feasible suggestions being implemented.

This **Exposure Control Plan** will be updated as procedural changes or new technologies warrant it. At a minimum, this exposure control plan will be updated on an annual basis. All policies and procedures outlined in this plan will be monitored with extreme vigilance. Any employee who is careless regarding infection control or does not follow the policies outlined in this plan will face disciplinary action. This procedure of strict enforcement is required for your protection.

Compliance with Protocols

Clinical Standards

The Toms River Office of Emergency Management EMS Division is dedicated to providing the highest level of patient care. We endeavor to ensure that every patient receives personalized, compassionate and professional care. Specific established quality improvement procedures must be followed. The Toms River Office of Emergency Management EMS Division will review all calls to have an accurate evaluation of the operational, administrative and procedural activities of the system as it relates to the delivery of patient care.

The supervisory staff evaluates Patient Care Reports in an effort to objectively track performance of both individuals and the overall system. The supervisory staff will work with the EMS Director and the EMS Medical Director and take an active role in the evaluation of protocols, procedures, and patient care standards with constant re-evaluation based on events and progressions made within the system. The supervisory staff will tabulate a monthly statistical analysis on individual compliance.

Specific evaluation areas on Patient Care Reports include:

a) Protocol compliance/compliance with Statewide Protocols

b) Clinical statistics

c) Appropriate documentation

d) Accurate billing information obtained

e) Appropriate signatures on Patient Care Reports, billing documents and other patient forms

f) Response time compliance

g) Appropriate use of ALS services

h) Medical and trauma related cardiac arrest patients

i) Patient refusals of care, assists and patient well-being checks

j) Calls involving employee injury

k) Calls involving ambulance vehicle accidents

l) Job performance of going above and beyond call of duty

Clinical and Response Time Non-Compliance

All CSOs found to be operating out of compliance with established treatment protocols will be subject to immediate remediation & documentation with the supervisory staff. A cause determining the reason for non-compliance will be documented and brought to the attention of the EMS Director. In the event of a serious issue, it will be brought to the attention of the EMS Director who will notify the Medical Director (if applicable) of the protocol violation. The CSO may be counseled up to and including termination.

The CSO may also be required to ride with supervisory staff when deemed necessary.

A timely response to any request for service is expected. The Toms River Office of Emergency Management EMS Division strives for the highest level of customer service. Any CSO who violates these parameters shall be subject to immediate remediation and may be subject to progressive discipline.

Maintenance of Mechanical and Biomedical Equipment

Preventive Maintenance – Medical Equipment

All electrical, battery-powered equipment and/or items having moving parts (stretchers, scoop stretchers, stair chairs, etc.) shall be inspected for proper operation. This inspection shall be completed by crews daily before the equipment is placed in service and as recommended by the manufacturer's maintenance guide.

The following equipment will be tested and inspected by a supervisor for defects prior to being put in service:

a) Semi-Automatic External Defibrillators

b) Stretchers

c) Portable suction units

d) Scoop stretchers

e) Stair chairs

f) Pulse Oximetry units

g) All other equipment used in patient care

All new equipment will be tested and inspected by a supervisor for:

a) Proper operation

b) Appropriate equipment and parts installed

c) Warranty information

d) Service and maintenance information

e) New maintenance file created

f) Develop policy and procedures on correct use of equipment

Any outside manufacturer or contracted, licensed and insured technician is responsible for submitting maintenance files on all equipment listed above to the EMS Director.

The EMS Director or a designee will be responsible for maintaining separate maintenance files on each piece of equipment listed above and documentation of preventive maintenance performed on each piece of equipment.

A supervisor will inspect all semi-automatic external defibrillators every three months for the

following and/or as required in the manufacturer's maintenance guide:

a) Check physical condition of power cord and plug.

b) Inspect physical condition of the defibrillator paddles and cables. Clean where required.

c) Inspect the mechanical integrity of all switches, controls, connectors, meters, etc.

d) Check the operation of the unit.

A supervisor will inspect suction units every sixty days for:

a) Physical condition of power cord and plug

b) Mechanical integrity of all controls and switches

c) Inspect the condition of tubing, hoses, couplings, bottles, and filter. Examine for signs of dirt, damage, and/or deterioration. Check seating of rubber stoppers.

d) Change filters where applicable

e) Check the condition and accuracy of vacuum gauges where applicable

f) Check operation of overflow protection device where applicable

g) Test maximum vacuum and rate of vacuum rise where applicable

NiCad batteries will be checked semi-annually for the following:

a) Battery integrity

b) Charging capacity

c) Leaks

d) Cycled to prevent memory build-up

All patient handling equipment (i.e., stretchers, scoops, stair chairs) shall be inspected and lubricated on a regular schedule by an outside vendor per the manufacturer's maintenance guide.

EMS crews will check all other equipment per manufacturer's specifications and maintenance guide.

Preventive Maintenance – Ambulances

The Toms River Office of Emergency Management EMS Division adheres to the vehicle manufacturer's Severe Duty Schedule in maintaining all ambulances and support service units in its fleet. **Note: Additional information can be found at "Fleet Maintenance".**

Daily Duties

Beginning of Shift

All CSOs must be dressed in the proper uniform and be ready to begin their shift prior to punching in. Upon arriving for work punch in and begin your daily duties, including:

a) Determine your ambulance assignment; pick up keys and sign in with the dispatcher. DO NOT CHANGE YOUR AREA OF ASSIGNMENT unless a first-due squad is already covering that area.
b) Complete a checklist on your assigned vehicle.
c) Clean your assigned vehicle. Ensure cleanliness inside and out.
d) Make sure equipment is clean, sanitary, and functioning. You must be acutely aware of blood, body fluids, and dirt on items such as suctions, immobilization equipment, stretchers, and the ambulance interior.
e) Be aware of the cleanliness of our quarters. Remember to throw away garbage, empty the trash and clean up spills.

Checklists

A checklist must be completed for every shift. A checklist on the truck (fluids and engine) must be done for each shift and placed with your paperwork. It is vital to check the truck every shift. A checklist can be completed on the road if the circumstances require it. Report all broken equipment or damage to the supervisor in writing. If there is a deficiency that places the vehicle at risk for failing a state inspection, notify the supervisor immediately.

Crew Member Responsibilities

Both crew members are responsible for clean-up, and any restocking following calls.

Both crew members are responsible for the medical equipment, all supplies, and proper completion of paperwork.

If your partner or another crew needs assistance and your duties are completed, step in and help.

Returning to Service Following a Call

Returning to service and getting ready to respond to the next call is critical. **Once patient care is properly transferred to the receiving staff, the crew's primary focus must be on getting back in service and ready to respond to the next call.** The stretcher shall be cleaned and linens changed, equipment replaced, and the ambulance cleaned where necessary. When completed contact the dispatcher and advise of your ready status. If there is more than a twenty (20) minute delay in the ER, notify the dispatcher.

