



Jefferson County Emergency Services Agency Administrative Policies & Operating Guidelines

0001

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Updated: 11/1/16

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Employee Handbook Exordium

Board Approval: *R M Kelly*

Date: 4/26/16

Introduction

The Jefferson County Emergency Services Agency (JCESA) Employee Handbook is comprised of two sets of documents; Administrative Policies and Operating Guidelines.

Administrative Policies are numbered 1000-1999 and are intended to provide JCESA employees with the most current administrative responsibilities, management procedures, employer and employee requirements, complaint process, disciplinary actions, compensation methods, holidays, benefits, retirement, grievances, leave, ethics, and other administrative topics. It is not possible to address every topic or situation that may arise, therefore the Director(s) and/or JCESA Board reserve the right to impose and enforce policy related to situations that may not be addressed in this handbook.

Operating Guidelines are numbered 2000-2999 and are intended to provide JCESA employees with guidelines to ensure uniform provision of emergency medical services and departmental operations by JCESA employees. Many of these guidelines are based on WV State Code, WVOEMS Protocols, Insurance recommendations, Jefferson County government, the Squad Medical Director and other agencies having jurisdiction or influence over such matters. These guidelines may not be all-inclusive as field conditions may require some deviations. Deviations are subject to review by the Director, Deputy Director, Squad Medical Director and/or the JCESA board at any time deemed appropriate.

The Director will periodically review the contents of the Employee Handbook and make or recommend changes to the JCESA board for approval. Jefferson County Emergency Services Agency reserves the right to make changes to the Employee Handbook at any time without advance notice in the best interest of the Agency. Updated copies of all affected pages will be provided to all employees with written documentation. Any employee may submit recommended changes or additions in writing to the Directors at any time for consideration.

The Employee Handbook is presented as information and is not intended to be or to create an employment contract neither express nor implied.



Jefferson County Emergency Services Agency Administrative Policy

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Mission

The mission statement of the Jefferson County Emergency Services Agency (JCESA) is to assist the Jefferson County volunteer fire departments in providing fire and emergency medical services to all citizens and visitors of Jefferson County, West Virginia. JCESA and the fire departments will provide these services in a non-discriminatory manner with compassion, integrity and commitment to all those in need in a timely and professional manner.

Definitions

Agency: Jefferson County Emergency Services Agency

ALS: Advanced Life Support.

Applicant: An individual who has completed an application for employment with JCESA.

Appointment: The offer of employment and acceptance by an individual of a position with JCESA.

BLS: Basic Life Support.

Board: Jefferson County Emergency Services Agencies Board of Directors.

Compensation: Money, thing of value or financial benefit. The term compensation does not include reimbursement for actual reasonable and necessary expenses incurred in the performance of one's official duties.

Directors: Director and Deputy Director

Dismissal: Involuntary separation from employment with JCESA.

EMS: Emergency Medical Services

Employee / Worker: Any person in the service of the JCESA under any contract of hire, whether express or implied, oral or written, where the employer or an agent of the employer or a public official has the right or power to control and direct such person in the material details of how work is to be performed and who is not responsible for the making of policy nor for recommending official action.

Employer: Jefferson County Emergency Services Agency.

Ethics Act: The West Virginia Governmental Ethics Act.

Ethics Commission: The West Virginia Ethics Commission.



Fringe Benefits: Non-wage benefits provided to full-time employees of JCESA.

Full-Time Employee: Any employee who regularly works a minimum of thirty-five (35) hours per week.

Immediate Family: An employee's spouse, child(ren), stepchildren, grandchildren, father, mother, legal guardian, sister, brother, mother-in-law, father-in-law, son-in-law or daughter-in-law.

Introductory Period: A six-month probationary trial period of employment.

JCESA: Jefferson County Emergency Services Agency

Leave: Approved absence from work whether paid or unpaid.

Management: Director, Deputy Director and/or the Agency

Medical Director: JCESA appointed physician with the rights and responsibilities prescribed by WVOEMS and WV 64CSR48. Also referred to as the Squad Medical Director.

Part-Time Employee: Any employee who regularly works less than thirty-five (35) hours per week.

Person: An individual, corporation, business entity, labor union, association, firm, partnership, limited partnership, committee, club or other organization or group of persons, irrespective of the denomination given such organization or group.

Political Contribution: Has the same definition as is given that term under the provision of article eight [§3-8-1 et seq.], chapter three of the West Virginia Code.

Public Employee: Any full-time or part-time employee of any governmental body or any political subdivision thereof, including school boards.

Public Official: Any person who is elected or appointed and who is responsible for the making of policy or takes official action which is either ministerial or non-ministerial, or both, with respect to (i) contracting for, or procurement of, goods or services; (ii) administering or monitoring grants or subsidies; (iii) planning or zoning; (iv) inspecting, licensing, regulating or auditing any person; or (v) any other activity where the official action has an economic impact of greater than a de minimis nature on the interest or interests of any person.

Suspension: An involuntary leave of absence for disciplinary purposes.



Thing of value: May include any of the following:

- (i) Money, bank bills or notes, United States treasury notes, and other bills, bonds or notes issued by lawful authority and intended to pass and circulate as money;
- (ii) Goods and chattels;
- (iii) Promissory notes, bills of exchange, orders, drafts, warrants, checks, bonds given for the payment of money or forbearance of money due or owing;
- (iv) Receipts given for the payment of money or other property;
- (v) Any right or choice in action;
- (vi) Chattels real or personal or things which savor of realty and are, at the time taken, a part of a freehold, whether they are of the substance or produce thereof or affixed thereto, although there may be no interval between the severing and the taking away thereof;
- (vii) Any interest in realty, including, but not limited to, fee simple estates, life estates, estates for a term or period of time, joint tenancies, co tenancies, tenancies in common, partial interests, present or future interest, contingent or vested interest, beneficial interests, leasehold interests, or any other interest or interest in realty of whatsoever nature;
- (viii) Any promise of employment, present or future;
- (ix) Donation or gift;
- (x) Rendering of services or the payment thereof;
- (xi) Any advance of pledge;
- (xii) A promise of present or future interest in any business or contract or other agreement; or
- (xiii) Every other thing or item, whether tangible or intangible, having economic worth.

WVOEMS: West Virginia Office of Emergency Medical Services

Scope of Coverage

The JCESA Employee Handbook is available to all Employees and Board Members as guidelines and procedures.

Saving Clause

If any portion of the Employee Handbook is found to be inconsistent with any duly constituted authority, adherence will be made to the constituted authority but will not affect the validity of the balance of the guidelines and procedures.



Policy & Guideline Development Process

Board Approval:

A handwritten signature in black ink, appearing to read "R. M. Kelley".

Date: 4/26/16

Purpose

The purpose of this policy is to establish a consistent process for the creation, amendment, and/or elimination of an Administrative Policy or Operating Guideline.

Policy

There are 3 methods by which an Administrative Policy or Operating Guideline can be created, amended, or eliminated:

JCESA Board. Any Board member may propose amendments, additions, or deletions at a regular or special Board meeting for review and consideration. The Board may, but is not required to, refer the proposed policy or guideline to the Director for review and input. Upon approval by the Board, the Chairman shall sign the administrative policy or operating guideline.

Director. The Director may propose amendments, additions, or deletions to the Board at a regular or special Board meeting for review and consideration. Upon approval by the Board, the Chairman shall sign the administrative policy or operating guideline. In situations where the Director deems it necessary s/he may implement a policy or guideline as a provisional policy or guideline prior to obtaining Board approval so long as the policy or guideline is presented to the Board for review and consideration at the next regularly scheduled Board meeting. The Board may accept, modify, or reject provisional policies and/or guidelines.

Agency Medical Director. The Agency Medical Director oversees medical aspects of the EMS agency/system (WV 64CSR48 9.1.d.) It is under his/her authority that all medical care is administered (WV 64CSR48 9.1.d.2.B) and s/he has the responsibility "grant, restrict, or deny privileges for EMS personnel practice within the agency or county" (WV 64CSR 48 9.1.d.2.C.) As such, the Agency Medical Director may promulgate a policy or guideline regarding the medical aspects of the agency to assure quality patient care. The policy or guideline will be effective upon being signed by the Agency Medical Director. Any policy or guideline promulgated and implemented by the Agency Medical Director will be presented to the JCESA Board at the next regularly scheduled meeting for adoption and formal inclusion in the administrative policies and/or operating guidelines. Upon a successful motion to adopt, the chairman shall sign the policy or guideline.



Equal Opportunity Employment

Board Approval: *R M Keller*

Date: 4/26/16

JCESA is an equal employment opportunity (EEO) organization. EEO is not only the law, but promotes diversity through the agency which allows for better service delivery to the public. EEO applies to all areas of employment, including recruitment, selection, hiring, training, transfer, promotion, termination, compensation, and benefits.

As an EEO employer JCESA does not discriminate in its employment decisions on the basis of race, religion, color, national origin, ancestry, gender, age, military status, disability, or any other basis that would be in violation of any applicable federal, state, or local law. Furthermore, JCESA will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship, safety, and/or health risk.



Jefferson County Emergency Services Agency Administrative Policy

AP 1050

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Hiring Process for Field Personnel (FF/EMT, FF/Paramedic)

Board Approval:

R M Kelly

Date: 4/26/16

Vacancies occur within our organization either through attrition or by the allocation and funding of additional positions by the County Commission. To fill these vacancies, the Jefferson County Emergency Services Agency (JCESA) conducts a written competitive examination, candidate inventory, physical agility testing, and one or more interviews for the positions of Emergency Medical Technician / Firefighter and Paramedic / Firefighter. The competitive examination and candidate inventory scores establish the eligibility list from which interviews are conducted and vacancies will be filled. The entire hiring process consists of nine steps in four phases as listed below.

All persons who are interested in employment with JCESA as an Emergency Medical Technician / Firefighter or Paramedic / Firefighter may obtain and file an application form with JCESA at 419 16th Avenue Ranson, WV, 25438. Applications may also be obtained online at jcesa.org.

Phase 1: Advertisement & Application

- Step One: An advertisement for Emergency Medical Technician/Firefighter and/or Paramedic/Firefighter full time and/or part time positions will be posted on the JCESA website (www.JCESA.org) and other media, at the discretion of the Director, for a minimum of two weeks and include an application submission deadline.
- Step Two: All applicants must complete a Jefferson County Emergency Services Agency (JCESA) employment application and submit all documentation of required training before being eligible to test. The entire list of training requirements is part of the application. Failure to provide required documentation with application shall be grounds for dismissal from the employment process immediately.

Phase 2: Screening

- Step Three: All candidates who have a valid and complete application for employment on file as of the published submission deadline will be invited to take a competitive written emergency medical services examination appropriate to his/her level of certification and a physical agility test. The Agency will offer a minimum of three testing dates to be established by the Director(s) and all candidates will be notified of the dates. Each candidate must register to take the exam and physical agility test on one of the established dates. The examination and physical agility test will only be administered on the days and times established and there will be no mechanism to 'make-up' the exam.



or physical agility test. Failure to test on one of the established dates will result in immediate elimination from the application process.

The physical agility test is a pass/fail element of the process. Candidates who are unsuccessful in the physical agility test, at the sole discretion of the proctor, are eliminated from the application process immediately.

Step Four: The Director will review the application packages of all remaining candidates and tabulate candidate inventory points. Candidate inventory points are assigned based on the candidate's education, experience, and training as documented on his/her application.

The candidate's inventory score will be added to his/her written exam test score to create a screening score. All candidates will then be placed on either the ALS or BLS eligibility list, ranked by highest screening score.

These eligibility lists will be utilized for no more than two years, however the Director may initiate the testing process to create a new eligibility sooner than two years if s/he deems necessary.

Step Five: When a vacancy exists, the top five candidates (based on total screening score) will be interviewed by an interview panel which will include; 1) JCESA Director or Deputy Director, 2) County Administrator or appointee, 3) One representative of the private sector.

The interview will be scored by each member of the panel. The candidate's interview score will be added to their screening score to create the candidates total score. Candidates will be ranked from highest to lowest based on total score.

Phase 3: Selection

Step Six: The Director shall offer employment to a candidate whose score is among the top three. This offer will be contingent upon successful completion of Phase 4 of this process.

If any individual candidate that maintains a ranking in the top three without being selected for employment three times; said candidate will be eliminated from the employment process.



Phase 4: Post Selection

- Step Seven:** Candidate(s) reaching this phase/step must pass the NFPA 1582 Medical Physical Examination and drug screening. All initial costs incurred for these requirements will be at the expense of JCESA. Completion of these requirements will be deemed successful upon receipt of written notice that the candidate's drug screen is negative and he/she is fit for duty based on the results of the Medical Physical Examination as interpreted by the medical practitioner conducting the exam. If the candidate does not successfully complete either requirement, as defined above, he/she shall be eliminated from the eligible list for employment and any offer of employment will automatically be withdrawn.
- Step Eight:** Any candidate who successfully completes all previous phases of the process shall undergo a criminal background investigation and driver's license investigation by the Jefferson County Commission and/or Sheriff's Department. All costs incurred for these requirements will be at the expense of JCESA. Failure to comply and/or unsatisfactory findings (at the discretion of the Director(s)) shall result in immediate elimination from the application process. In the event that a candidate begins employment prior the completion of these screenings, continued employment is conditional on both the criminal background and license background investigation returning no adverse reports. If an adverse report is returned, the employee may be terminated immediately.
- Step Nine:** All new employees (full time and part-time) will be mandated to successfully complete the JCESA Employee Orientation Program (#1070) and the JCESA Introductory Period (#1060) as outlined in the Administrative Policies of JCESA. Failure to comply and/or successfully complete either requirement shall result in immediate dismissal from employment.

Any discrepancies which may arise during the above hiring process will be decided and resolved at the discretion of the Director.



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Introductory Period

Board Approval:

R M Kelley

Date: 4/26/16

All new JCESA Full Time employees, including part time employees who transfer to full time status, will serve an introductory period of six months. During this period the employee will complete their orientation process as described in policy 1070.

The introductory period allows the employee and management to determine whether the employee is a good fit for JCESA and vice versa. Supervisors will utilize this time to evaluate the employee's ability to complete the required tasks, perform in emergency situations, complete administrative assignments, demonstrate interpersonal skills, and meet the overall high expectations of JCESA field providers.

During the introductory period the employee may be dismissed from employment at the discretion of the Director, if s/he believes the employee is not suitable for continued employment, without initiating any lesser disciplinary action.

At the conclusion of the introductory period, if the employee has performed satisfactorily, s/he will be awarded regular full time status with all rights and benefits defined in the JCESA Administrative Policies.

The length of the introductory period may be reduced at discretion of the Director for any part time employee converting to full time status who has been with the agency greater than one year and completed the employment orientation process.



Jefferson County Emergency Services Agency

Administrative Policy

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Employee Orientation Program

Board Approval:

R M Kelly

Date: 4/26/16

Purpose:

The JCESA Orientation Program is intended to ensure that newly hired employees are thoroughly prepared to function independently in their position.

Definitions:

New-hire: Any recently hired JCESA employee that has not been released to function independently by the Director and the Squad Medical Director.

Trainer: An employee that is released to function independently and approved by the director to train New-Hires as coordinated by a Field Training Officer.

Field Training Officer: An employee that is released to function independently and appointed by the director to coordinate the orientation of a new-hire.

Duration:

There is no pre-determined length of time that a new-hire will spend in the Employee Orientation Program. A new-hire's orientation is complete when he/she completes the specific objectives and demonstrates the required competencies.

Program:

An orientation binder containing a checklist of the objectives and competencies to be completed during the employee orientation process will be issued to each new-hire. The orientation checklist provides for the completion of numerous administrative objectives, demonstration of skill competencies, and familiarization with the stations, units, and equipment. It will be the new-hire's responsibility to have their binder with them every day and to take their binder on any field details.

Each new-hire will be assigned a Field Training Officer (FTO) by the director. The FTO will serve as a trainer and general coordinator of the new-hire's completion of the orientation program. The new-hire will be assigned to work on-shift with their FTO at the FTO's assigned station. The FTO will assist the new-hire in completing certain objectives and



competencies through direct training and guidance and by detailing the new-hire to other stations or locations for periods of time throughout the day.

Concurrent Internship:

A new-hire who is not already a released provider under the JCESA Director and the Squad Medical Director must complete an internship program. This program, which requires the provider to perform as the primary attendant under the supervision of a preceptor, is defined in JCESA Operating Guidelines.

A new-hire in the employee orientation program that is also in the internship program is encouraged and expected to take advantage of any opportunity to intern on incidents whenever possible. The new-hire may intern with any cleared preceptor and is not limited to only their FTO or Trainer. Those in the internship program are strongly encouraged to intern with a variety of preceptors.



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Safety

Board Approval:

A handwritten signature in black ink, appearing to read "R. M. Kelley", is written over the "Board Approval:" text.

Date: 4/26/16

Emergency Service work is inherently dangerous and requires extensive safety procedures and training for those employed within. JCESA is dedicated to providing the safest workplace possible for its employees.

JCESA will follow all WVOEMS Safety requirements, Federal OSHA 1910.120 regulations and applicable NFPA Standards adopted by the authority having jurisdiction over the agency.

In addition, safety requirements for a variety of emergency operations will be specifically addressed in the JCESA Operating Guidelines.

JCESA will provide, or arrange through agreement with other public safety agencies to provide, all necessary personal protective equipment for required job performance.

It is the responsibility of each employee and supervisor to exercise prudent judgment and caution while at work in order to create an environment that is safe for themselves, fellow employees and the general public.



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Travel Expense & Reimbursement

Board Approval:

R M Kelley

Date: 4/26/16

When performance of JCESA employee's duties requires travel, the employee may be reimbursed all necessary and reasonable expenses in connection with said travel. Prior approval from the Director must be granted before traveling on official business at the employer's expense. Receipts for lodging, meals, tolls, etc. must be submitted for approval by the Director and reimbursement. Any itemized receipts presented for reimbursement must cover only the expense of the employee(s), and must not include the expense of the employee's family or other unauthorized person(s). If an employee uses his/her personal vehicle, the employee will be reimbursed per mile at the publicized statutory rate in effect at the time.



Jefferson County Emergency Services Agency Administrative Policy

AP 1100

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Field Staff Scheduling

Board Approval:

A handwritten signature in black ink, appearing to read "R. M. Kelly".

Date: 4/26/16

The workweek for JCESA employees is from 0800 hours on Sunday until 0759 hours on the following Sunday. The nature of the work we do requires 24 hour a day, 7 day a week operations. As such, many shifts will require irregular work hours and inconsistent work days.

Employees shall be in regular attendance during all scheduled hours of work. The schedule is available to all employees 24/7 electronically. By accepting employment, the employee agrees to be available to work as scheduled.

Full time employees are assigned to a team, or "shift" by the Captain in consultation with the Lieutenants and Deputy Director. To the greatest extent possible, full time employees are assigned a consistent, rotating, and/or cyclical schedule. Occasionally circumstances may require modified scheduling for one or more employees that deviates from their normal assignment.