End of Shift

Upon your return to headquarters for the end of the shift, the following must be done:

a) Clean the ambulance for the oncoming crew. Sweep out the vehicle; be sure the patient compartment floor and the cab front are left clean and free of clutter and debris. Replace equipment to its proper place. Wash the ambulance if necessary.

b) **If at all possible, have paperwork completed before returning to base. Upon returning to base, confirm that you have entered your times, run numbers, mileage and engine hours on the dispatch log.**

c) ***All*** **paperwork must be completed before *either* crew member clocks out and departs upon completion of their shift.**

Never, Under Any Circumstances, leave a vehicle that you have worked in without the following:

a) At least 1/2 tank of
b) Two full portable O_2 tanks
c) Onboard O_2 tank with at least 300 psi
d) Immobilization equipment
e) Resuscitation equipment
f) Paperwork/functional MDC for the next crew
g) Vehicle clean, front and back

Documentation

Overview

Documentation is vital to our operation and your duties. The attendant on each call is responsible for completing the Patient Care Record (PCR) for that particular call. PCRs should be alternated between both crew members to allow for an equitable work load. If documentation problems or questions arise, do not hesitate to ask for help from your partner or the supervisor.

Your PCR should be completed during or immediately after returning to service from each call. This is the best time to write your narrative and document what occurred on the call. Remember, if you do not document it, it did not happen or you did not do it. **PCRs *must* be completed and submitted before the end of the shift.**

Documentation

The following pages provide the basic instructions necessary to complete the various forms that you will encounter at the Toms River Office of Emergency Management EMS Division.

Proper documentation will clearly explain what was done for the patient and why. It will also include pertinent negatives to show that you looked for and did not find certain things. Your documentation serves as the justification for the services provided or not provided by you. Properly documenting a call can discourage or defeat charges made against you before they begin. It is your first line of defense if issues or questions arise at a later date.

Complete and precise documentation is also essential in order for the Toms River Office of Emergency Management EMS Division to be reimbursed for services. The determination of whether an ambulance was medically necessary is predominately based upon your documentation.

All PCRs and forms become legal medical records. Document the facts only; do not add assumptions, personal beliefs or editorial comments. All information contained in these records is strictly confidential. Any requests by for the release of any information shall be referred to the EMS Director.

The completion of documentation is ultimately the responsibility of both crew members. The CSO who "attended" the patient is primarily responsible for that patient's PCR, however, both members are equally responsible for its accuracy, completeness, and submission. All documentation must be completed and submitted by the end of the shift or whenever requested by a supervisor.

Patient Care Report

All CSOs must complete a PCR for all calls where a patient has been transported or assessed. The Toms River Office of Emergency Management EMS Division utilizes an electronic PCR program. All PCRs should be entered into the PCR program. In the event there is a technical issue that prevents the electronic PCR program from being used, a paper PCR must be

completed**.**
The paper PCR is to be completed as follows:

Call Location - The location the patient was found at. This may not be the patient's address.

Date - Please enter the correct date of transport.

Unit # - Enter the actual unit #. (i.e., if you are in MED 1 mark MED 1)

Name - Always start with last name first. Double check your spelling.

Address - Enter the patient's actual home address. Remember, you may not be picking up the patient at their actual home address, **ask if not sure**.

City, State, Zip Code - Essential for billing purposes, especially if the patient lives outside of the state or town.

Parent's names (minors), Phone Number - If the patient is a minor, obtain the parent's first name as well as their last. It is not uncommon for a parent to have a different last name than their children. The phone number is an important piece of information, especially if additional information is to be gathered.

Date of Birth

Sex

Mileage – Record the on-scene and at-hospital miles to keep accurate transport mileages.

Medicare Number – Most patients over age 65 normally have Medicare. For most of these patients, their Medicare number will be their Social Security number followed by the letter "A". However, in some cases, the Social Security number will be their spouse's followed by a letter. If the patient and/or family does not have or know the Medicare number, get the patient's Social Security number, it will help the billing office greatly.

Medicaid - Where applicable enter the patient's Medicaid number

BC/BS - Where applicable enter the patient's Blue Cross/Blue Shield numbers

Private Insurance/HMO/Workman's Comp –
If you encounter a motor vehicle accident patient, try to obtain the car owner's insurance company information.

Nature of Call – The nature of the problem as relayed to you by the dispatcher.

Primary Complaint – What is the actual problem that prompted the patient to call EMS?
Vital Signs - All patients who are transported will have their vital signs assessed.
Comments - Comments detail your narrative of what happened. The narrative must be complete, detail oriented, include pertinent negatives, and must be legible. ***ALWAYS INCLUDE HOW AND WHERE YOU FOUND THE PATIENT AND HOW THE PATIENT WAS MOVED***.
Meds - This information is vital to hospital personnel and your documentation.

Allergies - This information is vital to hospital personnel and your documentation.
PMH - Past Medical History - Also vital to hospital personnel and your documentation. This field helps the billing office justify the transport for medical necessity purposes.
Signature of Patient - Every patient should sign this form where appropriate. If a relative or family member accompanies the patient, they can be asked to sign for the patient. **If you cannot obtain a signature, you must document that the patient was unable to sign and document why.**

EMT Signature/Crew Number - Both members must sign the paperwork. It is important that your name is legible. It's also important to check your partner's narrative. If your partner goes to court, chances are you will too. Both crew numbers must always be documented to generate accurate statistics.

ALL CREWS MUST LEAVE A COPY OF THEIR PAPER PCR AT THE RECEIVING FACILITY. THIS IS REQUIRED BY STATE REGULATION, PROVIDES CONTINUITY OF CARE, AND ENABLES RECEIVING FACILITIES TO CONTACT THE RESPONDERS IF A PATIENT HAS AN INFECTIOUS DISEASE*.

***Electronic PCRs are sent to the receiving facility automatically once the PCR is uploaded.**

If you have any additional questions or need further review, please see a supervisor.

Patient Refusals

To properly document a patient refusal, you must first understand what constitutes a patient refusal. Just as the consent to receive treatment must be informed, the refusal for treatment with transport to the hospital must also be informed.

Toms River Office of Emergency Management EMS Division personnel will obtain a signed refusal on any patient who has a visible complaint of injury that required emergency medical treatment, or who has suffered a medical event is refusing to be transported to the hospital for further evaluation.

For the purposes of documentation, a refusal should be treated as a completed transport call. These situations require that the patient be examined and sign the patient refusal section of the PCR.

You should complete an assessment of every patient. The patient is not always competent to assess his or her own medical condition, and if the patient's judgment proves to be wrong, you could be held liable. If the patient refuses to let you assess them, evaluate the patient visually and gather as much information as possible.

After completing the examination, clearly advise the patient of your findings and explain why you recommend that they be transported. Even when the medical problem is minor, your best protection is to recommend that the patient seek treatment.

Advise the patient of the possible consequences of not seeking medical attention. This is the foundation of informed consent. These consequences may include deterioration of their condition and/or death.

You must determine whether the patient has the capacity to refuse treatment. The patient's competency to refuse treatment should be questioned if head trauma, alcohol, or drugs could be affecting the patient's mental status

Once you are satisfied that the patient's mental capacity is not impaired, ensure that their understanding of the refusal is clear and absolute. If you believe the patient could change their mind, you should continue to urge the patient to consent to transport. Seek the assistance of others present to encourage the patient to consent. Many patients will refuse at first and then consent to treatment. When this occurs, document it.

You must document the names of witnesses for all patient refusals and sick assists. The witness should be an independent third party, preferably a friend or relative, who has witnessed your attempts to obtain consent and the patient's subsequent refusal. You should request an available witness to sign the Patient Care Report. This witness can be a police officer or a firefighter.

If the patient is a minor (anyone under the age of eighteen), enter the name of the parent/legal guardian who is signing. If no parent or legal guardian is present and the minor has a complaint of pain or illness, you are required to transport that person to the hospital under the implied consent rule, as a minor is unable to make decisions himself. **Implied consent does not apply to any individual who has no complaint of injury or illness**. You must request assistance from a supervisor if you are unsure of this procedure.

When you have exhausted all possibilities of performing a patient transport, you need to document the refusal on a PCR with a complete, detailed narrative. Enter the date, time and incident location. Document this incident the same way you would document an actual transport. Inform the patient that if they change their mind after they sign the refusal, you will gladly take them to the hospital at a later time.

Assist Only, "10-25", or Police Matter

You will respond to some calls where the situation is a police matter or where EMS was called only for lift assistance or well-being checks. **You should do an assessment and a chart. If no transport, get a refusal signed.**

A "10-25" is a transport that was not medically necessary, but the subject involved needed to be removed either to the hospital or to a place better suited for their own well-being. As these are non-billable transports, and there is no actual "patient", we do not require that a full PCR be completed. As these are not "medical calls" no signed patient refusal is required.

Obvious Death

Obvious death can be defined as a patient who is unresponsive, apneic, and pulseless; with at least one of the following criteria present:

a) Decomposition of the body
b) Rigor mortis (stiffening of the body after death)
c) Dependent lividity (discoloration to skin due to pooling of blood)
d) Decapitation/brain matter visible/traumatic injuries associated with no signs of life.
e) Incineration (third degree burns to 100% of the body)
f) DNR/Comfort Care

You need to complete a PCR containing all information as if this were a transport. Special attention should be paid to the biographical information, the medical history, and the circumstances of the call.

You must include a description of the scene, including the position of the patient, the state of dress, any visible wounds or contusions, and an estimated length of time since the patient was last seen alive.

Physician Certification Statement (Medical Necessity)

A medical necessity form must be completed for the transport of any patient from any physician's office or other health care center. You must be sure that a doctor or nurse signs the form and that it is filled out appropriately.

Preferably, a doctor or a nurse will fill out and sign the medical necessity form at the time of transport. If the medical staff refuses to fill out a medical necessity form, you are to contact the supervisor for guidance.

If the staff of the sending facility is not able to sign the form, please make sure that you have the first and last name of the patient's primary care doctor on the Patient Care Report. This information is needed on all medical office transports to enable the billing office to contact the patient's doctor to have the medical necessity completed. Please refer people to the billing office or a supervisor if more information is needed.

In The Field

Equipment to Patient Side

A first-aid kit (jump kit) and oxygen bag shall be carried into every emergency call. The SAED should be carried into any call involving an unconscious person.

Continuity of Care

All Toms River Office of Emergency Management EMS Division field providers will maintain the continuity of patient care by not discontinuing any treatment, or leaving a patient until care has been properly turned over to the staff of the receiving facility or to a qualified EMS crew.

Handling a Stretcher and "Packaging" a Patient

Stretchers should always have a pillow, blanket and sheet on them. Utilize the appropriate linens to maintain the patient's body temperature. If it is raining or cold, cover the patient's head with a towel.

When you have a patient on your stretcher, always do the following:

a) Cover the patient properly. **Always protect the patient's privacy.** During cold weather, utilize heavy blankets and cover the patient's head with a towel.
b) Keep the patient as comfortable as possible.
c) Have two people attending the stretcher when it is being moved with a patient on it at all times.
d) Pull the stretcher feet first whenever possible. Never move a stretcher "sideways" when there is a patient on it.
e) Put the head of the stretcher into an elevator first.
f) When using a stairchair, place a blanket and sheet on the stairchair before placing the patient on the stairchair. Pay attention to patient's hands and feet when moving them through narrow spaces or down stairs.
g) **NEVER LEAVE A PATIENT UNATTENDED. At least one attendant must be at the stretcher whenever a patient is on it.**

Safety Restraints — Adult and Pediatric (Seatbelts)

All employees, third riders, family members and patients riding in a Toms River Office of Emergency Management EMS Division ambulance are required to wear seat belts or safety restraints. The attendant may be unrestrained only while providing patient care.

There are two (2) safety restraints located in the cab of every ambulance and seven (7) in the patient compartment. Three (3) sets of safety restraints are mounted along each wall of the squad benches. The fourth is located at the technician seat.

The patient is to be secured to the stretcher at all times. An unrestrained stretcher patient can fall off causing injury. There are three (3) safety restraints that are required to be used in securing the patient. They are:

Lower Safety Restraint – Secure around the patient's lower legs.

Middle Safety Restraint – Secure around the patient's waist area.

Upper Safety Restraint – Secure around the patient's chest area.

Adjust all the straps so they safely secure the patient without causing discomfort or impairing circulation.

To unfasten any of the above restraints, press the release button on the receiver end of the restraint.

It is important to keep the restraints fastened on the stretcher when not in use to prevent them from interfering with the stretcher's operational capabilities.

Worn, frayed, or soiled safety restraints should be reported immediately for replacement.

Pediatric patients will be secured in the Ferno Pedi-Mate and secured to the stretcher. The Ferno Pedi-Mate is designed for a 10 to 40 pound child. If you are called on to transport a child smaller than 10 pounds, attempt to blanket, swaddle, and pad around the baby to add the bulk required for the baby to fit securely in the Ferno Pedi- Mate.

Children between 40 and 80 pounds, who have been determined to be stable can be secured in the child safety seat built within the technician's seat. Children who require intervention during transport should be properly secured on the stretcher.

Patient Restraint Policy

The safety of the patient, community, and responding personnel is of paramount concern when following this policy.

Restraints are to be used only when necessary in situations where the patient is potentially violent and is exhibiting behavior that is dangerous to themself or others. EMS personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, alcohol intoxication, drug-related problems, metabolic disorders, stress, or psychiatric disorders.

The method of restraint used shall allow for adequate monitoring of vital signs and shall not restrict the ability to protect the patient's airway or compromise neurological or vascular status.

If a patient is an immediate danger to themself or others no medical order is required for you to restrain them.

The police should be called whenever it appears that a patient may need to be restrained in the field.

The following procedures should guide pre-hospital personnel in the application of restraints and the monitoring of the restrained patient:

a) Restraint equipment applied by pre-hospital personnel must be soft restraints (i.e., stretcher restraints, seat-belt type, or triangular bandages). All methods must allow for quick release.
b) Toms River Office of Emergency Management EMS Division personnel **shall not** use any of the following forms of restraint:
    a. Hard plastic ties or any restraint device requiring a key to remove i.e. handcuffs
    b. Backboard or scoop stretcher as a "sandwich" restraint.
    c. Restraining a patient's hands and feet behind the patient, i.e., hog-tying.
    d. Methods or other materials applied in a manner that could cause vascular, neurological, or airway compromise.
c) Restraint equipment applied by law enforcement for example, handcuffs, plastic ties or "hobble" restraints, must provide sufficient slack in the restraint device to allow the patient to straighten the abdomen and chest, and to take full breaths.
d) Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene management safety. **The officer shall accompany the patient in the ambulance.**
e) Pre-hospital personnel must ensure that the patient's position does not compromise respiratory/circulatory systems, or does not preclude any necessary medical intervention to protect the patient's airway should vomiting occur.
f) Restrained patients shall not be transported in the prone position.
g) Restrained extremities should be evaluated for pulse quality, capillary refill, color, nerve and motor function every 5 minutes. It is recognized that the evaluation of nerve and motor status requires patient cooperation and may be difficult to monitor. This must also be documented.
h) Restrained patients shall be transported to the most accessible basic emergency department.
i) Restrained patients should not be carried down stairs in a stairchair. Violent patients who must be carried down stairs should be restrained on a scoop stretcher or Reeves style stretcher.