Part time employees are employed to fill vacancies created by regularly unassigned shifts and leave taken by full time employees. The following process shall be followed for scheduling part time employees:

1. Part time employees are required to submit their availability via the electronic scheduling system by the tenth of the month for the following month. (i.e., availability for February must be submitted by January 10th.)
 - a. Part time employees who fail to submit at least 24 hours of availability for a given month by the 10th of the preceding month will be subject to dismissal, at the discretion of the Director.
 - i. Part-time employees who submit 24 hours of availability for the month by the 10th of the preceding month need not be actually scheduled for any shifts to be considered in compliance with this policy.
2. The Captain shall fill any known vacant shifts, based on part time employee availability, by the 15th of the preceding month. (i.e., the schedule for February will be populated by January 15th.)

Vacancies may exist after the 15th of the preceding month for several reasons; 1) no part time employees were showing available when the schedule was reviewed, or 2) new vacancies arose after the schedule was complete. In these situations, full time and part time employees who are available for a vacant shift will bid on the shift using the electronic schedule's bid feature.

Part time employees who work less than 24 hours on-shift, not including training or meetings, in any six-month period will be subject to dismissal, at the discretion of the Director.



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Compensation Method

Board Approval:

R M Kelly, Chairman

Date: 4/26/16

All employees of JCESA will be paid bi-weekly, every other Thursday, via direct deposit to the employee's bank account. The JCESA may from time to time modify the pay date to accommodate holidays.

Total weekly hours for calculation of pay are hours actually worked, plus hours credited for holiday observance, plus hours not worked but credited as leave (medical, annual, etc.)



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Overtime

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

Overtime is defined as any hour(s) worked in excess of ninety-six (96) hours in one pay period (Sunday at 0800 to the second Sunday following at 0759) by non-exempt employees and is paid at a rate of one and one-half (1.5) times the employee's regular hourly rate.

Only hours worked will be used in the computation of overtime. Medical Leave, Personal Leave, Holidays, and any other leave or pay for hours not worked will not be included in the calculation of overtime.

Any overtime must have prior approval from the Director, Deputy Director, or Captain. All overtime will be subject to budgetary constraints; with the exception of overtime due to emergency incidents requiring the employee to remain on-duty beyond the conclusion of their scheduled shift, which will automatically be authorized.



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Holidays and Holiday Compensation

Board Approval:

R M Kelly, Chairman

Date: 4/26/16

JCESA shall observe, as designated holidays, all holidays observed and published by the Jefferson County Commission as the official holiday schedule.

In addition to those holidays published by the Jefferson County Commission, JCESA will also observe, as an official holiday, any day on which an election (primary or general) is held and all days which may be appointed or recommended by the Governor, of this State, or the President of the United States, as days of thanksgiving, or for the general cessation of business, any day or part thereof designated by the Governor's time off, without charge against accrued personal leave, for state employees statewide if the County Commission elects to designate the day or part thereof as time off, without charge against accrued personal leave for county employees. Any entire or part statewide day off designated by the Governor may, for all courts, be treated as if it were a legal holiday, as provided for in 2-2-1 of the West Virginia Code, as amended.

Full time employees who do not work during the hours of 0000-2359 on a designated holiday will be credited eight (8) hours of holiday pay.

Full time employees who work any time during the hours of 0000-2359 on a designated holiday will be credited with eight (8) hours of holiday pay at 1.5 times their regular hourly rate, in addition to any hours actually worked on the holiday.

Part time employees who do not work during the hours of 0000-2359 on a designated holiday will not be credited with any hours of holiday pay.

Part-time employees who work any time during the hours of 0000-2359 on a designated holiday will be compensated with four (4) hours of holiday compensation at the employee's regular rate of pay.



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Seniority

Board Approval:

R M Kelly, Chairman

Date: 4/26/16

Seniority is based on the length of continuous full-time employment with the JCESA and established beginning with the employee's most recent full-time hire date (or date transferred from part time to full time.) In the event an employee transfers to part-time status or leaves employment with the agency s/he shall forfeit their seniority and, upon returning to full time status, will not retain or regain previous seniority but will start over as a new employee.

The only exception to this shall be in the area of the retirement program which will be on the basis of those programs' guidelines and/or policies.



Workers' Compensation

Board Approval:

R M Kelly, Chairman

Date: 4/26/16

If an employee is unable to work as the result of a job-related injury, workers' compensation may provide temporary disability payments and/or compensation for medical expenses incurred, according to the terms and conditions of the Workers Compensation law.

If an accident or injury occurs on the job, including a blood borne pathogen exposure, the injured employee shall;

1. Seek medical attention as soon as possible following the event
 - a. Complete the employee's section of the workers compensation Employee Report form.
 - b. Request that the physician complete the provider's section of the workers' compensation Employee Report form documenting his/her findings.
 - i. Obtain a copy of this completed form from the provider and submit it within twenty-four (24) hours to the on-duty officer or Deputy Director.
2. Notify the on duty officer immediately.

The Deputy Director shall complete the employers report form as soon as possible after the event and no later than one business day after the event.

Both forms (Employee's Report and Employer's Report) are available in hardcopy form at Station 11, electronically, and are kept on-hand in the Emergency Department.

Workers compensation claims will be submitted by the Deputy Director to the insurance carrier no later than one business day following the event for review. Approval of claims is at the discretion of the insurance carrier.

If approved for workers' compensation payments to replace lost wages, no medical leave, or personal leave will accrue and holiday pay will not be credited during the time the employee is receiving workers' compensation payments.

The Safety Lieutenant will conduct an investigation of any event that results in a workers' compensation claim. S/he will review the incident report (completed by the injured employee), the medical evaluation form (completed by the physician examining/treating the injured employee) and may conduct interviews of the injured employee and witnesses and take or obtain photographs and any other relevant documentation. The purpose of this investigation is to determine ways to prevent the event from recurring.



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When appropriate, the Safety Lieutenant may impound the gear, equipment, and/or PPE being used by the injured employee at the time of the incident, unless said items have already been collected or requested by an investigating law enforcement agency. S/he will store these items in a manner to preserve any evidence and will make them available to the insurance carrier, fire marshal, or the investigating law enforcement agency upon request.



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Personal Leave

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

Accrual of Personal Leave

Full-time employees shall accrue Personal Leave monthly, on the first day of the month, beginning July 1, 2016. The number of personal leave hours accrued will be based on the employee's length of service with JCESA based on his/her most recent full-time hire date, as follows:

Months of Service	Hours Accrued Monthly	Hours Accrued Annually
0-35 (0-3 yrs)	6.67	80
36-119 (3-10 yrs)	10.0	120
120+ (10 yrs +)	13.34	160

Employees will not accrue Personal Leave while on workers' compensation, short term disability, leave of absence, leave without pay for longer than 28 consecutive days, or administrative leave longer than 28 consecutive days.

Personal Leave is not available to part-time employees.

During the introductory period, the accrual of Personal Leave will be reflected in the employee's PTO balances in EMSeSchedule. However, this leave is not available until the employee completes the introductory period. If the employee separates from employment with JCESA for any reason prior to the completion of the introductory period, any leave balance is forfeited.

Personal Leave Balances

The maximum total of all types of leave, excluding Medical Leave, that an employee may carry at any time is 208 hours. If at any time an employee's total leave balance for all types of leave, excluding Medical Leave, exceeds 208 hours the amount in excess of 208 hours will be transferred to the employee's Medical Leave balance.

Additional pay in lieu of taking personal leave is not permitted. However, in order to protect the financial stability of the agency, the Director may elect to make a one-time payment to employees for leave (except Medical Leave) in excess of 208 hours as of July 1, 2016.

Illness during scheduled personal leave may not be converted to medical leave without signed documentation from a physician stating the employee's injury or illness would have prevented him/her from performing their normal assigned duties.



Unused Personal Leave will be paid to the employee upon separation from employment. See AP 1230 for details.

Use of Personal Leave

Personal Leave shall be classified into one of the following categories, based on how and when it is requested:

Vacation: Leave for this category must be requested via EMSeSchedule by November 15th of the preceding year for the period of January 1st through December 31st. All vacation Personal Leave requests will be reviewed by the scheduler and approved/rejected by November 30th. Vacation Personal Leave requests will be granted based solely on seniority. Employees whose vacation Personal Leave requests are rejected will have the opportunity to request a second round pick once all first round picks have been processed. All vacation Personal Leave must be assigned by December 15 of the preceding year. No additional requests for vacation Personal Leave will be accepted after December 15th of the preceding year. There is one (1) vacation leave slot available for any day and time.

Casual: Leave for this category must be requested via EMSeSchedule after the vacation leave request process has closed but not less than 7 days in advance of the date requested. Casual Personal Leave requests will be approved on a first-come first-served basis. There is one (1) casual leave slot available for any day and time.

Emergency: Emergency Personal Leave is time off requested by phone to the on duty supervisor a minimum of 30 minutes prior to the beginning of an assigned shift to accommodate an employee experiencing an unforeseen and urgent situation (i.e. automobile break down, home emergency, etc.) In addition to making direct contact with the officer on duty, it is also the employee's responsibility to submit a PTO request through EMSeSchedule prior to the end of the pay period for the hours of leave for which they wish to use Personal Leave.

Every attempt will be made to accommodate leave requests made in accordance with the preceding terms and processes. However, situations may arise where the Director is compelled to modify or refuse leave based on operational needs to maintain adequate staffing levels.



Medical Leave

Board Approval: *Rm Kelley, Chairman*

Date: 4/26/16

Accrual of Medical Leave

Full-time employees shall accrue 8 hours of Personal Leave monthly, on the first day of each the month.

Employees will not accrue Medical Leave while on workers' compensation, short term disability, leave of absence, leave without pay for longer than 28 consecutive days, or administrative leave longer than 28 consecutive days.

Medical Leave is not available to part-time employees.

During the introductory period, the accrual of Medical Leave will be reflected in the employee's PTO balances in EMSeSchedule. However, this leave is not available until the employee completes the introductory period. If the employee separates from employment with JCESA for any reason prior to the completion of the introductory period, any leave balance is forfeited.

Medical Leave Balances

An employee may carry forward an unlimited amount of accumulated medical leave.

Employees will not be compensated for unused medical leave balances upon separation of employment. See AP 1230 for details.

In the event all accumulated medical leave is used because of an extended illness, accumulated personal leave and compensatory leave may be used.

Use of Medical Leave

Medical Leave is provided for absences from work for the following purposes:

- Short term personal illness or injury
- Medical, dental or eye appointment for which arrangements cannot be made outside of working hours
- the employee is required to care for a sick or injured spouse, child or immediate family member within the same household
- the employee has been exposed to a contagious disease which may jeopardize the health of other employees
- Incapacity because of pregnancy



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For planned Medical Leave, such as medical appointments, the employee shall submit a request through EMSeSchedule as far in advance as possible.

For unplanned Medical Leave, such as illness, the employee must contact the officer on duty as soon as possible, but no less than 30 minutes prior to the start of their assigned shift. In addition to making direct contact with the officer on duty, it is also the employee's responsibility to submit a PTO request through EMSeSchedule prior to the end of the pay period for the hours of leave for which they wish to use Medical Leave.

If an employee needs to leave work suddenly while on duty for a reason covered by Medical Leave, s/he must notify the officer on duty. In addition to making direct contact with the officer on duty, it is also the employee's responsibility to submit a PTO request through EMSeSchedule prior to the end of the pay period for the hours of leave for which they wish to use Medical Leave.

For an absence in excess of three (3) working days, documentation signed by a physician stating the nature of illness shall be required prior to returning to work.

Medical Leave cannot be used for an absence that occurs as a result of a work related injury or illness that is covered by workers' compensation.



Family and Medical Leave Act

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

The Agency's family and medical leave policy (FMLA) is available to employees with at least twelve (12) months of service and who have worked at least 1,250 hours within the preceding 12-month period. If eligible, an employee may be able to take up to 12 weeks of unpaid leave during the calendar year (based on a 12-month rolling calendar) for the following reasons:

- The birth of a child or to care for a child within the first 12 months after birth;
- The placement of a child with the employee for adoption or foster care within the first 12 months of placement;
- To care for an immediate family member who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the functions of his/her position.

When requesting leave, the employee must provide the Director with at least 30 days of advance notice whenever possible. Medical certification will be required if the leave request is for the employee's own serious health condition or to care for a family member's serious health condition. Failure to provide the requested medical certification in a timely manner may result in denial of the leave until it is provided. Because the agency wishes to ensure the well-being of all employees, any employees returning from FMLA for his/her own serious health condition will need to provide a Fitness for Duty statement signed by his/her treating physician. An employee failing to provide a Fitness for Duty statement will not be permitted to resume work until it is provided. Qualifying FMLA leave will not be counted as an absence under the agency's attendance policy.

The agency, at its expense, may require an examination by a second health care provider designated by the JCESA if the agency has a reasonable question regarding the medical certification provided by the employee.

The JCESA will maintain health care benefits for the employee while on FMLA leave, but the employee is responsible for paying the normal monthly contribution. If the employee elects not to return to work at the end of the leave period, the employee will be required to reimburse the agency for the cost of premiums paid for maintaining coverage during the leave period within thirty days after separation from the Agency. All other benefits cease to accrue during the unpaid portion of the leave.

Employees must use any accumulated medical, personal, flex and compensatory leave, or to the extent available during this leave period, unless such leave is covered under Workers' Compensation, in which case the employee may only use accumulated leave time for the purpose of satisfying any waiting period. Absences in excess of these accumulated days



will be treated as leave without pay. Upon return from leave, the employee will be restored to his/her original or an equivalent position. If an employee fails to return at the end of FMLA leave, the employee will be considered to have voluntarily resigned his/her position with the organization.

If the employee and his/her spouse both work for the JCESA, they are both eligible for leave. In cases other than the employee's own serious health condition, the total leave period for the employee and the employee spouse may be limited to twelve (12) weeks total (combined).

It may be medically necessary for some employees to use intermittent FMLA leave. The Agency will attempt to work with employees to arrange reduced work schedules or leaves of absence in order to care for a family member's serious medical condition or their own serious medical condition. Leave because of the birth or adoption of a child must be completed within the 12-month period beginning on the date of birth or placement of the child. It may not be taken intermittently without special permission from the Director.

If an employee requests an extension of leave beyond the twelve (12) week period because of his/her own serious medical condition, the employee must submit medical certification of a continued serious health condition in advance of the request. The Board will review such requests on a case-by-case basis in order to determine whether it can reasonably accommodate such a request. Reinstatement is not guaranteed when granted extended leave and will depend upon the operational needs of the JCESA.

When state and local laws offer more protection or benefits, the protection or benefits provided by those laws will apply.



Bereavement Leave

Board Approval:

R M Kelley, Chairman

Date: 4/26/16

Bereavement Leave Accrual & Balance

Bereavement Leave is not accrued and no balance is maintained. Bereavement leave is granted on a case-by-case basis as the situation arises, at the discretion of the Deputy Director.

Bereavement Leave Use

An employee may be granted up to three (3) days or twenty-four (24) hours paid funeral leave for a death in the immediate family. Immediate family shall refer to the employee's spouse, children, grandchildren, stepchildren, father, mother, legal guardian, sister, brother, mother-in-law, father-in-law, son-in-law, or daughter-in-law. Leave may commence upon notice of the death.

An employee may be granted up to two (2) days or sixteen (16) hours paid Bereavement Leave upon the death of an employee's grandparent, spouse's grandparents, brother-in-law or sister-in-law, which may commence upon notice of the death, at the discretion of the Deputy Director.

An employee may be granted up to one (1) day or eight (8) hours paid Bereavement Leave upon the death of an aunt, uncle, cousin, niece or nephew. Leave may commence upon notice of the death at the discretion of the Deputy Director.

Employee may be granted up to one (1) day or eight (8) hours paid Bereavement Leave for the death of an individual not described above at the discretion of the Deputy Director.

Employees who must attend a family member's funeral that does not fall within the immediate family category and must travel in excess of two hundred (200) miles may be granted paid funeral leave at the discretion of the Deputy Director.



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Military Leave

Board Approval: *R M Kelley, Chairman*

Date: 4/26/16

Military Leave will be granted to full-time employees who are called to serve for a domestic emergency or to attend summer camp which requires time off, and will receive full pay differential for a period not to exceed thirty (30) calendar days. Each military leave of absence will be granted up to the limit set by law and the employee will be eligible for employment in accordance with the applicable Federal laws.

Benefits shall not be applicable when individuals are ordered or called to active duty by the President. (West Virginia code 15-1F-1).

The military leave will be granted for the duration of the required active service.



Compensatory Leave

Board Approval: *R. M. Kelly, Chairman*

Date: 4/26/16

Accrual (Banking) of Compensatory Leave

Full-time non-exempt employees may elect to bank compensatory leave hours in lieu of overtime compensation, provided the employee has a signed compensatory leave agreement on-file with the agency.

An employee may request that overtime hours worked be banked as compensatory leave. The request must be made through EMSeSchedule prior to 0800 hours on the Monday following the end of the pay period. Only hours actually worked and above the overtime threshold will be eligible to bank as Compensatory Leave. Hours banked are credited to the employee's Compensatory Leave balance at one and one-half times the number of actual hours (i.e., banking 8 eligible hours increases the employee's Compensatory Leave balance by 12 hours.)

Compensatory Leave Balances

The maximum total of all types of leave, excluding Medical Leave, that an employee may carry at any time is 208 hours. If at any time an employee's total leave balance for all types of leave, excluding Medical Leave, exceeds 208 hours, a sufficient amount of Compensatory Leave will be paid out to the employee at his/her regular hourly rate on the next paycheck to bring the employee's total leave balance, excluding Medical Leave, to 208 hours. If, once all Compensatory Leave has been paid out, the balance of Personal Leave exceeds 208 hours, the amount in excess of 208 hours will be transferred to the employee's Medical Leave balance.

Upon separation from employment with JCESA, the employee will be paid at his/her regular hourly rate for any balance of compensatory leave hours remaining in the employee's account.

Use of Compensatory Leave

An employee request for use of accrued compensatory time will be submitted through EMSeSchedule a minimum of three (3) days in advance. The Agency must allow for the use of compensatory time off within a reasonable request, unless the employee's absence would disrupt normal JCESA operations.



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Leave of Absence Without Pay

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

Requests

A request for a Leave of Absence Without Pay must be submitted in writing to the Deputy Director. The written request should include the reason(s) for and exact dates of leave being requested.

Review

The Deputy Director, at his/her discretion, may approve or reject a request for a Leave of Absence of up to thirty (30) days. A request for a Leave of Absence for more than 30 days must be approved by both the Deputy Director and Director. The employee making the request will be notified in writing of the decision.

An employee on an approved Leave of Absence without pay will NOT accrue Personal Leave or Medical Leave during their absence. The employee will be required to pay the premium or cost for health and dental insurance, and any elective payroll deductions, every 30 days while on Leave of Absence without pay.



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Jury Duty

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

All full-time employees will be granted time off with pay for jury duty with proper documentation of service.



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<p>Administrative Leave</p>

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

An employee may be placed on Administrative Leave with pay for a period not to exceed one week at the discretion of the Director or Deputy Director on a case by case basis.

An employee may be placed on Administrative Leave without pay in accordance with the agency's disciplinary policy (disciplinary suspension) or when, at the discretion of the Director, the employee's presence presents a risk to him/herself, his/her coworkers, or the community we serve.