Documentation of Restraint

Documentation on the PCR shall include:

a) The reason(s) restraints were necessary.
b) The agency that applied the restraints (i.e. EMS, law enforcement, other).
c) Information and data regarding the monitoring of circulation to the restrained extremities.
d) Information and data regarding the monitoring of respiratory status while restrained.
e) The type of restraints used.

If at any time you need further clarification on the above, contact a supervisor.

Transport of Psychiatric Patients

Psychiatric patients who are ambulatory and not a flight risk can be walked to the ambulance under close supervision. Often, the act of placing these patients on a stretcher could be counterproductive and a source of agitation. Ambulatory psychiatric patients should not be transported on the stretcher whenever possible. At a minimum, these patients must be seated in the tech seat or on the squad bench with their seatbelt on.

> **You should always sit between a seat-belted psychiatric patient and the doors of the ambulance. The doors of the ambulance must always be locked. These procedures will slow a psychiatric patient who attempts to jump out of a moving ambulance.**

These procedures will provide the driver with an opportunity to bring the ambulance to a stop when dealing with a psychiatric patient who suddenly attempts to flee.

Every patient remains your responsibility until the patient is properly accepted by the staff at the receiving facility. If you encounter a problem at a receiving facility you should contact dispatch or a supervisor as soon as possible for assistance.

Locking Ambulances and Equipment

The ambulance shall be locked and the windows up when the vehicle is unattended. This includes all outside compartments. Ambulance keys shall be carried secured at all times.

Shutting Down Ambulances at Hospitals

Ambulances should be shut down, secured and locked upon arrival at a hospital.

Smoking

Smoking in any Toms River Township vehicle is strictly prohibited.

Smoking is not permitted in the emergency room area of any hospital by Toms River Office of Emergency Management EMS Division personnel. This includes the ambulance parking and entrance areas of the emergency rooms.

Smoking is prohibited in all areas of police headquarters, except for designated areas.

Hospital Diversion

Hospital diversion status can be ascertained from dispatch.

If at all possible, a patient should not be transported to a facility that is on diversion. If a patient is unstable or adamantly requesting transport to a facility that is on divert, the receiving facility must be advised that the patient was advised of the divert status and was insistent upon coming to that facility.

A hospital cannot refuse to accept a patient unless the facility is completely closed due to an event such as an internal disaster or a power outage.

Delays

Any delay should be reported as soon as possible to the dispatcher and should be documented. Common delays that you may encounter include, but are not limited to, delays of longer than 10 minutes in a hospital triage area waiting for a bed, traffic, and extended extrications. Delays should be documented on logs, PCR, and/or incident reports as necessary.

Fire Standbys

The following are requirements and considerations when on a fire scene standby:

a) Back into fire scenes to facilitate egress from the scene.
b) Position the ambulance where it is out of the way and where additional arriving fire apparatus will not block it in. Check continuously to ensure that the ambulance does not get blocked in. Relocate the ambulance(s) as necessary to facilitate access to, and egress from the scene.
c) Update other crews and the dispatcher as to the best access route to the scene, standby location.
d) Shut off emergency lights when practical.
e) Establish a location that can be utilized as a treatment and rehab area with immediate access to EMS equipment and the fire scene. Advise the incident commander of your location.

Fire Rehab Considerations

Responsibilities of EMS Personnel

a) Report to Incident Commander and discuss rehab requirements
b) Coordinate with FD staff to establish rehab are in appropriate location
c) Identify additional EMS requirements (BLS,ALS)
d) Monitor and Document vital signs of involved responders
e) Provide emergency care and transport when necessary.

Set up & Procedures

a) Rehab Location
    1) Safe Area where PPE can easily be removed
    2) Provides protection from prevailing weather conditions
    3) Easily Accessible for emergency personnel
    4) Free of Apparatus Exhaust/Fumes
    5) Single Entry/Exit Point when possible
    6) Area to remove soiled PPE outside of rehab area
b) Rehabilitation Efforts
    1) Responders shall be required to DOFF their PPE prior to entering rehab area
    2) Rest & Recovery (Not less than 10 mins, preferably 15-20mins)
    3) Hydration
    4) Cooling or Warming (Misting Fans, Climate Controlled Apparatus, Adjacent Buildings)
    5) Medical Monitoring & Documentation
c) Medical Evaluation

1) Vitals shall be documented on appropriate log
    i. Vitals that remain out of normal range should be reassessed at normal intervals
    ii. Failure to return to normal range after extended period-Consider Transport
2) Vitals must be within normal limits prior to returns to work
3) Serious Complaints may necessitate transport
    i. Chest Pain
    ii. Shortness of Breath
    iii. Suspected Head Injuries
    iv. Burns
4) Symptoms to be alert for:
    i. Cramping
    ii. Altered Mental Status
    iii. Symptoms of heat or cold related stress
5) If transport is necessary the IC or his designee must be contacted.

d) Hydration and Rest
    1) Responders should be encouraged to hydrate with water or sports drinks when available
    2) Caffeinated beverages should be used sparingly and not consider "Hydration"
    3) Time In/Time Out shall be documented for each responder on log to assure appropriate rest periods are adhered to.

Special Assignments

Special assignments usually require an ambulance and full EMS crew, however special detail staffing may be altered based on specific needs. Anytime an ambulance is posted at a special assignment it must be staffed by two CSOs. All documentation requirements apply when assigned to a special assignment.

Third Riders

The Toms River Office of Emergency Management EMS Division encourages the practice of third riding to promote awareness and training in EMS. Third riders include, but are not limited to medical students, interns and residents, high school and college students, police interns, EMT students, and private citizens.

All third riders are required to abide by the following:

a) Third Riders must be at least 18 years of age.
b) Dress in dark navy blue pants (no jeans), black durable footwear, and a white dress or polo style shirt. Toms River Office of Emergency Management EMS Division outerwear may be issued in the event of inclement weather.
c) Follow instructions of the EMS crew.
d) Maintain patient confidentiality at all times, now and in the future.
e) Third riders may be expected to assist the crew with their assigned tasks such as cleaning and/or washing the ambulance.

f) Third riders must be approved and scheduled by a supervisor.

All Toms River Office of Emergency Management EMS Division staff members should work with third riders to answer questions and assist them in their experience. The Toms River Office of Emergency Management EMS Division staff members are ultimately responsible for the third rider. Staff must monitor the actions of a third rider and not allow them to act beyond their role as an observer. The Toms River Office of Emergency Management EMS Division staff members are ultimately in charge of the third rider and should immediately report any problems or concerns to a supervisor.

Patient Confidentiality and Privacy

All Toms River Office of Emergency Management EMS Division staff members must be aware of patient confidentiality issues at all times.

Discussing any information regarding the care or circumstances of any patient's care is strictly prohibited. Picture taking for personal use is also prohibited.

PCRs will only be released to the hospital or to a person who has a signed waiver or other legal authority from the patient. All requests for PCRs or patient information shall be directed to the Director of EMS.

Do not discuss patient information in any public place such as an elevator or restaurant.

Physician On Scene

Occasionally, you may respond to a call where a physician is on scene. If a physician who is on scene requests to be involved directly with the patient care, all of the following procedures must be followed:

a) The physician must show their identification indicating their credentials as a physician with this information being documented on the PCR.
b) The EMS provider should contact the supervisor via radio or cellular phone to allow the physician on scene to speak directly to the supervisor.
c) **The on-scene physician who assumes responsibility for the care of any patient must accompany the patient in the ambulance during transport to the receiving emergency department.**

Do Not Resuscitate Orders

The Do Not Resuscitate (DNR) order can only be honored through on-line contact with a medical control physician by paramedics in the State of New Jersey. When presented with such a form at the BLS response level it is best to quantify the approximate "down" time of the patient, and make a decision based upon this as to whether or not resuscitation is warranted. If resuscitation is begun, the paramedics would then need to arrive and pronounce the patient deceased through on-line medical control.

DNR orders written by a physician in a chart or on another form cannot be honored.

Transport of Disabled Person with No Medical Complaint

You may be assigned to transport a disabled person with no medical complaint to a location other than a hospital when there is no other safe and suitable means of transportation available. Even though the disabled person has no current medical complaint, their disability necessitates accessible transportation. For the patient to be taken to a location other than a hospital, the patient must not have any current medical complaint.

Physically disabled persons must always be transferred to an ambulance cot and secured for transport. The ambulances are not equipped to securely transport a person in a wheelchair.

These assignments are only permitted for trips within the town, unless otherwise authorized by a Toms River Office of Emergency Management EMS Division supervisor.

BLS Service Issues

Requesting Advanced Life Support

If you are confronted with a patient that you feel may need advanced life support (ALS) you should notify dispatch immediately. Do not assume that ALS is not available or too far away to intercept you.

Always have an ALS unit start toward you and work to establish an intercept even after you have initiated transport. Update the ALS unit that is responding to your call as soon as you are able. An update for ALS should be short and concise including the patient's age and chief complaint.

Normally BLS will not wait on scene with a patient who is packaged and ready for transport. In most cases you will initiate transport and contact the responding ALS unit or dispatch by radio to set up an intercept. **Keep in mind that the ultimate goal is to have ALS reach the patient in the shortest amount of time, and/or deliver the patient into the hospital emergency room.** Communication will be critical in these situations.

Safety

Overview

The Toms River Office of Emergency Management EMS Division is committed to maintaining a safe and healthy work environment. To achieve this goal, Toms River Township has implemented comprehensive safety policies. These policies are designed to prevent workplace injuries, accidents and illnesses.

The success of any safety program depends on the safety consciousness and cooperation of everyone in the organization. Employees at every level are expected to assist the Toms River Office of Emergency Management EMS Division in the prevention of workplace accidents and injuries and are expected to follow all safety and health rules. It is the duty of each employee to adhere to all safety rules and to report any potential safety hazards to his or her supervisor immediately.

Any injury that occurs on the job, even a slight cut or muscle strain, must be reported immediately on an Employee Incident Report and verbally to a supervisor, as soon as possible. Workman's Compensation insurance is provided according to state law for occupational injuries or diseases. Toms River Township pays for the cost of this insurance. Specific information regarding Workman's Compensation can be obtained from the EMS Director.

All employees are responsible for working safely and maintaining a safe and healthy work environment.

Duties of the EMS Director

The EMS Director can be reached at (732) 341-3267. The EMS Director is responsible for the overall implementation and maintenance of the organization's safety policies. The EMS Director's duties in regard to the safety policies include, but are not limited to the following:

a) Ensure that all managers and supervisors are trained in workplace safety and are familiar with the safety and health hazards which employees under their immediate direction or control may be exposed to, as well as applicable laws, regulations and the organization's safety rules and policies.
b) Ensure that all employees are trained in accordance with these safety policies and as required by federal, state and local regulations.
c) Inspect, recognize, and evaluate work hazards on a continuing basis.
d) Develop methods for abating work hazards.
e) Ensure that work hazards are abated in a timely and effective manner.
f) Trace the cause of accidents, mishaps and incidents.
g) Conduct periodic risk assessments within the organization.
h) Conduct accident/illness investigations.

The EMS Director may assign some or all of these tasks to other individuals.

Duties of Supervisors

All supervisors are responsible for the safety and health of the employees of Toms River Office of Emergency Management EMS Division and for the safety and health of individuals who interact with Toms River Office of Emergency Management EMS Division. To fulfill this duty, each supervisor must:

a) Become familiar with all applicable safety and health laws and regulations, and with the organization's rules and policies relating to workplace safety and health.
b) Ensure that all employees are properly trained in workplace safety and health. This includes training in general safe work practices, as well as specific instruction with respect to hazards specific to each employee's job assignment.
c) Ensure that all employees do, in fact, perform their work in a safe and healthy manner consistent with the organization's rules and policies.
d) Take all reasonable steps necessary to avoid unsafe working conditions, accidents, injuries and illnesses.
e) Regularly inspect the Toms River Office of Emergency Management EMS Division and its equipment for workplace hazards and submit a completed Unsafe Condition or Hazard Report Form when reporting any unsafe workplace condition to the EMS Director.
f) Ensure that unsafe and unhealthy working conditions are corrected promptly.
g) Immediately report all workplace accidents, injuries, illnesses, or "near misses" to the EMS Director, using an Unsafe Condition or Hazard Report Form

Duties of Employees

All employees are required to conduct themselves in a manner consistent with the organizations' safety rules and policies. To fulfill this duty, each employee must:

a) Comply with all organizational safety rules, policies and procedures;
b) Comply with all organizational operating rules, policies and procedures;
c) Immediately report all workplace accidents, injuries or illnesses involving the employee, or to which the employee is a witness, to his or her supervisor.
d) Immediately report all unsafe conditions or hazards to his or her supervisor or the EMS Director using an Unsafe Condition or Hazard Report Form. Employees may report such conditions or hazards anonymously using the Unsafe Condition or Hazard Report Form.

Contractors and Other Workers

In addition to all employees, this program covers all other workers who the organization contracts, or directs, and directly supervises on the job to the extent such workers are exposed to work site and job assignment specific hazards. All such workers must:

a) Comply with all organizational safety rules, policies and procedures;
b) Comply with all organizational operating rules, policies and procedures;
c) Immediately report all workplace accidents, injuries or illnesses involving the employee, or to which the employee is a witness, to his or her supervisor;

d) Immediately report all unsafe conditions or hazards to his or her supervisor or to the EMS Director, using a Toms River Office of Emergency Management EMS Division Unsafe Condition or Hazard Report Form. Employees may also report such conditions or hazards anonymously using this form.
e) Such workers will receive appropriate training.

Hazard Assessment and Control

The Toms River Office of Emergency Management EMS Division will conduct regularly scheduled safety and health inspections. These inspections will be performed as follows:

a) Toms River Office of Emergency Management EMS Division Offices - every 3 months
b) Shop and Storage - every 3 months
c) Crew Quarters- weekly
d) Company Vehicles - daily

The purpose of these periodic inspections is to ensure that all identified hazards are corrected or controlled and to identify, correct and control any new hazards that have arisen in the workplace. A Toms River Office of Emergency Management EMS Division Safety Inspection Report Form will be utilized during this inspection.