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Payroll Deductions

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

The payroll clerk of JCESA is authorized to make established deductions from an employee's gross or adjusted pay to cover Federal and State taxes and retirement system contributions. With employee authorization, the payroll clerk may make payroll deductions for any optional programs offered by the agency to employees.



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Employees' Retirement System

Board Approval:

R M Kelly, Chairman

Date: 4/26/16

All full-time employees, except non-certified administrative employees, of JCESA are mandated to participate in the Emergency Medical Services Retirement System managed by the West Virginia Consolidated Public Retirement System in accordance with WV §16-5V.

The agency pays ten and one-half (10.5) percent of the monthly salary of each member to the fund and the employee shall pay eight and one-half (8.5) percent of his or her monthly salary to the fund. These payments will be made via payroll deduction.



Group Health & Life Insurance

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

Revised 11/20/12

Eligibility

Full-time employees are eligible for group health and life insurance provided by JCESA and its chosen carrier. Insurance coverage will become effective for each eligible employee on the first day of the month following their 30th day of employment.

Part-time employees may elect to purchase insurance benefits at their own expense and at the discretion of the insurance carrier. Payroll deduction is not available for part-time employees.

Premium Payments

The agency pays the premium for specified group health and life insurance for the employee only.

Premiums for coverage of a spouse, children, or family coverage are the responsibility of the employee. Arrangements must be made with the payroll clerk to make appropriate payroll deductions at the established rate.

Additional life insurance may be acquired for an employee, spouse or dependent, at the employee's expense, and paid through payroll deduction.

Any employee on extended leave (workers' compensation, short term disability, leave of absence, leave without pay, or administrative leave) of 28 consecutive days or more and not receiving a regular paycheck from the agency will be responsible to reimburse the agency monthly for the cost of any coverage normally deducted from the employee's pay (spouse, children, or family coverage or additional life insurance.) Payments must be made to JCESA by the last day of each month. In the event that reimbursement payments are in arrears by more than two (2) months, the agency reserves the right to cancel the policy(ies) immediately and without notice.

Insurance coverage paid by JCESA ceases when the employee leaves employment with the agency. However, s/he may be eligible to continue coverage at his/her expense.



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Flex Time

Board Approval:

R M Kelly, Chairman

Date: 4/26/16

Scope

This policy applies to the Director and Deputy Director as exempt management employees.

Purpose

Because of the supervisory nature of the positions, it shall be incumbent upon the Director and Deputy Director to perform service in excess of normal working hours as the need arises. Appointment to the position of Director or Deputy Director shall constitute agreement and recognition of this necessity. While the Director and Deputy Director are required to work a minimum of 40 hours per week and 80 hours per pay period, some situations may necessitate flexibility in when those hours are worked. Flex Time allows the Director or Deputy Director to bank and use, or use and then bank, excess hours within the same pay period.

Policy

Hours worked in excess of 40 per week will not be considered overtime because the Director and Deputy Director are exempt employees. However, hours worked in excess of 8 per day or 40 per week may be taken later as time off (flex time), not counted against any type of paid leave, within the same pay period subject to the immediate requirements of the agency. Additionally, if the Director or Deputy Director anticipates working excessive hours or days near the end of a week or end of a pay period s/he may take time off earlier in the week or pay period as flex time to be worked later in the week or pay period.

Unused Flex Time will not be paid to the employee upon separation of employment. See AP 1230 for details.



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Pay Grade Table

Board Approval:

R M Kelly, Chairman

Date: 4/26/16

Jefferson County Emergency Services Agency will utilize the Jefferson County Government pay table effective the first full pay period in July of 2013. All employees of JCESA will be placed in the appropriate grade and step accordingly.



Disciplinary Action

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

Purpose

Employment rules are to afford a safe, efficient and pleasant work place. It is the responsibility of all employees to observe rules and regulations necessary for the proper operation and administration of governmental functions, to assure compliance with Federal and State Laws and to respect the rights of fellow employees. Employee behavior that is unacceptable will be subject to corrective and/or disciplinary action and may result in termination.

Progressive Discipline & Examples of Offenses

The steps for disciplinary action are verbal warning, written reprimand, suspension and/or dismissal, although management retains the right to skip one or more steps in its sole discretion.

The following list, which is not all-inclusive, outlines acts and behavior that are not acceptable during work time or on work premises. Unacceptable behavior makes an employee subject to disciplinary action, up to and including dismissal. Causes of disciplinary action and corrective measures are at the discretion of the Director.

First Level Offenses

Unacceptable acts and behavior that are subject to disciplinary action.

Often, due to the nature of the offense, discussions between the employee and his/her supervisor will occur to allow the employee to correct the situation before it reaches the stage of a written reprimand. These discussions are documented by a memo, which becomes part of the employee's record.

When a written reprimand is issued, it becomes a part of an employee's record and will be considered when evaluating an employee for promotion, transfer, training or additional discipline.

It is the responsibility of the supervisor to review the employee's work performance or conduct within ninety (90) days to assure that corrective action has been taken. Written documentation of the review shall be made part of the employee's record.

Three written reprimands within twelve (12) months' time, regardless of the type of first level offense, may result in dismissal. The Director and/or Deputy Director are responsible for evaluating each case on its facts. First level offenses include, but are not limited to:



- Unauthorized or excessive absence, tardiness or early quitting.
- Failure to abide by JCESA administrative policies & procedures
- Failure to meet established work quality standards.
- Failure to meet assigned housekeeping responsibilities.
- Obscene, abusive, harassing, or disruptive language or behavior.
- Failure to perform all assigned job responsibilities.
- Failure to follow prescribed work procedures.
- Failure to notify supervisor of absence(s.)

Second Level Offenses

Behavior that is of such a nature that violation may result in both a written reprimand and suspension without pay. Repetition of this type of offense usually results in dismissal. An employee may be suspended, demoted, or dismissed by the Director for a second level offense. Second level offenses include, but are not limited to:

- Reoccurring tardiness without reasonable explanation.
- Absences without approved leave.
- Refusal to comply with instructions of the supervisor
- Deliberate or reckless conduct endangering the safety of the public, employee or co-workers.
- Neglect of major safety rules.
- Violating major safety rules.
- Leaving the work place at times other than regularly scheduled breaks (such as lunch and physical fitness training) without informing the supervisor.
- Unauthorized use of JCESA or any volunteer fire department company vehicles, materials, or supplies.

Third Level Offenses

Behavior of such a serious nature that a first occurrence can be just cause for dismissal, without prior notice or warning. Third level offenses include, but are not limited to:

- Harassment
- Reporting to work, or working, while intoxicated or when ability is impaired by the use of alcohol, or other drugs including abuse of prescription drugs.
- Refusal to comply with the specific instructions of the supervisor in the context of an assigned job duty, otherwise known as insubordination.
- Intentional falsification of personnel records, time records, or any other JCESA documents and records.
- Fighting during work time or on work premises.
- Use of alcohol or illegal drugs during work time or on work property, or bringing alcohol or illegal drugs on JCESA property.
- Deliberately damaging, defacing, or misusing JCESA property, any volunteer fire department property or the property of coworkers.



- Theft, misappropriation, embezzlement, unauthorized possession or removal of JCESA property, any volunteer fire department property or the property of coworkers.
- Immoral or indecent conduct which occurs on JCESA property or volunteer fire department property and interferes with the performance of an employee's duties or reflects negatively upon the professional atmosphere of JCESA or Jefferson County government and is inappropriate to the work place.
- Unauthorized or illegal possession of explosives, firearms, or other dangerous weapons on work premises, including parking areas.
- Failure to report to work for three (3) consecutive days without a satisfactory explanation.
- Conviction of a felony or misdemeanor as defined in WV §64-48.
- Violating any confidentiality requirements which may be established by statute or by the agency.
- Continued unsatisfactory job performance.
- Violation of the JCESA or Jefferson County's conflict of interest/ethical standards set forth herein.

These examples of first level, second level, and third level offenses are not to be construed in any way as a comprehensive list of all possible violations.



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Grievances

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

Purpose

It is the policy of JCESA to treat all employees fairly and equitably in matters affecting their employment with the Agency. The purpose of this policy is to afford employees the opportunity to appeal eligible actions by the Director or by eligible actions by other management and appealed to the Director without satisfactory resolution.

Eligible Action

The following actions are eligible for the grievance process IF the Director is unable to produce a satisfactory resolution or the Director is the subject of the complaint.:

- Any alleged violation of policy 1040
- Any alleged violation of policy 1450
- Disciplinary action that includes loss of time, wages, and/or termination

Process

An employee who feels he or she has been unjustly aggrieved may submit in writing a request to be heard by the JCESA Grievance Review Board. The request must be received within ten (10) working days of the aggrieving action.

The JCESA Employee Grievance Review Board shall consist of one member of the JCESA and two other designated Jefferson County Citizens.

A hearing request must be submitted by an employee to the Director who shall notify the Review Board of the hearing request. The Review Board will schedule a hearing within fifteen (15) business days of the employee's written request.

The Review Board shall have the right of access to any files, correspondence, etc. pertinent to the employee hearing.

After completion of the hearing, the Review Board will have fifteen (15) business days to render a final determination. Affected employees will be provided notification in writing of all decisions and suggestions made by the Review Board.

If an employee, Director, or board member is not satisfied with the decision of the board, he/she may pursue any legal remedy that may be available to the employee at the employee's expense.



Separation from Employment

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

Separation from employment occurs when employment ends with the JCESA, which may come about by Retirement, Resignation, or Dismissal.

Retirement

Each employee shall notify the Deputy Director in writing of his/her intentions to retire as soon as possible, but no less than two (2) weeks in advance of his/her intended last day.

Upon retirement, the employee will be paid, at the next regular payday, for any and all unused Personal Leave and Compensatory at his/her regular hourly rate times the number of unused hours. The employee will not be compensated for unused Medical Leave upon retirement, but may earn retirement credit through the WV EMSRS for unused Medical Leave. The employee will not be paid for unused Flex Time. Retired employees may be eligible to participate in the JCESA health insurance plan at their own expense.

Resignation

Resignation is a voluntary separation from employment on the part of the employee. All employees are expected to give two (2) week notice, in writing, to the Deputy Director of their intent to resign. Upon resignation, the employee will be paid, at the next regular payday, for any and all unused Personal Leave and Compensatory Leave at his/her regular hourly rate times the number of unused hours. The employee will not be compensated for unused Medical Leave or Flex Time upon resignation. Upon resignation, the employee may be eligible to continue health insurance benefits through COBRA at their own expense.

Dismissal

Dismissal is an involuntary separation from employment. Dismissal may occur for reasons such as, but not limited to, reduction in the work force or unsatisfactory job performance. The Agency is an at will employer with all employees.

When an employee is dismissed for any disciplinary reason, a final pay will be given to the employee within seventy-two (72) hours of the separation of employment (West Virginia Code Chapter 21). The final pay amount will include time worked, unused Personal Leave, and any unused Compensatory Leave. The employee will not be paid for unused Medical Leave or Flex Time and will forfeit any unused Medical Leave and/or Flex Time hours. The employee may be eligible to continue health insurance benefits through COBRA at their own expense.



Employee Access to Personnel File

Board Approval:

R M Kelly, Chairman

Date: 4/26/16

Purpose

Confidential personnel files containing pertinent employment information are maintained for each employee in the Office of the Director, JCESA. The employee is entitled to inspect or copy his or her personnel file in the presence of the JCESA Director or Deputy Director. This policy establishes the terms and conditions under which that inspection may take place.

Terms & conditions

- The employee wishing to inspect his/her file must notify the Director/Deputy Director at least 24 hours in advance of the desired appointment time.
- Personnel files may be examined only during normal JCESA business hours
- The employee shall not be entitled to inspect or copy any letter of reference or record that he/she has previously waived the right to inspect when such letters or records were solicited by or supplied to the JCESA based upon the employee signing a waiver limiting those options.
- Employees are strictly prohibited from removing and/or destroying any of the contents of their respective personnel files.
- The employee shall not be entitled to inspect or copy any other record exempt by WV Code 29B-1-4 unless there is clear and convincing evidence of a legitimate reason sufficient to make an exception to this restriction, as determined by legal counsel to the JCESA.

External Inquiries Regarding Employees

The response of the JCESA to outside requests for employment verification is restricted to the release of the employee's name, employment dates, and job title. Salaries of JCESA employees are a matter of public record.



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Freedom of Information Act Requests

Board Approval: *R M Kelley, Chairman*

Date: 4/26/16

All requests for information under the Freedom of Information Act (FOIA) shall be made in writing to the Director of the Agency. The request must be specific and responded to within 5 business days. If a legal objection to providing the information is found, this must be communicated to the requestor within the 5-day period.

The Board of Directors approved charging \$20 per hour for research and the market rate for copies (for example at Staples Copy Center). Payment will be received prior to release of the information.

It is the policy of this agency to send all FOIA correspondence certified mail, return receipt requested unless delivered in person and signed for during normal business hours.



Governmental Ethics

Board Approval:

Denise A. Poyet, Director JCESA

Date: 4/26/16, Rev: 11/1/16

The West Virginia Governmental Ethics Act establishes minimum ethical standards for public officials and public employees. (West Virginia Code 6B-1-1 et seq.)

JCESA maintains that public employment is a public trust bestowed by the citizens of Jefferson County. Each employee shall adhere to the high moral and ethical standards set forth in the Ethics Act.

Double Dipping

In addition to the prohibitions on Double Dipping defined by the Ethics Act, employees shall not be permitted to

- perform work for any other employer in exchange for compensation, whether hourly, salary, or as a contractor;
- engage in self-employment activities; or
- conduct any activity for a for-profit organization or enterprise while on duty as a JCESA employee.

Nothing contained in this clause shall be construed to prohibit employees from performing any assigned job duty or engaging in the activities of the volunteer company to which they are assigned.



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Political Activity

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

While in the service of JCESA, an employee will not solicit any contributions for any political purpose from the general public or other county employees.

An employee shall not contribute money to a candidate unless the contribution is strictly voluntary.

An employee's political affiliation, beliefs, or opinions will have no bearing on appointment or promotion to a vacant or newly created JCESA position.

JCESA will conform to all federal and state statutes, regulations, and court decisions pertaining to employee political activity in local government.



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Pecuniary Interests

Board Approval: *R M Kelly, chairman*

Date: 4/26/16

No employee of JCESA, nor member of his/her immediate family, nor any business in which the employee is associated shall have a financial interest, direct or indirect, in any contract with the Agency or county. However, an exception may be granted if the employee, upon written disclosure, can show that the interest in the public contract or business association is limited and there is no intent to defraud.



Tobacco, Alcohol, Drugs, & Controlled Substance Policy

Board Approval:

R M Kelly, Chairman

Date: 4/26/16

Purpose

The JCESA has a vital interest in maintaining a safe, healthy and efficient work environment for all employees. An employee who is under the influence of alcohol, drugs and/or controlled substances while on the job may pose a serious health and safety risk, not only to himself or herself, but also to other employees and the general public. Therefore, the JCESA has adopted, implemented and published this Alcohol, Drugs and Controlled Substances Policy (referred to herein as this policy).

Policy

The use of tobacco products is prohibited within JCESA facilities and vehicles. For employees that smoke, ashtrays have been provided at several locations outside of the facility. Employees are to refrain from smoking just outside doorways and are not permitted to prop doors open while outside smoking. Smokeless tobacco products are not to be used within the facility or vehicles. Employees should be courteous of others while using all tobacco products outside of the building. All tobacco products should be disposed of properly.

The consumption, use, possession, transportation, sale, dispensation, distribution or manufacture of alcohol, drugs and/or controlled substances on JCESA property, in JCESA vehicles, or as part of or in connection with any JCESA activities is strictly prohibited. Further, the presence of any individual, including but not limited to employees, with alcohol, drugs and/or controlled substances in or on their body for non-medical reasons on JCESA property or in JCESA vehicles is strictly prohibited. As a condition of employment, all JCESA employees must abide by this policy.

Any employee found to be unlawfully using, manufacturing, selling, distributing, dispensing, possessing, transporting, trafficking in, or under the influence of any alcoholic beverage, drug or controlled substance during the course of their employment, including but not limited to while on JCESA property, while in JCESA vehicles, or as part of or in connection with any JCESA activities will be considered in violation of this policy and is subject to disciplinary action up to and including dismissal.

Any employee with knowledge of another employee being either under the influence of alcohol, illegal drugs and/or illegal controlled substances during the course of his or her employment or otherwise violating this policy shall notify his or her supervisor immediately.



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Employees with substance abuse problems should seek help. Employees desiring more information on the dangers of substance abuse in the workplace and those employees needing substance abuse counseling, rehabilitation, or other employee assistance, should contact their supervisor or the Director or Deputy Director who have been designated to provide information.

Employees must notify the Deputy Director, in writing, of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction. Within thirty (30) days of receiving notice of any criminal drug statute conviction for a violation occurring in the workplace, the Director will take appropriate personnel action against such employee, up to and including termination. The Director may also require such employee to participate satisfactorily in a substance abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.

For purposes of this Policy, the term controlled substance means a controlled substance identified in schedules I through V of section 202 of the Controlled Substances Act, 21 U.S.C. § 812.



Use of Computer and Information Systems and Equipment

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

1) Purpose

- a) JCESA is committed to protecting our employees, the patients we serve and the company from illegal or damaging actions by individuals and the improper release of protected health information and other confidential or proprietary information.
- b) The purpose of this policy is to outline the acceptable use of computer equipment at JCESA. These rules are in place to protect the employee and patients of JCESA. Inappropriate use exposes JCESA to risks including virus attacks, compromise of network systems and services, breach of patient confidentiality and other legal claims.

2) Scope

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

3) Procedure

a) Use and Ownership of Computer Equipment

- i) All data created or recorded using any computer equipment owned, controlled or used for the benefit JCESA is at all times the property of JCESA. Because of the need to protect the JCESA computer network, the Agency cannot guarantee the confidentiality of information stored on any network device belonging to JCESA, except that it will take all steps necessary to secure the privacy of all protected health information in accordance with all applicable laws.
- ii) Employees are responsible for exercising good judgment regarding the reasonableness of personal use and must follow operational guidelines for personal use of Internet/Intranet/Extranet systems and any computer equipment.
- iii) At no time may any pornographic or sexually offensive materials be viewed, downloaded, saved, or forwarded using any JCESA computer equipment. Please refer to the JCESA Workplace Harassment Policy 1450 for further information.
- iv) For security and network maintenance purposes, authorized individuals within JCESA may monitor equipment, systems and network traffic at any time, to ensure compliance with all Agency policies.



b) Security and Proprietary Information

- i) Confidential information should be protected at all times, regardless of the medium by which it is stored. Examples of confidential information include but are not limited to: individually identifiable health information concerning patients, company financial and business information, patient lists and reports, and research data. Employees should take all necessary steps to prevent unauthorized access to this information.
- ii) Keep passwords secure and do not share accounts. Authorized users are responsible for the security of their passwords and accounts. System level passwords should be changed quarterly, and user level passwords should be changed every 30 days.
- iii) All PCs, laptops, workstations and remote devices should be secured with a password-protected screensaver, wherever possible, and set to deactivate after being left unattended for 10 minutes or more, or by logging-off when the equipment will be unattended for an extended period.
- iv) All computer equipment used by employees, whether owned by the individual employee or JCESA, shall regularly run approved virus-scanning software with a current virus database in accordance with agency policy.
- v) Employees must use extreme caution when opening e-mail attachments received from unknown senders, which may contain viruses.

c) Unacceptable Use

- i) Under no circumstances is an employee of JCESA authorized to engage in any activity that is illegal under local, state, or federal law while utilizing JCESA computer resources.
- ii) The lists below are by no means exhaustive, but attempt to provide a framework for activities that fall into the category of unacceptable use.

d) System and Network Activities

The following activities are strictly prohibited, with no exceptions:

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



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



e) E-mail and Communications Activities

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

f) Use of Remote Devices

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

- i) Remote devices will not be purchased or used without prior Agency approval.
- ii) The Agency must approve the installation and use of any software used on the remote device.
- iii) Remote devices containing confidential or patient information must not be left unattended.
- iv) If confidential or patient information is stored on a remote device, access controls must be employed to protect improper access. This includes, where possible, the use of passwords and other security mechanisms.