The EMS Director will perform these periodic scheduled inspections or delegate the responsibility for performing such inspections.

In addition to scheduled inspections and ongoing review, the EMS Director will arrange for unscheduled, surprise inspections. The list of subjects for these inspections will be chosen randomly.

Ongoing Workplace Review

Every manager, supervisor, and employee must engage in daily, ongoing, safety and health monitoring and inspection of their work area. Any potential safety or health concerns should be reported to a supervisor or to the EMS Director.

Review of OSHA Regulations

The EMS Director will review and be familiar with the provisions of the OSHA regulations relevant to the organization's workplace. Copies of these regulations will be kept in the EMS Director's office. All supervisory staff must review, be familiar with, and train their employees with regard to the portions of the safety orders that apply to their particular function.

New Matters

The EMS Director will arrange for an inspection/investigation of any new substance, process, procedure, or equipment introduced into the workplace. The EMS Director will also arrange for an inspection and investigation whenever the organization is made aware of a new or previously

unrecognized hazard.

Specific Health Care Concerns

The EMS Director will ensure that all personnel in contact with patients are familiar with, and trained in, proper infection control and patient transfer procedures.

Documentation of Inspections

All scheduled or unscheduled inspections (except for the daily ongoing monitoring of work areas) will be documented on a Safety Inspection Report Form. If any item is rated as unsatisfactory, the person conducting the inspection must fill out an Unsafe Condition or Hazard Report Form. These reports will be retained by the organization for as long as the organization deems feasible, but in no case will these records be retained for less than three years.

Employee Reporting of Hazards

Employees are required to immediately report any unsafe condition or hazard they discover in the workplace to a supervisor, or the EMS Director. An Unsafe Condition or Hazard Report Form is provided for this purpose. No employee will be disciplined or discharged for reporting any workplace hazard or unsafe condition.

Employees who wish to remain anonymous may report unsafe conditions or hazards by submitting an Unsafe Condition or Hazard Report Form to the EMS Director without identifying themselves.

The Toms River Office of Emergency Management EMS Division takes all reports of unsafe conditions seriously. Prompt attention will be given to all actual and potential hazards that have been reported to the organization. The Toms River Office of Emergency Management EMS Division will inform the employee (if known to the Toms River Office of Emergency Management EMS Division) who reported the hazard of the action that was taken to correct the hazard or the reasons why the condition was determined not to be hazardous. There will be no discrimination against any employee who reports unsafe working conditions or workplace hazards. Indeed, employees are encouraged and required to do so.

Newly Discovered Safety and Health Concerns

The Toms River Office of Emergency Management EMS Division will respond to new workplace safety and health concerns as soon as they are discovered. All hazards will be corrected, controlled or abated in a timely manner based on the severity of the hazard. Any hazard that poses an imminent risk of harm to employees will be corrected immediately. All other hazards will be corrected as soon as feasible. If for any reason a hazard cannot be corrected, the EMS Director must be notified immediately, and the EMS Director will notify all exposed employees and follow all other notification requirements. Supervisors must report workplace safety and health concerns to the EMS Director immediately. The EMS Director or his designee will set a target date for correction of any hazards that cannot be abated immediately. Potentially affected employees will be notified of any newly identified hazard in a timely manner.

Hazards That Give Rise to a Risk of Imminent Harm

It is this organization’s intent to immediately abate hazards which give rise to a risk of imminent

harm. When a hazard exists that the organization cannot abate immediately without endangering employees and/or property, all exposed personnel will be removed from the area of potential exposure, except those necessary to correct the hazardous condition. All employees involved in correcting the hazardous condition will receive appropriate training and will be provided with necessary safeguards and personal protective equipment.

Communication

Overview

The Toms River Office of Emergency Management EMS Division believes communication with employees concerning workplace hazards and the methods used to control them will help create the safest possible work environment. Toms River Office of Emergency Management EMS Division therefore, places a great deal of importance on communicating with employees about health and safety issues.

The Toms River Office of Emergency Management EMS Division's system for communicating with employees on safety and health issues include:

a) Providing a copy safety plans in the EMS Office. Employees are required to read and be familiar with its terms.
b) Periodically meetings will be held and will be conducted by the EMS Director. The management staff shall discuss employee issues such as:
    a. New hazards that have been introduced or discovered in the workplace.
    b. Causes of any recent accidents or injuries and the methods adopted by the organization to prevent similar incidents in the future.
    c. All health or safety issues deemed to be worthy of reinforcement.

Minutes of these meetings will be documented on a Safety Meeting Report Form.

Anonymous Notification Procedures

The Toms River Office of Emergency Management EMS Division has a system of anonymous notification whereby employees who wish to inform the organization of workplace hazards may do so anonymously by sending a written notification to the EMS Director. This may be mailed, left anonymously on the EMS Director's desk, or placed under the EMS Director's office door. The EMS Director will investigate all such reports in a prompt and thorough manner.

Postings

The Toms River Office of Emergency Management EMS Division will post safety or health information on a regular basis.

Company Memos

The Toms River Office of Emergency Management EMS Division will regularly issue memos and health and safety information in the newsletter. These memos will be sent to staff via email, as well as being posted in all crew quarters.

Training

The Toms River Office of Emergency Management EMS Division has training requirements designed to instruct each employee on general safety procedures as well as on safety procedures

specific to the employee's job. These training requirements are described in greater detail in the section entitled Safety and Health Training.

Enforcement of the Safety Program

Violation of the Toms River Office of Emergency Management EMS Division's safety policies or safety rules may result in discipline up to and including termination.

Safety and Health Training

Awareness of potential health and safety hazards, as well as knowledge of how to control such hazards, is critical to maintaining a safe and healthy work environment and preventing injuries, illness, and accidents in the workplace. The Toms River Office of Emergency Management EMS Division is committed to instructing employees in safe and healthy work practices. To achieve this goal, the organization will provide training to employees on general safety procedures and on any specific safety procedures for each employee's job. Training will be provided as follows:

a) Upon initial hiring.
b) Whenever an employee is given a new job assignment for which training has not previously been provided.
c) Whenever new substances, processes, procedures, or equipment that represents a new hazard are introduced into the workplace.
d) Whenever the organization is made aware of a new or previously unrecognized hazard.
e) Whenever the organization, the EMS Director, or any supervisor believes additional training is necessary.

Supervisor Training

Supervisors shall be apprised of, and provided with, appropriate training and instruction with regard to safety and health hazards to which employees may be exposed. To accomplish this task, the EMS Director or a designee will:

a) Conduct sessions for all supervisors informing them of any new substances, processes, procedures or equipment that have been introduced into the workplace.
b) Distribute written safety and health communications to the supervisors whenever the EMS Director believes it necessary to inform them of particular hazards or concerns.
c) Update the organization's safety rules, procedures and policies on a regular basis, and distribute the updates to all supervisors.
d) Take all other actions necessary to keep the organization's supervisors informed about workplace hazards that may affect their employees.

Documentation of Training

Training will be documented using attendance sheets. This documentation will be retained for as long as the organization deems feasible, but in no case will these records be retained for less than five years.

Correcting the Hazard and Preventing Recurrences

The EMS Director will ensure that the proper personnel are assigned responsibilities to take all steps necessary to correct any hazards and to avoid similar accidents in the future. Preventative action will include, if necessary:

a) Replacing all defective or broken tools and/or equipment.
b) Revising or adding to the safety policies.
c) Re-training Employees.
d) Monitoring the hazard to ensure that it remains corrected or controlled.

Patient Safety

Transferring

All non-ambulatory patients will be transferred to or from the ambulance on the stretcher. Patients, who are readily ambulatory can be walked under close supervision, or moved via wheelchair into the emergency room.

a) Stretcher patients will always be secured to the stretcher with three straps.
b) When transporting a patient on a stretcher the patient will be moved feet first, turned on a level surface and then brought head first into the waiting ambulance.
c) When rolling a stretcher patient, the stretcher must be carefully handled by both crew members.
d) Never leave a stretcher patient unattended

These actions serve to prevent patient tipping injuries.

Carrying

When carrying a patient down stairs, the patient always travels feet first when sitting up, and feet first when lying flat.

Whenever an employee does not think that he or she is able to safely lift or carry a patient, the employee is required to call for assistance. Always err on the side of caution and call for assistance.

DO NOT SEEK ASSISTANCE FROM, OR ALLOW ANY UNTRAINED BYSTANDER TO AID IN MOVING ANY PATIENT.

When transporting a patient on a scoop stretcher or backboard, at least three straps must be used to secure the patient. For patient and employee safety, the patient is transferred to the stretcher in a lowered position. The restraints from the stretcher are then used to secure the patient and backboard.

Employee Safety

Overview

The key to employee safety regarding the use of lifting equipment and the movement of patients

is proper body mechanics. Before lifting the patient, the employee evaluates the situation, makes certain they are aware of what needs to be done and assures they have the necessary equipment and assistance to accomplish the task.

The equipment is positioned by placing the stretcher, or other equipment, as close to the patient as possible and in proper alignment for the shortest and easiest transfer. Necessary adjustments are made by raising or lowering the equipment to bed level or vice versa, and by lowering any handrails or side rails. These steps minimize the amount of lowering or lifting required.

Transfer the patient by sliding them as far as possible on a draw sheet, then lifting them smoothly onto the stretcher or other equipment. Holding the patient close helps balance and reduces strain on the arms and back. Keeping the feet apart provides a stable base and helps maintain balance, leaving more energy for lifting. Employees should use their arms and legs in proper proportion. Bending the elbows to hold the patient close makes the lift easier.

Lifting is always done in unison. When working with others, everyone must know what to do in advance and move at the same time as a team. Counting out loud may help. Sudden, jerky movements are to be avoided.

Body Mechanics
Moving any object safely depends on knowledge and understanding of these basic guidelines:

1. **Balance**
   It takes a certain amount of effort just to balance the weight of one's own body. Keeping a low center of gravity over a stable base expends less energy by balancing the load, making more energy available for lifting and carrying.

2. **Pull or Push When Possible**
   Less energy is used to pull or push than to lift an object. When lifting or carrying, the force must be overcome and the load balanced at the same time. By pulling or pushing, it is only necessary to overcome the friction between the object being moved and the surface on which it rests. The strongest muscles should be used.

3. **Avoid Twisting**
   If it is necessary to turn while lifting or moving something, it is better to change the position of the feet than to twist at the waist. By moving the feet, it is possible to balance the load being carried and minimize the strain on the back and abdominal muscles.

Common Lifting Techniques and Equipment
The actual procedures used may vary slightly from those listed below, depending on the methods of training, the required movement, personnel and materials available.

1. **From the Stretcher**
   When transferring a patient from the stretcher, it is necessary to adjust the height so it is even with the bed. The attendants should stand on either side of the patient and grasp the draw sheet at the patient's shoulders and hips.

A third attendant may be needed to support a patient's legs. Pulling the draw sheet tight, the attendants move the patient across the stretcher to the bed. The same method should be utilized when transferring a patient from the bed to the stretcher.

2. To the Wheelchair

When helping a patient from a bed or stretcher to a wheelchair, the attendant should lift the patient, holding the patient around the waist. Holding the patient close, the attendant lifts, helping the patient rise to a standing position. The attendant then turns the patient and lowers him into the chair. Another method that is commonly used is where one attendant approaches the patient from behind, coming under the arms and grasping the patient's wrists. The second attendant takes the patient behind the knees and lifts the patient on a verbal count.

3. Think Ahead

Attendants should always think ahead and be sure to assess each patient's medical condition, strength, mobility, etc. before attempting to lift or carry. The patient should be informed exactly as to what is going to happen, so as to calm any fears and encourage their cooperation.

4. Don't Guess

Only those procedures with which the employee is familiar are to be used. Guessing what the procedure is, improvising, or failing to exercise proper judgment when lifting or moving a patient may be harmful to everyone.

5. Raising and Lowering a Stretcher

The stretcher must be raised or lowered as appropriate to position the stretcher to move the patient, or to load the stretcher into the ambulance. Raising and lowering a stretcher can be made safer by following these simple steps. The back is kept straight, chin tucked in, so the head and neck continue the straight back line. A firm grip on the stretcher bars with the palms of the hands is necessary, because the palms are stronger than the fingers alone. Both partners must be situated by drawing the stretcher close with arms and elbows tucked in to the sides of the bodies to keep body weight centered. Partners should use teamwork and the standard "3" count, raising or lowering the stretcher by using the strength of their legs.

6. Stretcher Lifting - Model 35P (one and one-half person)

The stretcher must be in the highest position in order to smoothly roll it in the vehicle. One attendant stands at the foot of the stretcher, while the other lifts the rear step and ensures that the stretcher has passed over the grabbing device. The attendant at the foot of the stretcher releases the locking mechanism while the other attendant raises the lower stretcher bar. The stretcher is then rolled into the ambulance and secured. The attendant at the foot of the stretcher should grasp the bar, palms up, elbows slightly

bent, and stand straight with chin tucked to attain proper back alignment.

7. Stair Chair - Model 42

These guidelines are based on a Ferno-Washington Model 42 stair chair. The Model 42 chair is designed to aid in the movement of a patient in a seated position either by rolling on the wheels or by carrying in situations where a larger device, such as a stretcher, cannot be maneuvered. These instructions are general.

Attendants should secure the patient with restraints and should never leave the patient unattended.

A. Operational Features

The maximum load on this specific piece of equipment is 350 pounds. To open the chair, grasp the seat and back frame and separate them. The chair should be unfolded completely with the locks engaged. The locking of the chair should be confirmed visually by checking that both sides of the lock bar are engaged. The locking of the chair should also be confirmed visually by checking that both sides of the lock bar are engaged over the crossbar. To fold the chair, lift the lock bar, grasp the seat frame and pull it toward the head frame.

B. Carrying Handles

Handles are provided at the head and the foot of the chair. Handles should be used on all transports. A firm grip on the handles with the palms of the hands is necessary, because the palms are stronger than the fingers alone. If you elect to not use the handles on the chair you must be certain that your grip is certain and sure.

C. Restraints

The chair is equipped with two restraints for patient security. They should be used whenever there is a patient on the chair. The restraints support the patient's legs and feet, preventing them from swinging their legs from side to side. The other restraint is secured around the patient's chest to ensure that the patient does not fall off the side.

D. Placing the Patient

A recognized patient handling technique should be used to place the patient on the chair.

E. Securing the Patient

After placing the patient on the chair and fastening the restraints, the attendants move to positions at the front and rear of the chair. The rear attendant grasps the chair frame then tilts the chair back until the weight is balanced on the chair wheels. The chair can be rolled without lifting.