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- v) Remote devices should be configured to automatically power off following a maximum of 10 minutes of inactivity.
- vi) Remote device users will not permit anyone else, including but not limited to user's family and/or associates, patients, patient families, or unauthorized employees, to use agency-owned remote devices for any purpose.
- vii) Remote device users will not install any software onto any PDA owned by JCESA except as authorized by the Agency.
- viii) Users of agency-owned remote devices will immediately report the loss of a remote device to the on duty officer.

g) Enforcement

- i) Any Employees found to have violated this policy may be subject to disciplinary action, up to and including suspension and termination.



Social Media

Board Approval:

R M Kelly, Chairman

Date: 4/26/16

Purpose

To provide guidance for employee use of social media, which should be broadly understood for purposes of this policy to include blogs, micro blogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information with others in a contemporaneous manner.

Policy

The following principles apply to professional use of social media on behalf of JCESA as well as personal use of social media when referring to, or associated with, JCESA.

- Employees must know and adhere to the JCESA Employee Handbook when using social media in reference to JCESA.
- Employees should be aware of the effect their actions may have on their image, as well as JCESA's image. The information that employees post or publish may be public information for a long time.
- Employees should be aware that JCESA may observe content and information made available by employees through social media. Employees should use their best judgement in posting material that is neither inappropriate nor harmful to JCESA, its employees, or customers.
- Although not an exclusive list, some specific examples of prohibited social media contact include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment.
- Employees are not to publish, post, or release any information that is considered confidential or not public. If there are any questions of what is considered confidential the employee should ask their supervisor.
- Employees are prohibited from publishing, posting, or releasing photographs of emergency incidents without express permission of the Director or Deputy Director. Photographs containing the likeness of a patient will not be published or posted under any circumstances.
- Social media networks, blogs, and other types of online content sometimes generate press and media attention or legal questions. Employees should refer these inquiries to authorized JCESA spokespersons.
- If employees encounter a situation while using social media that threaten to become antagonistic, employees should disengage from the dialogue in a polite manner and seek the advice of a supervisor.
- Employees should get appropriate permission before referring to or posting images of current or former employees, members, vendors, or suppliers. Additionally, employees should get appropriate permission to use a third party's copyrights, copyrighted material, trademarks, service marks or other intellectual property



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- Social media use should not interfere with an employee's responsibility at JCESA.
- Off-duty activity that violates JCESA's code of conduct or any other agency policy may subject an employee to disciplinary action up to and including dismissal.
- If employees publish content off-duty that involves work or subjects associated with JCESA, a disclaimer should be used.
- It is highly recommended that employees keep JCESA related social media accounts separate from personal accounts.



Workplace Harassment Policy & Compliance Procedure

Board Approval:

R M Kelly

Date: 4/26/16

1) Purpose

- a) The purpose of this Policy is to clearly establish the agency's commitment to provide a work environment free from harassment, to define discriminatory harassment, and to set forth the procedure for investigating and resolving internal complaints of harassment. Because of the tremendous importance of a workplace free from any form of harassment, this policy shall be reviewed by each employee and board member annually.
- b) All jobs with the Emergency Medical Service (EMS) are extremely important to the public safety of our community. It is critical that all employees treat all other employees with dignity and respect. Because of the unique circumstances present in many EMS jobs, it is the responsibility of each and every employee and management to make sure that there is no inappropriate behavior occurring in the workplace. Inappropriate behavior, which impacts the workplace, or has the potential to impact the workplace, will not be tolerated.
- c) This Policy applies to all terms and conditions of employment, including but not limited to hiring, placement, promotion, disciplinary action, layoff, reinstatement, transfer, leave of absence, compensation and training.

2) Policy

- a) Harassment of an applicant, client, contractor, business invitee, customer or employee by a supervisor, management employee, or co-worker on the basis of race, religion, color, national origin, ancestry, disability, medical condition, marital status, pregnancy, sexual orientation, gender or age is explicitly in violation of State and/or Federal law and will not be tolerated by the agency.
- b) Employees found to be participating in any form of job based harassment or retaliating against another employee shall be subject to disciplinary action up to and including termination from employment.

3) Responsibilities

- a) Management
 - i) It is the responsibility of management to develop this policy, keep it up to date, and to ensure that any violation of this policy brought to their attention is dealt with fairly, quickly, and impartially.



- ii) It is the responsibility of Management to enforce the policy, to make a yearly review with each employee to ensure they know the policy and to regularly check the workplace and environs to ensure the policy is being followed. When a deviation from this policy is noted or reported, the Director shall bring this information to the JCESA Board immediately.

b) Workers

- i) It is the responsibility of each and every employee to know the policy and procedures and to follow the policy. It is imperative that every employee treats every other employee with dignity and respect so as to facilitate a sound professional work environment.

4) Definitions

- a) For purposes of clarification, harassment includes but is not limited to the following behaviors:

- i) Verbal Harassment: Epithets, derogatory comments, slurs, propositioning, or otherwise offensive words or comments on the basis of race, religious creed, color, national origin, ancestry, disability, medical condition, marital status, pregnancy, sexual orientation, gender or age, whether made in general, directed to an individual, or to a group of people regardless of whether the behavior was intended to harass. This includes but is not limited to inappropriate sexually oriented comments on appearance, including dress or physical features, sexual rumors, code words, and race oriented stories. Because of the nature of the EMS service with some free time within the shift, comments about television shows, movies, radio shows or magazine articles may fall within this category.
- ii) Physical Harassment: Assault, impeding or blocking movement, leering, or the physical interference with normal work, privacy or movement when directed at an individual on the basis of race, religious creed, color, national origin, ancestry, disability, medical condition, marital status, pregnancy, sexual orientation, gender or age. This includes pinching, patting, grabbing, inappropriate behavior in or near bathrooms, sleeping facilities and eating areas, or making explicit or implied threats or promises in return for submission to physical acts.
- iii) Visual Forms of Harassment: Derogatory, prejudicial, stereotypical or otherwise offensive posters, photographs, cartoons, notes, bulletins, drawings or pictures on the basis of race, religious creed, color, national origin, ancestry, disability, medical condition, marital status, pregnancy, sexual orientation, gender or age. This applies to either posted material or material maintained in or on JCESA equipment or personal property in the workplace. EMS personnel while on duty



shall not view Cable TV shows and/or personal videotapes that may contain offensive material.

- iv) Sexual Harassment: Any act which is sexual in nature and is made explicitly or implicitly a term or condition of employment, is used as the basis of an employment decision, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

5) Workplace Relationships

- a) The First Amendment allows anyone to associate with anyone else they desire. It is natural for people who meet in the workplace to sometimes become romantically involved, and it is not the agency's intent to interfere with any dating relationship. Any involvement between employees must be voluntary and desired by both parties. However, many problems have developed in EMS because of dating relationships, and they can interfere with our goal of having a sound professional work environment. It is not inappropriate for a person to ask out a co-worker. However, if you do not want to go out with another employee, it is imperative that your response to the request is firm and definite. After this firm, definite response has been made; it is inappropriate for the requesting party to make any further attempt to initiate a dating relationship. Repeated requests for a dating relationship constitute Sexual Harassment. It is also inappropriate for any relationship to interfere with normal work operations in any manner. Personnel who desire to become involved with someone in the workplace must be aware of the following guidelines.
 - i) There shall be no dating activities on JCESA time or JCESA property.
 - ii) There shall be no use of JCESA property to arrange dating activities.
 - iii) All behavior between employees shall be behavior conducive to a sound professional work environment at all times when on JCESA property or on JCESA time. Hand holding, kissing, hugging, sexual comments and other behavior generally associated with a dating relationship are inappropriate while on JCESA time or JCESA property.
 - iv) Any relationship involving personnel at different levels on the chain of command (or where one party has functional supervision over another) shall be reported by the person of higher rank to the Director immediately. Failure to report this relationship is a violation of this policy. The Director receiving this information



shall immediately make recommendations to ensure that this relationship will not detract from a sound professional work environment.

6) Complaint Procedure

a) Confrontation

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

b) Informal Complaint

- i) Any employee, client, contractor, customer or job applicant who believes he or she is a victim of discriminatory workplace harassment should make a complaint orally or in writing to the supervisor, officer on duty, Director, Deputy Director or any member of the JCESA Board.
- ii) Any employee, officer, Director, Deputy Director or Board Member who observes inappropriate behavior or receives a harassment complaint shall immediately initiate the Complaint Process
- iii) An informal resolution will be attempted whenever appropriate. If the informal resolution process is unsuccessful; the complainant may direct a formal complaint to the board.



c) Formal Complaints

i) Preliminary Complaint

(1) Filing of a Preliminary Complaint: Any employee, client, customer, contractor or applicant who alleges to be a victim of discriminatory workplace harassment should, within thirty (30) calendar days of the alleged incident, report the incident to the Director, Deputy Director or any member of the board.

(2) This preliminary complaint can be a verbal or written.

(3) Time Extension: The board may extend the time requirements set forth in this procedure when he/she determines it is in the best interests of fairness and justice to the parties involved.

(4) Review of Preliminary Complaint: Upon notification of a harassment complaint, the Director and/or the board designee shall conduct an initial investigation to make a preliminary determination as to whether there is any merit to the complaint. If no merit is found, the Director and/or the board designee may still meet with the parties involved to attempt to conciliate the complaint or conflict between the parties.

ii) Formal Complaint

(1) If after an initial investigation is conducted, there is no resolution and/or no conciliation of the preliminary complaint, a formal written complaint can be filed by the complainant. The Director and/or the board will issue a Discriminatory Workplace Harassment Form to the complainant. This form shall be completed, signed and returned to the Director and/or the board within five (5) days after issuance.

(2) Upon receipt of the formal written complaint, the Director and/or the board will contact the alleged harasser(s) who will be informed of the basis of the complaint, will be given a copy of the Form, and will be provided an opportunity to respond. The response shall be in writing, addressed to the Director and/or the board designee and be received within ten (10) calendar days after being notified of the complaint.

(3) Concurrently, a formal investigation of the complaint may be commenced.

d) Review of Response and Findings



- i) Upon receipt of the response, the Director and/or the board designee may further investigate the formal complaint. Such investigation may include interviews with the complainant, the accused harasser(s), and any other persons determined by the Director and/or the board designee to possibly have relevant knowledge concerning the complaint. This may include victims of similar conduct.
 - ii) Factual information gathered through the investigation will be reviewed to determine whether the alleged conduct constitutes harassment, giving consideration to all factual information, the totality of the circumstances including the nature of the verbal, physical, visual or sexual conduct and the context in which the alleged incident(s) occurred.
 - iii) The results of the investigation and the determination as to whether harassment occurred shall be final and binding and will be reported to appropriate persons including the complainant, the alleged harasser(s), and the Director if applicable, within twenty (20) calendar days from the receipt of the response.
- e) **Disciplinary Action**
If harassment is determined to have occurred, the Director and/or the board designee shall take and/or recommend to the appointing authority prompt and effective remedial action against the harasser(s). The action will be commensurate with the severity of the offense, up to and including termination from employment. If discipline is imposed, the nature and extent of the discipline will not be divulged to the complainant.
- f) **Retaliation**
Retaliation in any manner against a person for filing a harassment charge or initiating a harassment complaint, testifying in an investigation, providing information or assisting in an investigation, is expressly prohibited and subject to disciplinary action up to and including removal. The agency will take reasonable steps to protect the victim and other potential victims from further harassment, and to protect the victim from any retaliation as a result of communicating the complaint.
- g) **Confidentiality**
Confidentiality will be maintained to the fullest extent possible in accordance with applicable Federal, State and local law.



h) False Complaints

Any complaint made by an employee regarding job based harassment which is knowingly false, shall result in discipline. This discipline may include dismissal from employment. This section is not intended to discourage employees from making complaints regarding job based harassment. However, false complaints adversely impact the workplace and the career of the accused, even when disproved, and will not be tolerated.

i) Limitations

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

j) Distribution

This Employee Handbook shall be disseminated to all employees and board members of the agency. Any questions, concerns or comments related to this policy should be directed to the Director or the board in writing at any time for consideration.



Respectful Workplace

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

JCESA strives to maintain a workplace that fosters mutual respect and promotes harmonious, productive working relationships. JCESA believes in going beyond what is required by law and expects our employees to treat each other in a manner in which they would like to be treated and to give to others the respect that is due to every individual whether it is a fellow employee, member of the board, patient, vendor, or visitor to our premises. Therefore, JCESA prohibits any behavior that is discourteous or demeaning to other employees. Disrespectful behavior may include, but is not be limited to, the following:

- Jokes that demean another individual or group of individuals;
- Name calling or nicknames that may be offensive;
- Refusing to communicate or speak with another individual;
- Offensive verbal, visual, or physical conduct;
- Repeated negative comments about others either orally or in writing;
- Threatening another individual;
- Invading another's privacy;
- Knowingly blaming other individuals for a mistake they did not make;
- Purposely invading another's personal space;
- Gossiping about another individual; or
- Any type of "bullying" behavior.

JCESA expects that everyone will act responsibly to establish a pleasant and friendly work environment. However, if an employee feels he/she has been subjected to any form of disrespectful behavior, the employee should report that conduct in writing to their supervisor, Deputy Director, or Director within three calendar days of the offense. Employees are not required to approach the person who was disrespectful to them. All employees should notify their supervisor, Deputy Director, or Director regarding any disrespectful behavior that they witness or are told another person received.

JCESA will conduct its investigation in as confidential a manner as possible. Interviews, allegations, statements, and identities will be kept confidential to the extent possible. However, JCESA will not allow the goal of confidentiality to be a deterrent to an effective investigation. A timely resolution of each complaint will be reached and communicated to the employee. Appropriate corrective action, up to and including termination, will be taken promptly against any employee engaging in disrespectful behavior. The corrective action issued will be proportional to the severity of the conduct. The alleged perpetrator's employment history and any similar complaints of prior disrespectful behavior will be taken into consideration.

JCESA reserves the right to determine whether any type of behavior is disrespectful and injurious to the morale of the organization.



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Non-Discrimination

Board Approval:

R M Kelly Chairman

Date: 4/26/16

JCESA and its employees are prohibited from the refusal of emergency response, treatment and transportation of patients to the nearest appropriate facility on EMS incidents with potentially critical illness or injury, regardless of the patient's age, sex, ethnicity or ability to pay for services.



Hours and Place of Work

Board Approval: *R M Kelley, Chairman*

Date: 4/26/16

Purpose

To define the hours, place and conditions of work for JCESA employees, maintain accountability of all employees while on duty at a designated location, and enhance emergency equipment response times to incident scenes.

Policy

Employees shall be in regular attendance at their designated duty station during all scheduled hours of work in accordance with times and locations set by the Director or his or her designated subordinate. All employees are to be at their appointed work areas at the beginning of the regular work day and throughout their tour of duty, unless they are on a qualified absence as set out below, or by documented exception from doing so by the officer on duty. By accepting employment, the employee agrees to be available to work at the set hours and places of operation in accordance with these conditions.

Qualified absences from assigned duty stations include:

- Radio transmitted dispatch by the Jefferson County Emergency Communications Center.
- Non radio transmitted dispatch. Notification made by telephone only from the Jefferson County Emergency Communications Center. Non radio transmitted dispatch is one that is not broadcast over-the-air at the specific request of a law enforcement agency where, in the opinion of the law enforcement official, doing so would jeopardize the safety of law enforcement personnel, emergency service providers, or other persons involved in the incident. The employee responding to such an incident MUST notify the officer on duty, by means other than radio, prior to responding.
- Vehicle refueling, provided however that vehicles should primarily be refueled while returning from emergency calls, and the apparatus should otherwise not leave its first due area for refueling unless both tanks are less than half full and refueling is not possible within the first due area.
- Obtaining food, beverages, groceries or supplies as follows:
 - Personnel assigned duty shifts at Stations 2 or 4 shall generally confine such absence to Box Areas 200 & 400.
 - Personnel assigned duty shifts at Stations 1, 3, 5, 6, or 7 shall generally remain within one mile of their duty station. If the unit is outside of the first due area for emergency transport or refueling, the employees may stop to pick up food but, immediately after doing so, should return to their first due area and should not remain outside the first due area for an extended period.
- Attending training, meetings or drills as designated on an official schedule or assignment.



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- Attending or participating in training or drills conducted by the volunteer station to which the employee is assigned, whether scheduled or impromptu.
- For physical training at a gymnasium or other similar facility.
- To attend emergency services banquets or award ceremonies, with the approval of the officer on duty.
- Other events, activities or assignments specifically authorized by the officer on duty.

Non-supervisory JCESA employees, nor their vehicles shall be present at a private residence during the duty shift, EXCEPT in the following situations:

- Radio transmitted dispatch by the Jefferson County Emergency Communications Center.
- Non radio transmitted dispatch. Notification made by telephone only from the Jefferson County Emergency Communications Center. Non radio transmitted dispatch is one that is not broadcast over-the-air at the specific request of a law enforcement agency where, in the opinion of the law enforcement official, doing so would jeopardize the safety of law enforcement personnel, emergency service providers, or other persons involved in the incident. The employee responding to such an incident MUST notify the officer on duty, by means other than radio, prior to responding.
- Brief visits to a residence due to family emergency or other circumstances that are approved in advance by the officer on duty.

If an employee assigned to a volunteer station leaves the station for something other than a call (i.e., to teach/take a class, restock meds, or some other project) they will note this on the whiteboard in the bay.



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Reporting to Work Notification

Board Approval:

R M Kelly Chairman

Date: 4/26/16

Purpose

The purpose of this policy is to maintain accountability of all personnel to preserve emergency response readiness and track attendance and timeliness of employees.

Procedure

Upon arrival at the assigned location for a shift, the employee will clock in via EMSeSchedule. Employees are not permitted to clock in until they are at their assigned duty location and ready for work.

Additionally, ALS providers must also notify the ECC via radio that they are on duty, using their 1100 number and assigned station. To minimize radio traffic, it is preferred that the employee reporting to work also notify the ECC that ALS provider they are relieving is off duty. Example: "1199 is on duty at Station 8, 1188 is off duty."