F. Carrying the Patient

To carry the patient, the same tilt-back and balance procedures are used. The attendants grasp the front and rear carrying handles simultaneously, using the "3" count method. On level surfaces, the front carrying handles should be in the stored position. The front attendant may face either direction while carrying. When carrying on stairs, the front attendant should have the carrying handles in the up position and should face the patient.

Media Relations

The policy of Toms River Office of Emergency Management EMS Division is to not publicize or release any information that may be construed as confidential to any source.

All requests for information shall be referred to a supervisor or the EMS Director.

Any articles, advertisements, or other written materials developed for publication in local, state, internet, national, or international publications on any matter involving the Toms River Office of Emergency Management EMS Division, or referencing the Toms River Office of Emergency Management EMS Division directly or indirectly, must be approved by the EMS Director.

Hot and Cold Weather Operations

Hot Weather Operations

Hot weather can present problems for vehicle operations. The following procedures are necessary to ensure that the vehicles will operate at maximum performance:

a) When operating A/C units, windows up, rear unit on low speed when unoccupied by a patient.
b) Keep patient doors closed when on scene, set the A/C temp before entering the scene to begin cooling of the patient compartment.
c) Excessive idling of the unit is not permitted, (defined as idling longer than 20 minutes) when not "active" on an assignment.

Cold Weather Operations

Cold weather can present problems for vehicle operations. The following procedures are necessary to ensure the vehicles will operate at maximum performance:

a) When preparing ambulances for the shift, snow should be cleaned off. Heavy snow and ice built up around the hood, cab roof, running boards, and rear bumpers should be removed.
b) When operating the heater, windows up, rear unit on low speed when unoccupied by a patient.
c) Keep the patient doors closed when on scene, set the heater temp before entering scene to begin heating of the patient compartment.
d) Be certain to plug the 110V shoreline cord in when the ambulance is taken out of service for the shift.
e) Excessive idling of the unit is not permitted, (defined as idling longer than 20 minutes) when not "active" on an assignment.

Vehicle Maintenance

Preventive Maintenance - Ambulances

The Toms River Office of Emergency Management EMS Division adheres to the vehicle manufacturer's Severe Duty Schedule in maintaining all vehicles

Vehicle Checklist

Check the vehicle engine fluid levels at the start of every shift. The vehicle must be on level ground to properly check the fluid levels. Be sure fluids, particularly oil and coolant, are all in the normal range. Be sure all emergency lights, siren, headlights, marker lights, and directional signals are in working order. You must have your ambulance running with the high idle on when checking your lights. Check belt condition by looking and listening to it. Check all of the tire pressures prior to your shift.

Washing Vehicles

The exterior of every vehicle should be kept clean. Vehicles can be taken to the commercial car wash approved by the township. Crews must notify the dispatcher when traveling out of their assigned coverage area to have their vehicle washed.
Remember - *A clean unit is a direct perception by the general public on the abilities of the crew members, and the emergency medical service program as a whole*.

Damage to Vehicles

If a stain or scratch exists on any unit, do not attempt to remove or touch it up yourself. Please notify the supervisor and document the damage on the Daily Log Sheet.

Mechanical Failures – Ambulances

If during your shift you experience a mechanical failure in an ambulance, you must do the following:

a) Stop the vehicle when you have cause to suspect or experience a debilitating problem.
b) Attempt to move the vehicle to a safe location. (parking lot, side of road, etc.)
c) Notify the dispatcher. The dispatcher will advise the supervisor.
d) If you are transporting a patient, the dispatcher will send you another ambulance to complete the transport.
e) **DO NOT** discuss the situation freely over the radio unless absolutely necessary.
f) Do not attempt to fix the vehicle unless you are otherwise instructed.
g) The supervisor will contact the mechanic. If the supervisor is unable to do so, the dispatcher will contact a tow truck.
h) Problems of a non-debilitating nature must be documented on the Daily Log Sheet. Be certain to always write down the problem no matter how many times you believe the problem has been reported.

Do not risk severe or permanent damage to a vehicle by not adhering to the above.

Billing and Collections

All questions on charges, insurance coverage, and billing issues should be referred to the supervisor or the EMS Director.

The Toms River Office of Emergency Management EMS Division will not engage in on-scene collections for services at scene, en route, or upon delivery of the patient. The Toms River Office of Emergency Management EMS Division accepts assignment from Medicare, Medicaid, and most third party payers for patients meeting applicable medical necessity requirements.

The following are the basic billing and collection policies of the Toms River Township EMS:

a) The Toms River Office of Emergency Management EMS Division conducts no "back" billing for those patients who are residents of Toms River Township. Essentially what this means is that the residents of Toms River Township are only billed through their insurers and they have no further financial responsibility to Toms River Office of Emergency Management EMS Division for charges left unpaid.
b) The Toms River Office of Emergency Management EMS Division accepts assignment from most third party payers.
c) The Toms River Office of Emergency Management EMS Division will make every effort to bill, and collect payment from patient insurance companies directly.
d) The Toms River Office of Emergency Management EMS Division will not utilize any threatening letters, billing tactics, or telephone methods to collect payment for services rendered.
e) The primary focus of all billing messages and telephone contacts will be to secure patient insurance information.
f) The Toms River Office of Emergency Management EMS Division utilizes an outside collection agency only when all efforts fail in contacting a patient for insurance information or to arrange for payment.
g) Any outside collection agency utilized by the Toms River Office of Emergency Management EMS Division will be held to the highest standard of accountability for its customer service and collection tactics.

The Toms River Office of Emergency Management EMS Division's billing company will address all cases of financial hardship on an individual basis.

a) Any patient who contacts our billing office and states that they have a financial hardship will be offered a payment plan to meet their individual needs.
b) Any patient that states that they are unable to meet the terms of a payment plan for the full amount of the bill will be offered a reduction in the bill to the current Medicaid rate of reimbursement with the balance written off as a "financial hardship." A payment plan for the balance due will be arranged if necessary.
c) Any patient that contacts the Toms River Office of Emergency Management EMS Division and states that they are unable to pay any amount of the bill may qualify

to have their entire bill written off as a "financial hardship."

d) All such requests and determinations of financial hardship are considered on an individual case-by-case basis. The Toms River Office of Emergency Management EMS Division may request documentation of the financial hardship in the form of hospital free care documentation, a letter from a third party such as a social worker, or a letter from the patient himself or herself stating that they have a financial hardship.

CONCLUSION

ANY VIOLATION OR FAILURE TO ADHERE TO THESE POLICIES AND PROCEDURES MAY RESULT IN A VERBAL WARNING, WRITTEN WARNING, SUSPENSION, AND/OR TERMINATION.

As you have read through this manual, we hope that you have found these policies and procedures to be clear, concise, and practical. If you have not, we ask you to step back and look at them again, objectively, from an operations point of view. Several of these policies may be seen as strict. In some cases, they are. Try to keep in mind that strict policies, guidelines, and their enforcement are not in place to make our job easier or your job more difficult. They are in place to make your work place a model of professionalism and superior patient care. No one ever said this job was going to be easy. Emergency medical service is a field that does not allow for unprofessional behavior or sloppy operations. When lives sometimes hang in the balance, our service must be at its best and you must be at yours. Work with us and do not settle for mediocrity. If you strive for these goals, you cannot help but do good and important work.