It is the on duty officer's responsibility to view the EMSeSchedule on shift report each morning to verify that all scheduled employees are clocked in and to review the CAD monitor to verify the status of all ALS providers is reflected accurately.



Station Duties – Volunteer Stations

Board Approval:

R M Kelly Chairman

Date: 4/26/16

Duties of JCESA staff assigned to volunteer stations

The purpose of this document is to establish clear expectations of the duties and activities to be performed by JCESA staff assigned to volunteer stations. These expectations apply universally to part time and full time employees assigned to any volunteer station whether for one shift or indefinitely. The spirit of these expectations is to 1) ensure unit readiness, 2) maintain a clean and presentable environment, 3) take ownership, in partnership with the volunteer company, of the work environment, 4) take every opportunity to engage with the community we serve, and 5) make productive and beneficial use of downtime.

Daily Duties:

- Daily Unit Inspection of ambulance(s) and chase car
 - Verify that that the unit and contents are present and properly functioning as indicated on the compartment labels. Document in the EMSeSchedule *Daily Unit Inspection* form
 - EMS equipment and supplies are to remain with and will be returned to the assigned location per department standards. Changes to equipment or supply locations must be approved by an EMS officer of the department.
 - Damaged and/or missing equipment and supplies not available for restocking shall be reported to an EMS officer at the appropriate department. Additionally, the officer on duty should be notified any time a unit cannot be fully restocked by an employee due to malfunctioning equipment or unavailable supplies.
- Wash exterior of ambulance(s) and chase car as needed
 - In inclement weather, if washing is impractical, rinse exterior of unit after each call
- Sweep/mop patient compartment of first due unit as needed
- Empty trash in day room and bay, as needed
- Wipe down table and counters in common kitchen area
- Wash & put away any dishes used
- Sweep/mop/vacuum day room, as needed
- Sweep/mop/vacuum bunk room, as needed
- Sweep/mop and remove trash from EMS supply room, as needed
- Engage in a self-study educational activity relevant to your role, such as; an online course through BoundTreeUniveristy or FEMA, a relevant YouTube video, a textbook, journal article, etc.
- Clean up after yourself. Pick up any bedding and/or personal items prior to the end of the shift.



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Weekly Duties:

- **MONDAY:** Check EMS bags on fire apparatus
 - Verify contents are present (in accordance with provided inventory list) and in good order
- **TUESDAY:** Road-test second due ambulance
 - In inclement weather, if road testing is impractical, start and allow unit to run for a period of time.
- **WEDNESDAY:** Clean restroom of corresponding gender, as needed.
- Follow station specific schedule for emptying refrigerator

Monthly Duties:

- **1st day of the month:** ALS drug bag Inspections
- **2nd day of the month:** Break all seals on sealed bags (except ALS drug bags) and verify contents are present (in accordance with the provided inventory list) and in good order

Variable Duties (Those which may not occur on a regular recurring basis):

- Attend Public Education events conducted by the assigned volunteer company. If volunteers take fire apparatus to a Pub Ed event, take the ambulance
- Participate in EMS training held at the assigned volunteer station and/or Station 11
- Attend Fire training held at the assigned station (provide uncommitted EMS standby for participating members)
- Assist with ambulance driver training
- Assist 3rd persons with unit, equipment, and EMS familiarization
- Assist volunteer company with pre-plans
- Assist volunteer company with fire extinguisher training
- Work on special projects or collateral duties assigned by JCESA officer or Director
- Complete any miscellaneous tasks assigned by JCESA officer or Director



Station Duties – Station 11

Board Approval: *R M Kelly Chairman*

Date: 4/26/16

Duties of JCESA staff assigned to Station 11

The purpose of this document is to establish clear expectations of the duties and activities to be performed by JCESA staff assigned to Station 11. These expectations apply universally to part time and full time employees whether for one shift or indefinitely.

Daily Duties:

- Daily Unit Inspection of ambulance(s) and chase car(s)
 - Verify that that the unit and contents are present and properly functioning as indicated on the compartment labels. Document in the EMS *Schedule Daily Unit Inspection* form
 - Notify the Logistics Lieutenant of malfunctioning equipment or low supply stock.
- Wash exterior of ambulance(s) and chase car(s) as needed
 - In inclement weather, if washing is impractical, rinse exterior of unit after each call
- Complete housekeeping duties as posted
- Engage in a self-study educational activity relevant to your role, such as; an online course through BoundTreeUniveristy or FEMA, a relevant YouTube video, a textbook, journal article, etc.
- Clean up after yourself. Pick up any bedding and/or personal items prior to the end of the shift
- Officers must also complete the supervisory and administrative duties defined in their job description.

Monthly Duties:

- **1st day of the month:** ALS drug bag Inspections

Variable Duties (Those which may not occur on a regular recurring basis):

- Participate in scheduled training, work on special projects or collateral duties assigned by JCESA officer or Director
- Complete any miscellaneous tasks assigned by JCESA officer or Director



Facility Physical Security

Board Approval:

R M Glick, Chairman

Date: 4/26/16

Purpose

Strict physical security is required to maintain the safety of employees and continuity of operations.

Volunteer Station Facility Physical Security

JCESA employees assigned to a volunteer station, whether for a single shift or indefinitely, shall follow the respective station's policies with regard to facility physical security.

Station 11 Facility Physical Security

All JCESA employees and board members are required to be alert and ensure compliance to the following procedures:

Security System(s) and Access: The Director will ensure that the building security system is operational at all times. Security swipe cards/fobs will be issued by the Director who shall determine the appropriate level of access for each card/fob issued and maintain a current list of those having access to the building.

All JCESA employees shall have in their possession their county-issued photo identification badge and their security swipe card or fob while on duty.

Doors: Doors to the building shall not be propped open except during a temporary period when appropriate supervision of the space is achieved in those instances requiring a door to remain open or unlocked (i.e. moving furniture or supplies, etc.).

Bay doors may be left open during the hours of 0600 hours and 2200 hours as long as JCESA employees are present in the building. When leaving the building and no other JCESA employee is present, the bay doors MUST be closed upon departure.

Visitors: Anyone who does not have a swipe card/fob is considered a visitor. This includes fire, police, and EMS personnel unless they are also a current employee of the agency.

All visitors must be accompanied by a JCESA employee and/or board member who shall serve as their host at all times while in the building. As representatives of this agency and public safety personnel in general, it is the imperative that employees show the utmost professionalism and courtesy to all visitors at all times. Refer to AP 1460 regarding the expectations for interpersonal behavior.



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Visitors are permitted between the hours of 0600 and 2200. No visitor shall be in the JCESA building or on JCESA property between the hours of 2200 and 0600 EXCEPT when restocking ALS medications or performing an in-station standby.

When a class or meeting is held at the facility, the employee and/or board member overseeing the class or meeting must maintain a knowledge of the whereabouts of all visitors at all times. During any class or meeting held in the classroom or conference room where visitors are present the door to the crew area shall be secured at all times.

Any employee and/or Board member may request that a visitor displaying inappropriate or disruptive behavior leave the premises. This is to be done as professionally and politely as possible.



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Annual Employee Physical

Board Approval: *R M Kelly, Chairman*

Date: 4/26/16

Full time JCESA field personnel are required to successfully complete an NFPA 1582 medical physical annually, at the expense of the agency. Physicals will be scheduled by the Safety Lieutenant during the employee's birthday month on a day and time when the employee is regularly scheduled to work.

If an employee provides documentation of successfully completing a medical physical exam that meets or exceeds the NFPA 1582 standards s/he will be exempt from undergoing the JCESA medical physical for one year from the date of the physical for which documentation was provided.

Part time employees are exempt from the annual medical physical requirements and the agency will not cover the cost of any annual medical physical for part time employees.



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Employee Staff Meetings

Board Approval: *R M Kelly*

Date: 4/26/16

Staff meetings may be called from time to time at the discretion of the Director or Deputy Director. Meetings may be deemed mandatory or discretionary. Mandatory meetings require the attendance of all full time employees and all part time employees are strongly encouraged to attend. Attendance at discretionary meetings is encouraged for all employees, but not required.



Grooming Standards

Board Approval:

R M Kelly

Date: 4/26/16

Purpose

Safety considerations require that grooming regulations apply to all field personnel. In order to ensure that personal grooming does not interfere with nor detract from the safe and proper wearing of uniforms and equipment, the following guidelines shall be followed.

Policy

Hair:

- The wearing of wigs or hairpieces by on-duty personnel is prohibited
- Hair shall be clean and trimmed to present a neat appearance and shall not be of such length or bulk that it prevents the uniform cap, fire helmet, or hard hat from fitting securely on the head.
- Hair of short or medium length shall not extend past the bottom of the uniform shirt collar when the collar is buttoned and the individual is standing erect.
- Hair that is of such length that it extends past the bottom of the uniform shirt collar shall be secured in a professional manner (e.g. ponytail, braid, bun, etc.). However, no ponytail, braid or other method of securing the hair shall extend more than four (4) inches below the bottom of the uniform shirt collar as described above.
- Hair shall be groomed so that it does not fall below the eyebrows nor in any way interferes with the proper seal of respiratory devices.
- Hair shall be of natural hair colors. Multi-colored, unnatural hair colors and patterns are not permitted.

Sideburns:

- Sideburns shall be neat and trimmed, shall not extend lower than ½ inch below the lowest earlobe and shall not terminate in a point or other design.
- Sideburns may be no wider than one (1) inch.
- Sideburns shall not interfere with the seal of respiratory devices.

Facial Hair:

The face shall be clean. Mustache and facial hair regulations are as follows:

- No facial hair is allowed to extend downward beyond the midpoint between the bottom of the lower lip and chin line.
- No mustache shall extend to such length that it interferes with the seal of respiratory devices.
- Handlebar mustaches, goatees and beards are not permitted.



Jewelry

- Earrings shall be of the post type (that is, no dangling or clip-on type earrings.) Earrings shall be no larger than 1/8 inch in diameter.
- Only one earring per ear is allowed.
- Body piercing jewelry of any type, or imitations thereof, which is not hidden by the issued uniform and/or physical training attire, is not permitted.

Fingernails

- Fingernails shall be no longer than 1/4 of an inch.

Tattoos

- Tattoos that are determined to be of an offensive nature (for example, nude images, offensive language, etc.) shall be covered at all times while on-duty or wearing attire bearing the JCESA insignia.



Uniform Standards

Board Approval: *Denise J. Pugh, Director JCESA* Date: 4/26/16, Rev. 11/1/16

All employees are required to wear approved JCESA uniforms when on duty. They must be clean and neat at all times. The required uniform components vary by time of day and activity, as defined below. Uniform components described here include those that are agency issued, uniform allowance eligible and not uniform allowance eligible. See AP 1611 for further details.

Daytime Response

The required uniform for field personnel while outside the station during the hours of 0800-2200 shall consist of the following:

- Navy blue agency issued baseball cap (Optional)
- Navy blue agency issued winter cap (Optional)
- Navy Blue T-Shirt with colored patch (agency issued or employee provided. If employee provided and any portion of the T-shirt will be exposed, it must be navy blue.)
- Navy blue agency issued polo (at the on duty officer's discretion for special events) or button down collared shirt and/or navy blue agency issued sweatshirt and/or navy blue job shirt with JCESA patch, name, and rank or level of certification.
- Black Belt
- Navy blue tactical, uniform, or EMS style Pants;
 - Navy blue tactical or EMS shorts may be worn between Memorial Day and September 30th, provided:
 - No open wounds or rashes are visible on the legs
 - Proper BSI precautions must be taken during incidents with regard to the exposed legs
 - Footwear worn with shorts cannot exceed six inches in height from the ground
 - Socks worn with shorts may not exceed six inches in height from the ground and must be black in color.
- Black shoes that cover the entire foot (toe, ankle, heel, and dorsal foot) and include a zipper, tie, or Velcro closure.

Daytime In-Station

The Daytime Response uniform standards also apply to daytime in station attire

Overnight Response



The daytime response uniform is preferred during all hours. However, between the hours of 2200-0800 employees may respond to calls in agency issued sweatpants and an agency issued T-shirt, or agency issued/approved coveralls. Footwear must meet the same requirements as Daytime response.

Overnight In-Station

Between the hours of 2200-0800, employees may elect to wear any of the following, while in the station. However, they must be able to get into the appropriate response uniform and respond within one (1) minute of dispatch

- Agency issued/approved PT Sweatpants
- Agency Issued/approved PT Shorts
- Agency Issued/approved T-shirts or Sweatshirts with colored patch
- Casual Footwear

Agency issued uniforms will not be modified with additional patches, pins, insignias, or embroidery.

PT Attire

JCESA approved/issued PT Attire is to be worn while at the gym and may be worn to and from the gym as well. PT Attire may also be worn in-station as mentioned above.

Employees may respond to calls in PT Attire as long as they are responding from the gym. Gym shoes **MUST** be replaced with boots. Agency approved/issued PT Hoodies are only to be worn while going to and from the gym and while at the gym. They are **NEVER** to be worn on a call.

Off-Duty Dress

JCESA issued T-shirts, sweatshirts, job shirts and hats may be worn at leisure to any activity associated with fire, EMS or casual events. Employees are expected to exercise good judgment and not wear agency issued items to inappropriate locations. Employees are representing the Agency whenever wearing something bearing the JCESA name or insignia, therefore employees are expected to maintain professionalism at all times while wearing Agency items.



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Uniform Allowance

Board Approval:

Dennis J. Poyet, Director JCESA

Date: 4/26/16, Rev: 11/1/16

The agency issues polo shirts, t-shirts, baseball caps, winter caps, sweatshirts, job shirts, and a jackets to all field personnel. Employees may procure other needed uniform items through the Lieutenant overseeing uniform coordination. Field personnel are provided with a uniform allowance to fund such purchases.

Full Time Employees are allowed \$300.00 per year and part time employees are allowed \$150.00 per year. Uniform allowances are allotted from the time period of July 1 until June 30 of the following year. These funds may not be carried over from year to year. Therefore, any unused funds at the end of the time period will be forfeited.

Items allowed to be purchased with the uniform allowance are:

- Navy Blue Job Shirt with JCESA patch, Name, and Rank or Paramedic/EMT. One will be provided each year if needed. Any extras will come out of the allowance.
- Black Belt
- Navy Blue Tactical or EMS style Pants
- Black Footwear
- Undergarments
- Navy Blue Long Sleeve shirts
- Navy Blue Short Sleeve shirts
- PT Clothing ordered through JCESA, including shorts, T-shirts, sweat pants, and hoodies.

Socks, belt clips, phone clips, radio clips, radio straps, and/or vests are not eligible for purchase via uniform allowance. No other items beyond those listed specifically above are eligible for purchase via uniform allowance.

The Lieutenant charged with coordinating uniforms shall monitor uniform allowance balances and all requests for agency-issued uniform items or to purchase items using the uniform allowance must be submitted to him/her via e-mail.



Dress Uniform Standards

Board Approval:

R M Kelly

Date: 4/26/16

Dress Uniforms are optional and are provided at the employee's expense.

Dress Uniforms include:

- Double-Breasted Coat (Midnight Blue with EMS buttons)
- Dress Uniform Trousers (Midnight Blue)
- Long / Short Sleeve Blue Shirt
- Black Belt
- Black Tie
- Black Shoes
- Class 'A' Dress Cap (8 Point Combo Band with Silver Band)

Insignia

- Hat Badge (EMS Pin/Silver)
- Collar Pins (Silver and Blue EMS Star of Life)
- Badge (Silver and Blue)
- Name Tag (Blue Name on Silver)

Patches

- JCESA patch on the left shoulder of the shirt and coat.
- Flag on the right side of the shirt and coat.



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Telephone Usage

Board Approval:

R M Kelly

Date: 4/26/16

Telephones (landline and cellular) are provided to employees to be used in the daily conduct of JCESA official business. Local calls, long distance calls and texting are only to be made when necessary to conduct official business on behalf of JCESA.



Cell Phone and Camera Use

Board Approval:

R M Kelly

Date: 4/26/16

Purpose

To prevent distractions in the workplace and help ensure the safety and privacy of all personnel and the patients we serve.

Policy

1. Cellular Telephone Use

- a. Personal cellular telephones are permitted to be carried while on duty, but must be placed on silent mode, and allow voice mail to answer the call. Messages may be checked on "down time" when not actively involved in a call or about to perform or in the process of performing work duties. All personal cell phones must be "intrinsically safe" consistent with the national standards for portable electronic equipment (such as portable radios) carried by emergency service personnel into hazardous environments, and be carried in a safe and concealed area on the person that does not interfere with the physical requirements of the job, will not fall off, or cause others to be distracted by the presence or appearance of the device.
- b. Cellular phones may be used for personal purposes only on a limited basis when work responsibilities are not being performed. Personal cell phone use must never be cause for delay in responding to a patient or beginning an assignment, and should never be used while completing an assignment, unless the use aids in completing the assignment.
- c. While attending to a patient or while operating any apparatus or vehicle, personnel shall not, under any circumstances, respond to (or make) a personal cellular telephone call, send text messages, view text messages, or check electronic mail on phones, PDAs or other such devices.
- d. Personnel are prohibited from using personal cellular telephones or PDAs between the dispatch of a call and the time that the call is cleared, except that phones may be used while not operating a vehicle or apparatus for official business such as retrieving CAD or incident information, contacting poison control, contacting online medical command, emergency dispatch, or emergency communications with command personnel.

2. Camera Use

- a. Photographs may be taken on-scene for medical purposes only such as to document the position of vehicles and patients at the scene of an accident or to document mechanism of injury for use by the receiving facility to assist in guiding treatment.



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- b. All on-scene photography shall be for clinical and/or documentation purposes only and conducted only at the direction of JCESA personnel in charge at the scene or by medical command.
- c. Any photographs containing individually identifiable information are covered by the HIPAA Privacy Rule and must be protected in the same manner as patient care reports and other such documentation.
- d. Any on-scene images and any other images taken by an employee in the course and scope of their employment are the sole property of JCESA and *not* the property of the individual employee member. This includes any image inadvertently taken with an employee's personally owned cell phone camera or other digital imaging device.
- e. No images taken by an employee in the course and scope of their employment may be used, printed, copied, scanned, e-mailed, posted, shared or distributed in any manner without the express, written approval of the Director or Deputy Director. Example: This prohibition includes posting photos on personal web sites, social media such as Facebook or Instagram, or on other public safety agency web sites, or e-mailing images to friends, colleagues or others in the EMS industry.



Management Take Home Vehicles

Board Approval:

A handwritten signature in black ink, appearing to read "R. M. Kelley".

Date: 4/26/16

Purpose

The purpose of this policy is to acknowledge the need for the Director and Deputy Director to respond to certain incidents and conduct agency business outside normal hours and establish parameters that allow these management positions to operate an agency owned take-home vehicle.

Background

JCESA operates 24 hours a day, 7 days a week and is organized in a paramilitary fashion. It is incumbent upon the Director, as the commander of the organization, and/or the Deputy Director to be physically present during extraordinary situations even when they fall outside their normal work hours. Examples of these situations include, but are not limited to; certain major incidents; incidents where an employee is seriously injured; and incidents where the EOC is activated, etc. Responding to the scene of an incident in a personally owned vehicle creates safety risks and liability issues for both the agency and the responder.

The Director and/or Deputy Director are expected to attend meetings, conferences, workshops, etc. that may be outside Jefferson County. In many cases it is more prudent, in the interest of time management, to travel directly between the event and their residence. Additionally, the Director and Deputy Director often begin or end their day on the road conducting agency business at county government offices, the ECC, volunteer stations, etc. or responding to emergency incidents.

Policy

The Director and Deputy Director may take home an agency owned vehicle which has been designated for that purpose and/or not designated as a front-line response vehicle provided their residence is within Jefferson County or not more than ten (10) road miles outside the Jefferson County line. The take-home vehicle;

- May be used for any JCESA business, including emergency response to incidents in Jefferson County or those where Jefferson County units have been dispatched;
- Shall generally not be used for personal purposes, except that it shall be permitted for the operator to make personal stops on the way to or from conducting JCESA business;
- Shall not be taken to or parked at an establishment of questionable moral character such as gambling establishments, bars, gentlemen's clubs, etc. except when such an establishment is the scene of an emergency incident to which the operator is responding;
- Shall be kept clean and presentable, both inside and out;
- Shall be fueled using the assigned fuel card;



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- Shall either be connected to an electrical outlet or have all temperature sensitive supplies removed, if such supplies are present; and
- Shall not be occupied or operated by a non-employee except, when necessary, a volunteer on an emergency incident who has reached the age of majority may relocate the vehicle at the scene or take it to the hospital or station if the JCESA operator is transporting a patient on another unit.

If the Director and Deputy Director both have agency commitments or personal plans that will take them far out of the area and render them unavailable for a period of time, they may temporarily assign a take-home vehicle to a junior officer for the affected days to perform the functions described above. All of the above parameters apply to the operation of the vehicle.



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Employee's Motor Vehicle Operators License Requirement

Board Approval:

R M Kelly

Date: 4/26/16

All field personnel are required to maintain a valid motor vehicle operator's license as a condition of employment. It is the employee's obligation to maintain a copy of his/her current operator's license on file with the agency at all times.

JCESA will conduct an operator's license record review at the initial hire date and thereafter annually for all employees. This license record review will be obtained from the West Virginia Department of Motor Vehicles and any expenses associated will be paid by the agency.

All employees must participate in this policy as a condition of employment with JCESA.



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Fitness for Return to Duty

Board Approval:

R M Kelly

Date: 4/26/16

Purpose

The agency does not offer a light duty status. As such, all field providers must be completely capable of performing all job duties, specified in their respective job description, WVOEMS physical ability requirements and throughout the employee handbook, at full capacity.

Policy

Any employee who is unable to perform his/her job duties is required to notify their supervisor immediately.

Any employee taking Medical Leave for more than three (3) days or injured while on duty regardless of days taken off must provide documentation signed by a physician indicating the employee is/was under his/her care and specify a date the employee may return to duty without any physical limitations. Documentation from the physician releasing the employee to work MUST include "without any physical limitations." This documentation should be provided to the Captain as far in advance of the return date as possible to ensure the employee is reinstated on the schedule. Any employee who is off duty for illness/injury greater than three (3) days or due to a work related injury for any length of time will not be permitted to return to work without having provided this documentation.

For scheduling purposes, employees on leave due to an illness or injury should communicate to the Captain and/or Deputy Director on a regular basis the status of their recovery and when s/he expects to return to work.



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Job Description: Emergency Medical Technician

Board Approval:

R M Kelly

Date: 4/26/16

The Emergency Medical Technician (EMT) has full control of and responsibility to render appropriate patient care and operates EMS units in Jefferson County as needed as well as performing various station duties and assignments.

Qualifications

To be eligible for initial or continued appointment to the position of EMT one must:

- Meet the EMS Personnel Requirements set forth in WV §64 CSR 48;
- Must have at least two years' experience as an emergency medical technician provider prior to employment;
- Be at least twenty-one (21) years of age;
- Possess a current WV Emergency Medical Technician (EMT) or WV Emergency Medical Technician - Basic (EMT-B) or certification;
- Demonstrate successful completion of a Hazardous Materials class at the Awareness level or higher;
- Demonstrate successful completion of a WV MCI I & II course;
- Possess a current CPR certification; and
- Successfully complete the Jefferson County Preceptorship Program.
- Possess a valid Driver's License for the entire duration of employment.

Responsibilities

It is the responsibility of the EMT to:

- Assess and examine patients and perform appropriate basic interventions within the EMT scope of practice and in accordance with West Virginia Office of Emergency Medical Services Protocols;
- Abide by all West Virginia State Protocols and online medical direction;
- Practice infection control at all times.

In addition to direct patient care, the EMT is required to:

- Operate the EMS unit safely and efficiently in accordance with West Virginia State law and JCESA policy and guidelines;
- Assist the crew in restocking and cleaning the unit;
- Perform daily, weekly, and monthly inventories as directed in order to keep the EMS units ready to provide efficient EMS;
- Complete station duties as assigned



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- Develop and maintain knowledge of the primary area in which he/she will be responding; and
- Other duties as assigned by the Director or his/her designee.



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Job Description: Paramedic

Board Approval:

R M Kelly

Date: 4/26/16

The Paramedic has full control of and responsibility to render appropriate patient care and operates EMS units in Jefferson County as needed as well as performing various station duties and assignments.

Qualifications

To be eligible for initial or continued appointment to the position of Paramedic one must:

- Meet the EMS Personnel Requirements set forth in WV §64 CSR 48;
- Must have at least two years' experience as a paramedic provider prior to employment;
- Be at least twenty-one (21) years of age;
- Possess a current WV Paramedic or WV Emergency Medical Technician - Paramedic (EMT-P) certification;
- Demonstrate successful completion of a Hazardous Materials class at the Awareness level or higher;
- Demonstrate successful completion of a WV MCI I & II course;
- Possess a current CPR certification;
- Possess a current ACLS certification;
- Possess a current PEPP certification;
- Possess a current ITLS certification;
- Successfully complete the Jefferson County Preceptorship Program; and
- Possess a valid Driver's License for the entire duration of employment.

Responsibilities

It is the responsibility of the Paramedic to:

- Assess and examine patients and perform appropriate basic and/or advanced interventions within the Paramedic Scope of Practice and in accordance with West Virginia Office of Emergency Medical Services Protocols;
- Abide by all West Virginia State Protocols and online medical direction;
- Practice infection control at all times.

In addition to direct patient care, the paramedic is required to:

- Operate the EMS unit safely and efficiently in accordance with West Virginia State law and JCESA policy and guidelines;
- Clean, maintain and stock all ALS medications and equipment;
- Assist the crew in restocking and cleaning the unit;



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- Perform daily, weekly, and monthly inventories as directed in order to keep the EMS units ready to provide efficient EMS;
- Complete station duties as assigned
- Develop and maintain knowledge of the primary area in which he/she will be responding; and
- Other duties as assigned by the Director or his/her designee.



Job Description: Lieutenant

Board Approval:

R m Kelly

Date: 4/26/16

Summary

In addition to functioning as a Paramedic (exercising full control of and responsibility to render appropriate patient care and operating EMS units in Jefferson County), the Lieutenant serves as a front line supervisor managing day to day operations during his/her shift.

Supervision Received and Exercised

The Lieutenant reports to and is directed by the Captain. The Lieutenant operates with minimal direct supervision from the Captain and senior staff and, therefore, must be able to work independently, make critical decisions, and manage his/her time effectively.

The Lieutenant supervises the Paramedic/Firefighters and EMT/Firefighters on-duty during his/her shift in both emergency incident and non-emergency activities. S/he may delegate various administrative tasks or portions of his/her collateral assignments to subordinates and oversee the completion of same.

Pre-Requisite Qualifications

To be eligible for initial or continued appointment to the position of Lieutenant one must:

- Meet all qualification requirements for the position of Paramedic in accordance with JCESA Administrative Policy #1850 (Paramedic Job Description) and be currently appointed to the position of Paramedic, full time, for not less than one year.

Desired Qualifications

Although not required for appointment, as of the effective date of this policy, the following qualifications are desirable in candidates seeking appointment to the position of Lieutenant.

- All *Conditional Qualifications* (listed in the next section)
- Fire Officer II
- NIMS 400
- NFPA Instructor I & II
- EMS/Fire supervisory experience
- College coursework (please include number of credit hours and/or degree(s) awarded)
- Driver Pump Operator
- Military service

Candidates possessing any of these should submit documentation when submitting a written letter of interest during a promotional announcement period.



Conditional Qualifications

In addition to the pre-requisite qualifications required for appointment, the Lieutenant must meet the following requirements within the specified time after appointment. Failure to meet these requirements in the time specified will result in demotion or dismissal, at the discretion of the Director.

- The Lieutenant must obtain the following training/certifications within 1 year of appointment:
 - Firefighter II (WV, ProBoard, or equivalent)
 - Fire Officer I (WV, ProBoard, or IFSAC)
 - Incident Safety Officer (WV, ProBoard, or FDSOA)
 - Community Safety Educators (NFA Q0118)
 - Public Information Officer Awareness (FEMA EMI IS-29)
- The Lieutenant must obtain the following training/certifications within 2 years of appointment:
 - Health & Safety Officer (WV, ProBoard, or equivalent)
 - NIMS 300
 - Cleared by the JCESA Medical Director as an RSI Paramedic in Jefferson County

Responsibilities

The responsibilities of the Lieutenant include:

- All responsibilities of a paramedic as outlined in JCESA Administrative Policy #1850 (Paramedic Job Description)
- Direct and supervise field personnel in both emergency and non-emergency situations
- Conduct site visits to ensure employee compliance with all policies and procedures
- Initiate disciplinary action in accordance with JCESA Administrative Policy #1210 (Disciplinary Action) including the issue of verbal warnings and written reprimands.
- Complete performance evaluations of assigned employees
- Manage staffing exceptions
- Coordinate incident response in complex situations
- Assume and effectively manage one or more major collateral duties, as assigned by the Captain. Examples of these duties include, but are not limited to; Community Outreach, Training, Logistics, Health & Safety, etc.
- Other duties as assigned

Additional Position Attributes:

- **Status:** Non-Exempt
- **Compensation:** Upon appointment, the Lieutenant will receive a 5% increase to their base hourly rate as a Paramedic. In the event that the Lieutenant returns to



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the position of Paramedic, whether voluntarily or involuntarily, this increase will be reversed on the effective date of the position change.

- **Location and Hours of Work:** All Lieutenants will be assigned to and fill the Paramedic slots at Station 11. Hours and days of work will vary. Scheduled hours and shift parameters are subject to change at any time for any reason at the discretion of the Director(s.)



Job Description: Captain

Board Approval: *R M Kelly*

Date: 4/26/16

Summary

In addition to functioning as a Paramedic (exercising full control of and responsibility to render appropriate patient care and operating EMS units in Jefferson County), the Captain serves as a front line supervisor managing day to day operations during his/her shift, serves as the station commander, and directs the activities of the Lieutenants across all shifts.

Supervision Received and Exercised

The Captain reports to and is directed by the Deputy Director. The Captain operates with minimal direct supervision from senior staff and, therefore, must be able to work independently, make critical decisions, and manage his/her time effectively.

The Captain supervises and provides direction to the Paramedic/Firefighters and EMT/Firefighters on-duty during his/her shift in both emergency incident and non-emergency activities and provides direction to the Lieutenants across all shifts, assigning collateral duties and prioritizing non-incident work.

Pre-Requisite Qualifications

To be eligible for initial or continued appointment to the position of Captain one must:

- Meet all qualification requirements for the position of Paramedic in accordance with JCESA Administrative Policy #1850 (Paramedic Job Description) and have been appointed to the position of Paramedic, full-time, for not less than three years.
- Meet all qualification requirements for the position of Lieutenant in accordance with JCESA Administrative Policy #1860
- Have successfully completed the following courses:
 - Firefighter II
 - Fire Officer I (WV, ProBoard, or equivalent)
 - Incident Safety Officer (WV, ProBoard, or FDSOA)

Desired Qualifications

Although not required for appointment, as of the effective date of this policy, the following qualifications are desirable in candidates seeking appointment to the position of Captain.

- All *Conditional Qualifications* (listed in the next section)
- Fire Officer II
- NIMS 400
- NFPA Instructor I & II
- EMS/Fire supervisory experience



- College coursework (please include number of credit hours and/or degree(s) awarded)
- Driver Pump Operator
- Military service

Candidates possessing any of these should submit documentation when submitting a written letter of interest during a promotional announcement period.

Conditional Qualifications

In addition to the pre-requisite qualifications required for appointment, the Captain must meet the following requirements within the specified time after appointment. Failure to meet these requirements in the time specified will result in demotion or dismissal, at the discretion of the Director.

- The Captain must obtain the following training/certifications within 1 year of appointment:
 - Health & Safety Officer (WV, ProBoard, or equivalent)
 - NIMS 300
 - Community Safety Educators (NFA Q0118)
 - Public Information Officer Awareness (FEMA EMI IS-29)
- The Captain must obtain the following training/certifications within 2 years of appointment:
 - NIMS 400
 - Cleared by the JCESA Medical Director as an RSI Paramedic in Jefferson County

Responsibilities

The responsibilities of the Captain include:

- All responsibilities of a paramedic as outlined in JCESA Administrative Policy #1850 (Paramedic Job Description)
- Direct and supervise field personnel in both emergency and non-emergency situations
- Conduct site visits to ensure employee compliance with all policies and procedures
- Initiate disciplinary action in accordance with JCESA Administrative Policy #1210 (Disciplinary Action) including the issue of verbal warnings and written reprimands.
- Complete performance evaluations of assigned employees
- Manage staffing exceptions
- Coordinate incident response in complex situations
- Assign, prioritize, and oversee collateral duties, which are established and broadly defined by the Deputy Director, to the Lieutenants. Examples of these duties include, but are not limited to; Community Outreach, Training, Supply Procurement, Health & Safety, etc.



- Assign, prioritize, and oversee non-emergency administrative functions to EMT/Firefighters and Paramedic/Firefighters
- Other duties as assigned

Additional Position Attributes:

- **Status:** Non-Exempt
- **Compensation:** Upon appointment, the Captain having been promoted from the position of Lieutenant will receive a 5% increase to their base hourly rate as a Lieutenant. If the Captain is promoted directly from the position of Paramedic to Captain, s/he will receive the increase associated with promotion from Paramedic to Lieutenant and the increase from Lieutenant to Captain (base + 5% + 5%.) In the event that the Captain returns to the position of Lieutenant or Paramedic, whether voluntarily or involuntarily, the increase(s) associated with promotion will be reversed on the effective date of the position change.
- **Location and Hours of Work:** The Captain will be assigned to and fill a Paramedic slot at Station 11. Hours and days of work will vary. Scheduled hours and shift parameters are subject to change at any time for any reason at the discretion of the Director(s.)



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Job Description: Deputy Director

Board Approval:

R M Kelly

Date: 4/26/16

REVISION REQUIRED.

**This policy does not accurately represent the
Deputy Director's current role or duties.**

Job Summary

This is a full time position which will include training, quality improvement, operations, coordinating, monitoring and evaluating the effective delivery of emergency services provided by the career and volunteer staff of Jefferson County. This position will be considered part of the management team of JCESA.

The Deputy Director reports directly to the Director of Jefferson County Emergency Services Agency. In the absence of the Director, the Deputy Director assumes the duties of the Director.

FLSA Status

Exempt

Major Duties and Responsibilities

Deputy Director Obligations

- Direct supervision of personnel in the field and performance evaluations.
- Assist the Director with scheduling of JCESA staff.
- Assist the Director and Board with the development of various professional records keeping systems, recommends and implements modifications to management systems, data gathering systems, programs, and operating guidelines as appropriate.
- Gathering data and preparing monthly Fire and EMS reports.
- Coordinates and monitors continuous Quality Improvement issues under the direction of the JCESA Medical Director and the QA/QI Committee.
- Performs routine and special evaluations of Fire & EMS personnel in classroom, clinical and field setting to monitor the effectiveness of EMS services provided by Jefferson County.
- Schedule and supervise quarterly Fire & EMS "Skills Day" for County providers.
- Direct involvement with the Director on any disciplinary actions and corrective measures.
- Establish and maintain cooperative working relationship in conjunction with the Director, or in the absence of the Director, as a liaison. May act as liaison at City, County and State levels, as well as to fire department personnel, hospitals, training facilities, general public and other outside agencies. May be required to participate in professional organizations as needed.



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- Implement or assist with Incident Command on emergency incidents
- Other supervisory/administrative duties assigned by the Director.

Training Obligations

- Develop, coordinate, schedule and supervise training for Fire and EMS personnel to meet objectives and standards set.
- Maintain training records for all Fire and EMS personnel.
- Assist the Director in managing the training budget set by JCESA.
- Remain current on all training regulations and opportunities for Fire and EMS training.
- Develop, conduct and facilitate training programs for both Fire and EMS.
- Act as Safety Officer on multiple alarm fire incidents or multi trauma EMS calls in the absence of a department Safety Officer.
- Ensure compliance with County and State regulations related to EMS.
- Works with the County Operating Guidelines Committee to develop and implement new policies and procedures.
- Other training duties as assigned by the Director.

Qualifications / Requirements:

- Possession of, or ability to obtain, a valid West Virginia EMS certification as an EMT/Paramedic. This West Virginia certification must be maintained in active status throughout employment. (If not West Virginia certified at time of employment, must be able to obtain in sixty (60) days of employment.)
- Certification as an EMS Instructor.
- Certification as a Fire Instructor 3 (NFPA 1041, 2008 ed.). Instructor 2 would be acceptable with a commitment to get Instructor 3 within 1 year of date of hire.
- West Virginia Squad Training Officer Certification or commitment to get same within 1 year of date of hire.
- Minimum of five (5) years experience as a Firefighter and Paramedic (career and/or volunteer), including two (2) years of supervisory experience.
- Ability to exercise sound independent judgment in the best interest of JCESA.
- Incident Command and Incident Safety Certification.
- Willingness to stay at or return to work during periods of emergencies to assist local resources.
- Willingness to respond to major incidents during off duty hours to assist local resources.
- Hazardous Materials Awareness & Operations
- NIMS 100 – 200 – 300 – 400 – 700 – 701 – 701.a - 702 – 702.a - 703 – 703.a - 704 – 800
- Incident Safety Officer
- Fire Officer 1 & 2
- Vehicle Rescue Awareness & Operations



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- Confined Space Awareness
- Rope Rescue Awareness
- Structural Collapse Awareness
- Swift Water Awareness
- Driver / Operator Pumper
- Driver / Operator Aerial



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Job Description: Director

Board Approval:

R M Kelly

Date: 4/26/16

Job Summary

This is a full-time position that manages the day-to-day operations of the Jefferson County Emergency Services Agency (JCESA) by providing leadership, strategic planning support, developing an annual budget, controlling expenses, formulating policies and effectively managing the response and delivery of EMS while crafting a collaborative relationship with the local Volunteer Fire Departments, while ensuring compliance with local and state regulations and guidelines governing Fire and Emergency Medical Services.

FLSA Status

Exempt

Supervision Received and Exercised

- Receives direction from the JCESA Board of Directors
- Direct supervision is provided by the JCESA Board Chairman

Major Duties and Responsibilities

- Plans, prioritizes, assigns, directs, schedules, and supervises work of JCESA employees and services.
- Develops objectives and implements policies, procedures, and operating standards.
- Monitors programs, operations, and personnel for compliance with local, state rules, regulations, and guidelines.
- Coordinates, and monitors continuous quality improvement (CQI) issues under the direction of the JCESA Medical Director or designee and works with others to ensure EMS systems excellence.
- Performs evaluations of personnel in classroom, clinical, and field setting to monitor the effectiveness of services provided by JCESA personnel.
- Prepares and manages JCESA budget. Along with JCESA Chairman presents budget requests to Jefferson County Commission. Approves expenditures and recommends adjustments as necessary. Keeps JCESA Chairman informed of all contacts with Jefferson County Commissioners.
- Represents JCESA and serves a liaison at City, County, and State levels, to Jefferson County Commission and outside agencies and professional organizations.
- Keeps informed of national trends in Fire and Emergency Medical Services including innovations in education, services, and response to change.
- Analyzes existing and proposed legislation to determine impact on Fire and Emergency Medical Services.
- Researches and prepares applications for Federal, State and private grants to implement programs and administer grants.



Qualifications

- Bachelor's Degree in Fire Administration, Emergency Medical Service or related field.
- Pro Board or West Virginia certified Fire Officer III.
- National Registered or West Virginia certified EMT-P or Paramedic.



Critical Incident Stress Management

Board Approval:

Denise J. Prugel, Director JCEA

Date: 11/1/16

Background

Emergency personnel are often subjected to incidents and situations that may be traumatic. Exposure to a single incident or ongoing exposure to multiple incidents may cause emotional, psychological and/or physical effects.

Purpose

The purpose of this policy is to provide guidance for employees and supervisors to recognize and respond to traumatic exposures to maintain the health and wellbeing of all responders.

Incidents that may be considered traumatic events (Gill, 2016)

- Line of duty deaths
- Suicide of a colleague
- Serious work related injury
- Multi-casualty / disaster / terrorism incidents
- Events with a high degree of threat to the personnel
- Significant events involving children
- Events in which the victim is known to the personnel
- Events with excessive media interest
- Events that are prolonged and end with a negative outcome
- Any significantly powerful, overwhelming distressing event

Recognizing Traumatic Exposure

Field personnel and supervisors are encouraged to monitor their own wellbeing and the wellbeing of others. Traumatic stress results may manifest after a single exposure or as a result of accumulating stress reactions over long periods of time.

The signs and symptoms of critical incident stress and traumatic exposure can be physical, emotional, cognitive, and/or behavioral (Occupational Safety and Health Administration, 2016). Individuals express stress in different ways and therefore manifest different reactions. The list below is not exhaustive. Responders may exhibit none, some, or all of these symptoms as well as other symptoms that are not listed below.

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL
<ul style="list-style-type: none">• Fatigue• Chills	<ul style="list-style-type: none">• Uncertainty• Confusion	<ul style="list-style-type: none">• Grief• Fear	<ul style="list-style-type: none">• Inability to rest• Withdrawal



PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL
<ul style="list-style-type: none">• Unusual thirst• Chest pain• Headaches• Dizziness• Nausea	<ul style="list-style-type: none">• Nightmares• Poor attention• Poor decision making ability• Poor concentration, memory• Poor problem solving ability• Blaming others	<ul style="list-style-type: none">• Guilt• Intense anger• Apprehension and depression• Irritability• Chronic anxiety• Denial	<ul style="list-style-type: none">• Antisocial behavior• Increased alcohol consumption• Change in communications• Loss/increase in appetite• Emotional outburst• Acute changes in job performance and/or attendance

Recovery Resources

The following resources are available in response to critical incidents. Some, all, or a combination of these resources may be used based on the needs of the employee(s). Supervisors should NOT force an employee to end his/her shift following a critical incident.

Peer Support

Responders often mitigate traumatic exposure through conversation with their peers and/or supervisor. This may take place on the scene, at the receiving facility, immediately following the incident or anytime thereafter. These conversations are casual and may be one-on-one or in groups. Employees who participate in these discussions should maintain the confidentiality of their colleagues. However, the peer may report concerns about a colleague's safety or safety of others to the on duty officer immediately.

Critical Incident Stress Debriefing (CISD)

A CISD is Confidential, non-evaluative discussion of involvement, thoughts, and feelings resulting from the incident. Possible stress-related symptoms are also discussed. Any responder may request a CISD by contacting the on-duty officer. CISD should be conducted 48-96 hours post incident and only those who were involved in the incident and from the same discipline should be present at the CISD. All employees involved in the incident are highly encouraged, but not required, to attend a scheduled CISD.

[Supervisors: reference the Officer's Field Guide for additional resources]



Employee Assistance Program (EAP)

Any employee may contact the EAP for confidential support and referral to additional resources by calling 1.800.543.5080.

Individual Counseling

Individual counseling is available through the EAP. Additionally, the agency may be able to coordinate additional resources. Employees interested in this option should contact their supervisor. [Supervisors: reference the Officer's Field Guide for additional resources]

REFERENCES

Gill, D. (2016, September 14). *TERP Model*. Retrieved from New Millenium EAS:

<http://www.nmeas.com/terp-model.html>

Occupational Safety and Health Administration. (2016, September 14). *Critical Incident Stress Guide*. Retrieved from United States Department of Labor:

<https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html>



Physical Fitness Program

Board Approval: *R M Kelly*

Date: 4/26/16

Background

Stress and cardiovascular disease is the number one killer of firefighters and EMS providers. Research shows that we are ten times more likely to get cancer and die of heart disease than other work groups. (Refer to NFPA 1500, FDSOA and the National Fallen Firefighters Foundation.) In addition to having devastating affects on our field providers and their families, it also creates risk and liability for the agency. Employee injuries not only create an increase in high worker's compensation costs but also in overtime and backfill of the provider who is unable to work. For the wellbeing of the employee and the health of the agency it is imperative that the agency encourage preventative physical activity. The agency is also seeking online training modules for nutrition and well-being as part of the employee training program.

Purpose

To provide procedures and guidelines for employees to engage in physical activity as which provides a means to improve the health and performance of employees without negative impact to service delivery, community engagement, or educational activities.

Policy

General: Employees are encouraged to spend one continuous hour per shift engaging in some physical activity beyond their normal job duties, provided call demand, community engagement, and education activities permit. This includes, but is not limited to: walking, working out at a gym (aerobic, strength, and flexibility activities such as aerobic running, stationary biking, stair-climbing, treadmill, strength weight training, flexibility stretching), yoga, jogging, and bicycle riding. Full-contact sports (football, hockey, boxing, MMA, etc.) are not permitted while on duty due to the high potential for injury and worker's compensation liability.

Employees must monitor the radio throughout their physical activity session and remain available for dispatch. The officer is responsible to ensure sufficient county-wide coverage and, as such, employees are encouraged to communicate their plans for physical activity sessions with the officer on duty to ensure adequate and timely response, and compliance with all other activities of the day.

Employees shall use good judgment with regard to apparatus when outside temperatures are below freezing. Employees shall not exercise outside when outside temperatures are below 32°F or exceed 100°F. After completing a physical activity session, the employee should shower and must change into the prescribed duty uniform.



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Attire: Employees are to wear standard duty uniforms or approved PT uniforms which are not to be altered (sleeves cut off, etc.). Exceptions must be pre-approved.

Facility Guidelines: The employee must coordinate their plans for a physical activity session at a gym or facility with the officer on duty to ensure adequate and timely response, and compliance with all other activities of the day.

When engaging in physical fitness activities at a gym or similar facility employees shall remain mindful of customer service goals by parking inconspicuously, keeping radio volume low, being courteous, quiet and professional, and conducting themselves in a manner that projects professionalism. Employees will always return equipment to its location after use and obey all facility rules.

Time at the gym is limited to PT activity only, either in organized exercise programs or individual programs as developed through a Personal Trainer. For example, no tanning is allowed while on JCESA time. Physical fitness sessions at a fitness facility shall not last longer than 90 minutes. If a call is dispatched for one of the units working out they shall stop their workout, and don JCESA approved gear and work boots and proceed quickly without running to the vehicle and respond on the call. They may return to the facility once to attempt to complete their workout.

Gym Memberships: If any full-time employee participates in six or more physical activity sessions at an approved gym or fitness facility in a calendar month, each lasting not less than one hour, whether on duty or off, JCESA will reimburse that employee for their monthly dues up to \$20/mo. To obtain reimbursement, the employee must submit an expense report on the prescribed form and attach documentation of the expense and proof of six or more sessions during the month. JCESA will not reimburse any start-up expense or any expenses for other products or services such as tanning, massage, equipment, or supplies. Currently approved facilities include Gold's Gym, The Wellness Center at SU, and the Clarion Health & Fitness Center. Use of other facilities while on duty or for reimbursement must be approved by the Deputy Director.



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Awards and Recognition

Board Approval:

R M Kelly

Date: 4/26/16

Purpose

JCESA field personnel often perform in a manner that deserves special recognition. This policy establishes a means for JCESA to consistently identify and recognize the achievements of these individuals.

Awards

Medal of Valor

This award shall be presented by the Director to an employee who has, under especially hazardous conditions, courageously risked their own life to attempt to save another. The intent of this is to award the truly outstanding performance under times of duress and shall be considered for emergencies only.

Medal of Bravery

This award shall be second only to the Medal of Valor and will be presented to an employee for an act which exhibited disregard for personal safety in an effort to save another. This generally will be considered for employees acting above and beyond the call of duty and within safe operating policies and procedures of the agency.

Outstanding Provider of the Year

This honor is presented by the Chamber of Commerce at an annual banquet to the employee nominated by the agency. The recipient of this award shall have demonstrated outstanding clinical and operational commitment and proficiency throughout the year. *Nominations for this award can be submitted at any time throughout the year. However, nominations received after September 15 cannot be considered for the current year.

Life-Saving Award

This award is intended for an individual directly responsible for the saving of a human life and shall be issued to an employee for the saving of a life through various actions such as the application of pre-hospital emergency medical care or other public safety measures. As it applies to the successful resuscitation of a patient in cardiac arrest, this award shall only be applicable if the patient was found in cardiac arrest and, as a result of the pre-hospital care provided, was later discharged from the hospital alive.



Meritorious Service Award

This shall be awarded to employees whose actions have distinguished them from the standard performance expected of their position.

Unit Citation

This award may be presented to employees in an action that contributed to the overall professionalism of EMS in Jefferson County.

Stork Pin

This acknowledgement shall be awarded to an employee who assists a mother with a successful live birth in the field or in the ambulance.

Procedure

Any employee may nominate another employee for an award(s) at any time. All award(s), except Outstanding EMS Provider, may be presented at any time during the year.

Nominations must be provided in the form of a letter or e-mail to the Director and should include the employee's name, detailed reason(s) why the employee should be considered for the award(s) and specify the award category(ies.)



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Open Shift Handling

Board Approval:

R M Keller

Date: 4/26/16

Purpose

To maintain adequate staffing for emergency response readiness when shifts are vacated by open positions, scheduled leave, and unexpected vacancies.

Procedure:

The Captain shall serve as the lead scheduler with assistance from the Lieutenants. S/he shall process all leave requests and ensure the schedule published via EMSchedule is an accurate representation of known staffing and reflecting all known vacancies.

All vacancies known well in advance will be filled utilizing part time or full time employees to the greatest extent possible. Whenever possible, employees of the appropriate certification level will be used (i.e., filling a paramedic shift with a paramedic.)

In the event that a shift becomes or remains vacant less than 24 hours prior to the start of the shift, the officer on duty will execute the following process.

1. If the vacant shift is a paramedic shift Station 11:
 - a. Move the Acting Shift Supervisor from whichever station s/he is assigned to the vacant shift at Station 11. This will create a vacancy at another station, follow the procedure below for filling that vacancy.
 - b. If no Acting Shift Supervisor is scheduled at another station during the vacant shift, contact and offer the shift to all officers and acting shift supervisors.
 - c. If no officer or Acting Shift Supervisor accepts the shift, the paramedic working Station 11 prior to the shift will be mandatorily held for the first half of the vacant shift and the paramedic scheduled at Station 11 following the vacant shift will be mandatorily called in to cover the second half of the vacant shift.
2. If the vacant shift is an EMT shift at Station 11:
 - a. Contact and offer the shift to all part-time EMTs
 - b. If no part-time EMT accepts the shift, contact and offer the shift to all part-time paramedics.
 - c. If no part-time employee accepts the shift, contact and offer the shift to all full-time EMT's
 - d. If no full-time EMT accepts the shift, contact and offer the shift to all full-time Paramedics.
 - e. If no full-time employee accepts the shift the EMT working prior to the shift will be mandatorily held for the first half of the vacant shift and the EMT scheduled following the vacant shift will be mandatorily called in to cover the second half of the vacant shift.



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3. If the vacant shift is a paramedic shift at Station 3:
 - a. Contact and offer the shift to all part-time paramedics.
 - b. If no part-time paramedic accepts the shift, contact and offer the shift to all full-time paramedics.
 - c. If no part-time or full-time paramedic accepts the shift, an employee working prior to the shift will be mandatorily held for the first half of the vacant shift and an employee scheduled following the vacant shift will be mandatorily called in to cover the second half of the vacant shift.
 - i. The employees mandatorily held over and called in to cover the shift will not automatically be those assigned to the station where the vacancy exists. Employee selection for hold over and call back will rotate by station assignment. The first time a holdover and call in is exercised, regardless of the station where the vacancy exists, the employees at station 2 will be held over and called in. The next time it will be the employees at station 3, then station 4, and the cycle will repeat. The officers will be responsible for maintaining a holdover / call back log to ensure the rotation is implemented properly.
4. If the vacant shift is a paramedic shift at Station 2 or 4:
 - a. Contact and offer the shift to all part-time paramedics.
 - b. If no part-time paramedic accepts the shift, contact and offer the shift to all full-time paramedics.
 - c. If no full or part-time paramedics accept the shift, contact and offer the shift to all part-time EMTs.
 - d. If no part time EMT accepts the shift, contact and offer the shift to all full-time EMTs.
 - e. If no part-time or full-time employee accepts the shift, an employee working prior to the shift will be mandatorily held for the first half of the vacant shift and an employee scheduled following the vacant shift will be mandatorily called in to cover the second half of the vacant shift.
 - i. The employees mandatorily held over and called in to cover the shift will not automatically be those assigned to the station where the vacancy exists. Employee selection for hold over and call back will rotate by station assignment. The first time a holdover and call in is exercised, regardless of the station where the vacancy exists, the employees at station 2 will be held over and called in. The next time it will be the employees at station 3, then station 4, and the cycle will repeat. The officers will be responsible for maintaining a holdover / call back log to ensure the rotation is implemented properly.
5. If the vacant shift is an EMT shift at station 1, 5, or 6:
 - a. Contact and offer the shift to all part-time EMTs.
 - b. If no part-time EMT accepts the shift, contact and offer the shift to all part-time paramedics.



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- c. If no part time EMT or paramedic accepts the shift, contact and offer the shift to all full-time EMTs.
- d. If no full-time EMT accepts the shift, contact and offer the shift to all full-time paramedics.
- e. If no employee accepts the shift, and there is only one (1) vacant shift for the day, detail the EMT from Station 11 to the vacant station for the regularly scheduled hours of coverage.
- f. If no employee accepts the shift, and there are two (2) or more vacant shifts for the day, do not detail the EMT from Station 11. Contact the chief of the affected department and advise them of the vacancy.

Certain occasions may call for creative solutions that deviate from the above procedure to ensure adequate staffing and minimize hardship on employees. The on duty officer is authorized to improvise as needed and appropriate.

Any situation that will result in a station being unstaffed during hours when it is normally staffed must be communicated to the EMS Chief of the affected station as early as possible.



**Jefferson County Emergency Services Agency
Operating Guideline**

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Weekend EMT Position Guidelines

Board Approval:

R M Keller

Date: 4/26/16

Repealed. This position no longer exists.



Jefferson County Emergency Services Agency

Operating Guideline

OG 2210

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Training Compensation & Reimbursement

Board Approval:

A handwritten signature in black ink, appearing to read "R M Kelly".

Date: 4/26/16

Employees will generally be compensated to attend training hosted by JCESA, provided that said training is approved by WVOEMS for continuing education hours for the level at which the provider is certified and an equivalent course is not readily available online at no cost.

Employees will not be compensated to attend training for which WVOEMS has not approved continuing education hours at the level the provider is currently certified.

(Example: BLS providers will not be compensated to take courses that are only approved for ALS CE.)

Employees will not be compensated to attend classroom training that can be obtained at no cost online. *(Example: HazMat awareness classes are hosted by JCESA and, while employees may attend these classroom based courses, they will not be compensated to do so since the HazMat Awareness course is available at no cost online and can be completed on-shift.)*

Employees will not be compensated to attend traditional paramedic refresher courses offered by other jurisdictions or agencies. The JCESA Training Institute offers more than sufficient CE hours throughout the year, 25% of which are conducted on each paramedic's shift, to meet recertification requirements.

Employees, including officers, will not be compensated to attend leadership, management, or officer training courses.

Employees will not be compensated to attend initial EMT or initial Paramedic certification programs except as an instructor with prior approval.

Employees will generally not be compensated for attending training not hosted by JCESA. Exceptions must be approved, in advance and in writing, by the Captain.

JCESA will not routinely compensate employees to attend nor reimburse expenses incurred to attend conferences that require travel, meals, and/or lodging. Approval for compensation and/or reimbursement for training of this nature requires the Director's approval and will only be granted in extraordinary circumstances.



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Training Equipment

Board Approval: *R M Kelly*

Date: 4/26/16

Training equipment is provided to assist field personnel in learning, developing, and practicing skills and expanding their clinical and operational knowledge. Any other use of agency owned training equipment is prohibited.

If equipment or materials are needed but not available in the agency's inventory that would be beneficial, the Captain and/or Training Coordinator should be notified so the items may be considered for future budget inclusion.

Other agencies, organizations, and/or individuals may borrow agency-owned equipment, supplies, or materials for legitimate training purposes, provided that the items requested are not needed at the same time for a JCESA hosted course. When borrowing an item, the officer on duty must be notified and shall make note of the date and item borrowed and the borrower's name and organization. When the item is returned, the on duty officer shall make note of this as well.

Any questions or concerns about training equipment should be directed to the Captain or Training Coordinator.



Jefferson County Emergency Services Agency Operating Guideline

OG 2315

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Safety Vest Usage

Board Approval: *R M Kelly*

Date: 4/26/16

Purpose

To ensure the safety of all personnel while operating on incidents on or near roadways or where motor vehicle traffic may be encountered.

Background: *On August 10, 2005, President Bush signed the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), which authorizes the Federal surface transportation programs for highways, highway safety, and transit for the 5-year period 2005-2009. Pursuant to this law, the Federal Highway Administration (FHA) proposed a new federal regulation on April 24, 2006 published in volume 71 Federal Register, page 20925 (71 Fed. Reg. 20925) that requires all workers within the right-of-way of a Federal-aid highway to wear an ANSI 107 (2004) Class 2 or 3 high-visibility vest. On November 24, 2006 the FHA published the final rule, which becomes effective on November 24, 2008, at 71 Fed. Reg. 67792. All first responders working within the right-away of a federal-aid highway are covered by the new Rule. References for this guideline will follow Federal Rule 23 C.F.R. Part 634 – Worker Visibility (High-Visibility Vests).*

Policy

JCESA will provide an ANSI 107 (2010) Class 3 high-visibility vest for all employees on Agency owned EMS vehicles. Extra vests will be kept in our EMS units for late arriving personnel and/or those arriving in personally owned vehicles.

Personnel operating on or near a roadway, whether on an emergency or non-emergency incident, or any incident where motor vehicle traffic may be encountered shall wear an ANSI 107 (2010) Class 3 high-visibility vest regardless of the individual's function at the scene and even when the roadway is completely shut down.



Jefferson County Emergency Services Agency Operating Guideline

OG 2320

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Emergency Vehicle Operation

Board Approval:

R M Kulis

Date: 4/26/16

Purpose

A great deal of responsibility is placed with drivers of emergency vehicles. Not only must emergency vehicle drivers provide prompt conveyance of the apparatus, equipment, and personnel to provide service to those in need, but as importantly, must accomplish this task in the safest and most prudent manner possible. Emergency vehicle drivers have most of the major assets (personnel, the vehicle, portable equipment) in their care, custody and control. Emergency vehicle drivers also have a higher standard of care to the general motoring public and must make every attempt possible to provide due regard for the safety of others. Drivers must constantly monitor and reduce the amount of risk and exposure to potential losses during each and every response. Safe arrival shall be, and must always remain, the first priority of all emergency vehicle drivers. In order to accomplish this enormous task all emergency vehicle drivers shall become familiar with, and constantly abide by the following policies and procedures.

Policy

Circle of Safety

Prior to entering the cab and starting the vehicle, the emergency vehicle driver shall make a circle of safety around the vehicle to see that all equipment is secured, that all compartment doors are securely closed and any physical obstructions moved out of the way. During the circle of safety, the emergency vehicle driver shall circle the vehicle and visually inspect all 4 sides and the top of the vehicle before entering the cab. S/he should also verify right side and rear clearance with the person riding in the officer position. This shall be conducted prior to moving the vehicle regardless of whether or not the vehicle is about to leave on an emergency or a non-emergency.

Warning devices and emergencies

When responding to an emergency, all audible and visual warning devices will be operated at all times regardless of time of day and/or traffic conditions. All emergency vehicle drivers must understand that warning devices are not always effective in making other vehicle operators aware of your presence. Warning devices only request the right-of-way, they do not insure the right-of-way.

Vehicle control and right-of-way

All drivers shall attempt to maintain control of the vehicle that they are operating in such a manner as to provide the maximum level of safety for both their passengers and the general public. Emergency vehicle drivers should be aware that the civilian vehicle operators may not react in the manner in which is expected by the emergency vehicle operator. An attempt should be made to have options available when passing or overtaking



vehicles. If another vehicle operator fails to yield the right of way to an emergency vehicle, the emergency vehicle driver cannot force the right of way, nor can you assume the right of way, therefore you do not have the right of way until the other vehicle yields to you.

The emergency vehicle driver shall be aware of his/her rate of closure on other vehicles and pedestrians at all times to make sure that a safe following distance is established and maintained. All drivers shall follow the rule for safe following distance and allow one (1) second of following distance for every 10 feet of vehicle length for speeds under 40 mph and add one (1) additional second for speeds over 40 mph.

Response speeds

While state law allows emergency vehicles operating lights and siren to travel in excess of the posted speed limit, drivers must always operate the vehicle with due regard for public safety. Some situations may require reduced speeds, potentially even below the posted speed limit. Examples of these situations include, but are not limited to;

- Slippery road conditions
- Inclement weather
- Poor visibility
- Heavy or congested traffic conditions
- Sharp curves
- Pedestrian traffic
- Construction areas

Intersection Practices

Extreme care should be taken when approaching any intersection, as intersections are the locations responsible for a large percentage of major accidents involving emergency vehicles. Drivers are required to practice the organizations intersection operating guidelines during all emergency responses.

Uncontrolled Intersections

At any intersection that does offer a control device (stop sign, yield or traffic signal) in the direction of travel of the emergency vehicle or where a traffic control signal is green upon the approach of the emergency vehicle, all emergency vehicle drivers should do the following:

- Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast etc.). Observe traffic in all 4 directions (left, right, front, rear)
- Slow down if any potential hazards are detected and cover the brake pedal with the driver's foot.
- Change the siren cadence not less than 200' from intersection
- Avoid using the opposing lane of traffic if at all possible.



Emergency vehicle drivers should always be prepared to stop. If another vehicle operator fails to yield the right of way to an emergency vehicle, the emergency vehicle driver cannot force the right of way, nor can you assume the right of way, therefore you do not have the right of way until the other vehicle yields to you.

Controlled Intersections

Any intersection controlled by a stop sign, yield sign, yellow traffic light or a red traffic light requires a complete stop by the emergency vehicle driver. In addition to bringing the vehicle to a complete stop these additional steps must be followed as well:

- Do not rely on warning devices to clear traffic
- Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast etc.) as well as driver options
- Begin to slow down well before reaching the intersection and cover the brake pedal with the driver's foot, continue to scan in 4 (four) directions (left, right, front, back)
- Change the siren cadence not less than 200' from intersection
- Scan intersection for possible passing options (pass on right, left, wait etc.) avoid using the opposing lane of traffic if at all possible
- Come to a complete stop
- Establish eye contact with other vehicle drivers; have partner communicate all is clear; reconfirm all other vehicles are stopped. Drive as a Team
- Proceed one lane of traffic at a time treating each lane of traffic as a separate intersection

Railroad Intersections

At any time, an emergency vehicle driver approaches an unguarded rail crossing he/she shall bring the apparatus or vehicle he/she is operating to a complete stop before entering the grade crossing. In addition, the emergency vehicle driver shall perform the following prior to proceeding:

- Turn off all sirens and air horns
- Operate the motor at idle speed
- Turn off any other sound producing equipment or accessories
- Open the windows and listen for a train's horn

Non-emergency response

When responding to a call in a non-emergency response mode or normal flow of traffic the vehicle will be operated without any audible or visual warning devices and in compliance with all state motor vehicle laws that apply to civilian traffic.



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Ordinary travel procedures

All drivers shall obey all traffic laws and traffic control devices when driving any Agency and/or fire department vehicle under ordinary travel conditions. Any driver observed breaking any traffic laws or driving any vehicle in an aggressive manner will be subject to disciplinary action including up to suspension of driving privileges.

Backing

Backing emergency vehicles is made hazardous due to restricted visibility by the fact that the driver cannot see much of where he/she intends to go. The Agency recommends avoid backing whenever possible. When it is necessary to back-up any departmental vehicle, one of the two following measures should be taken:

The Agency's first choice of backing procedures is that before any vehicle is put into reverse and backed that a spotter be put in place near the rear of the vehicle. The spotter should be safely positioned so that the emergency vehicle driver can see them at all times. If at any time the emergency vehicle driver loses sight of the spotter, s/he shall stop immediately until the spotter makes him/her visible again.

If conditions exist that make use of spotters impossible, all drivers, before attempting to back up any vehicle, will make a circle of safety to see that; no person or persons are directly behind the vehicle or in its intended path of travel; all equipment is secured and that all compartment doors are securely closed; and physical obstructions are moved out of the way. The emergency vehicle driver should also note all potential obstructions in the intended path of travel.

Computer/Tablet Use

Personnel are NOT permitted to use or operate computers, MDTs, or tablets while driving an agency or volunteer vehicle. If information urgent to the incident is needed and the driver is alone in the vehicle, s/he shall only use the computer, MDT, or tablet while at a complete stop. Whenever there is another person in the cab of the vehicle s/he should operate the computer, MDT or tablet. Also refer to AP 1640 regarding the use of phones and other electronic devices.



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Use of Vehicle Computer

Board Approval: *R M Kelly*

Date: 4/26/16

Repealed. This information is covered in OG 2320 and AP 1640



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OG 2330

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On Duty Officer Incident Response

Board Approval:

A handwritten signature in cursive script, appearing to read "R. M. Kelly", is written over the "Board Approval:" text.

Date: 4/26/16

Purpose

To establish guidance for the response of the on duty officer to emergency incidents.

Guideline

The officer on duty shall respond to incidents where indicated, at his or her discretion, based on a number of factors such as; clinical acuity, extraordinary nature, proximity to the call and the need for additional resources.

Generally, and based on the above considerations, the on duty officer should respond to incidents where crews are working in an IDLH, such as confirmed structure fires or major HazMat or rescue incidents.

For incidents where a command structure is in place, the on duty officer should report to the incident commander for assignment within the ICS, usually within the Medical division/group.



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OG 2340

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Radio Communication

Board Approval: *R M Kelly*

Date: 4/26/16

General Considerations

- Radio messages should be clear, concise and understandable, using common language.
- Radios, and all frequencies they operate on, are to be used for official business only. No personal business is to be conducted over any radio frequency.

Initial On-Scene Radio Communications

- If first arriving unit on the incident scene, give appropriate information on scene size-up, i.e., hazards, and number of victims.
- Establish Command when necessary and, if required, request additional resources and any specialized equipment or personnel to the scene.
- Pass command to the appropriate Fire or EMS Officer immediately upon their arrival unless requested to maintain that position in the ICS.



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Scene Management

Board Approval:

R m Kelly

Date: 4/26/16

Patient Care

The paramedic is professionally responsible and will act as the scene commander for medical care and safety unless relieved by an officer (JCESA or volunteer) of equal or higher certification or another paramedic. The EMT is to assist the paramedic with patient care at all times. In the absence of a paramedic, the EMT is professionally responsible and will act as the scene commander for medical care and safety unless relieved by an officer (JCESA or volunteer) of equal or higher certification or a paramedic. In incidents where fire suppression or rescue is a factor, JCESA personnel shall establish command, when appropriate, until an officer (JCESA or volunteer) or paramedic arrives and assumes command.

Traffic Control

Law enforcement is in charge of traffic control and bystanders at all times. The primary responsibility of JCESA providers is patient care.

News Media Requests

All media requests are to be directed to the appropriate company OIC or PIO. In their absence or upon their request, a JCESA officer may function as the Public Information Officer.

Special Incidents

JCESA field personnel are not to participate in activities (i.e., hazardous materials) for which they are not trained, equipped, and authorized.

Violent Scenes

The ECC will advise, to the best of their knowledge, any indications of violence at a scene and dispatch law enforcement when appropriate. Any responding personnel may request law enforcement dispatch if, based on the information available to them, they believe the scene may be violent or have potential to become violent. Units dispatched to such a scene will stage and maintain a safe distance until law enforcement deems the area safe. Personnel who arrive to find a violent situation are to exit the scene immediately and request law enforcement. In the event that field personnel are placed in an immediate threatening position, the Emergency Activation (EA) button may be pressed. The ECC will attempt to contact the unit to which the radio is assigned. If the activation is not denied, the ECC will treat the incident as a confirmed and dispatch law enforcement and additional resources to the last known location of the unit activating the EA. Patient Restraint may only be conducted in accordance with WVOEMS Protocols.



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WVOEMS Special Operation Policies

Board Approval:

R M Kelly

Date: 4/26/16

Repealed. All contents of this policy were reiterations of WVOEMS protocols.



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OG 2360

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Ambulance 11 Response

Board Approval:

R M Kelly

Date: 4/26/16

Personnel assigned to Station 11 may respond to a call utilizing Ambulance 11 when, at the discretion of the officer on duty, it would be prudent to do so based on the information available to him/her at the time of dispatch. This information may include; reasonable suspicion that another transport unit will not respond in a reasonable time or mass casualty incidents where all available transport units may be needed.



Jefferson County Emergency Services Agency Operating Guideline

OG 2370

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Employee Involved Motor Vehicle Collision

Board Approval: *R M Kelly*

Date: 4/26/16

In the event that a JCESA or volunteer owned vehicle, operated by a JCESA employee, is involved in a collision, regardless of severity and regardless of whether the collision occurs during an emergency incident, the following procedure will be followed:

Initial Actions:

1. The first priority shall be to ensure the well-being of all parties involved by assessing for injuries, providing medical care, and requesting additional EMS resources as necessary.
2. Law enforcement must be requested to respond if any of the following conditions exist:
 - a. The collision occurs on a public roadway or public property
 - b. Another vehicle, pedestrian, or cyclist is involved
 - c. It is reasonably possible that a crime has occurred (i.e. involved party may be intoxicated)
 - d. Public property was damaged in addition to the vehicle operated by the employee
3. At least two photographs must be taken, even for the most minor incident. Additional photographs must be taken sufficient to thoroughly document all damage and the circumstances of the collision.
4. Names and contact information for all involved parties and witnesses should be obtained.
5. The employee operating the vehicle involved must notify/brief the on-duty officer immediately.
 - a. S/he will respond to the scene of the collision and/or the location where the involved unit is taken at his/her discretion based on the brief and any other information available.
 - b. S/he will conduct a preliminary investigation and compile all relevant documentation, including additional photographs if necessary, and forward all information to the Safety Lt. for investigation.
 - c. S/he will notify the appropriate chief if the incident involves a volunteer vehicle.
 - d. S/he will facilitate drug/alcohol testing of the employee operator within 1 hour of the incident if injury or significant damage has occurred.
 - e. Based on the circumstances the officer may, at his/her discretion, place the employee on Administrative Leave for the remainder of the shift and refer the matter to the Deputy Director. The Deputy Director will determine the subsequent course of action and whether the Administrative Leave will be paid or unpaid.



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- f. Where significant damage or injury has occurred, the on-duty officer will notify the Deputy Director as soon as possible.
6. The employee operating the vehicle involved in a collision will make a written report to his/her officer preferably by the end of the shift, but never more than 24 hours after the incident. This report should include, at a minimum;
 - a. Estimated speed
 - b. Direction of travel
 - c. Weather conditions
 - d. Safety equipment or practices utilized (seatbelts, spotter, etc.)
 - e. Any factors that contributed to the collision

Investigation

The Safety Lieutenant will review all material submitted including statements, photographs, and the officer's report. S/he may also inspect the vehicle and/or property involved, take additional photographs, interview parties and/or witnesses, and obtain police reports. S/he will make a final written report which will include observations of the mitigating and aggravating factors and a recommendation for the course of action. The potential course of action may include one or more of the following;

- No action recommended (wildlife incidents deemed reasonably unavoidable)
- Verbal remediation
- Re-training
- Verbal or Written warning
- Suspension without pay
- Termination

This final report will be submitted to the Captain who may authorize any course of action that does not involve suspension or termination. If the course of action will include suspension or termination, the Captain will refer the matter to the Deputy Director.



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Infection Control

Board Approval:

Denise A. Poyet, Director JCESA

Date: 4/26/16, Rev: 11/1/16

PUROPOSE

To provide a comprehensive infection control program, which maximizes protection against communicable diseases for all employees, and for the public, they serve.

SCOPE

JCESA recognizes that many of its employees are involved in job responsibilities that may place them at risk for direct contact with blood and other potentially infectious materials. It is the goal of the agency to strive to reduce exposure in the employee population and thus reduce the incidence of occupational health risk. It is also the goal of the agency to ensure that the patients served are offered protection from infection. JCESA's Exposure Control Plan will address both blood borne pathogens and airborne pathogens.

POLICY STATEMENT

It shall be the policy of all shift supervisors and Directors of the JCESA to:

- A. Support and enforce compliance with the Exposure Control Program.
- B. Correct any unsafe acts and refer any individuals for remedial training if required.
- C. Mandate safe operating practices.
- D. Refer any individual for medical evaluation who may possibly be unfit for work, for infection control, or any other reason.
- E. Ensure initial medical evaluations, immunizations and infection control training have been completed prior to allowing any individual to begin EMS.
- F. Participate in education and training programs prior to active department and attend on-going education and training programs.

The Exposure Control Plan shall be reviewed and updated annually.

JOB CLASSIFICATION & EXPOSURE

Occupational exposure as defined by OSHA Section 1910.1030 is "reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious material that may result from the performance of any individual's duties." NFPA 1581 defines an exposure as "contact with an infectious agent, such as body fluids, through inhalation, precautions inoculation, or contact with an open wound, non-intact skin, or mucous membrane."

All employees of JCESA, because of the possibilities of exposure during EMS, fire, and hazardous materials incidents, will be under the classification of "Category I- Tasks that involve exposure to blood, body fluids, or tissues."

Specific tasks in which occupational exposures to all employees of the department may occur are:

1. Bleeding control (ranging from minimal bleeding through spurting blood)
2. Emergency childbirth



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3. Insertion on OPA's, NPA's, Combitube's, KING's
4. Oral/nasal suctioning, manually cleaning the airway
5. Handling and cleaning instruments with microbial contamination

Additional tasks in which occupational exposures may occur to ALS-certified employees are:

6. Blood drawing
7. Starting an intravenous line
8. Endotracheal or Nasal intubation, or insertion of OPA's and/or NPA's
9. Giving an injection

For the purpose of this policy, all patients shall be considered as potentially infectious and all body fluids shall be considered potentially infectious materials.

Exposure to infectious diseases shall be considered an occupational health hazard, and any infectious disease contracted as the result of a documented workplace exposure shall be considered occupationally related.

RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT FOR TASKS				
Task of Activity	Disposable Gloves	Gown	Mask	Protective Eyewear
Bleeding control with Spurting blood	Yes	Yes	Yes	Yes
Bleeding control with minimal bleeding	Yes	No	No	No
Emergency Childbirth	Yes	Yes	Yes	Yes
Blood Drawing	Yes	No	No	No
Starting an IV	Yes	No	No	No
Endotracheal Intubation, Insertion of OP A or NPA	Yes	No	No	Yes



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Oral/Nasal suctioning, manually cleaning airway	Yes	No	No	Yes
Handling and cleaning	Yes	No	No	No
Contaminated equipment	Yes	No	No	No
Giving an injection	Yes	No	No	No
CPR	Yes	No	No	Yes
Vitals	Yes	No	No	No

*Use appropriate PPE if splatter or splash is anticipated. *

TRANSMISSION OF COMMUNICABLE AND INFECTIOUS DISEASE

Patient to Emergency Services Personnel

The highest risk for transmission of communicable diseases in the workplace would involve potential exposure to contaminated blood or other body fluids entering the body via needle puncture wound, scalpel cut, or vial skin perforation. Other portals of entry include contact with mucous membrane surfaces such as the eye, nose, or mouth, or through an existing cut, scratch, or hangnail.

No transmission of HIV infection during mouth-to-mouth resuscitation has been documented; however, because of the risk of salivary transmission during mouth-to-mouth resuscitation, several other communicable diseases can be transmitted. Therefore, special attention should be given to the use of disposable airway equipment or resuscitation bags and the wearing of gloves when in contact with blood or other body fluids. Resuscitation equipment and devices known or suspected to be contaminated with blood or other body fluids should be used one and disposed of or thoroughly cleaned and disinfected after each use.

Emergency Services Personnel to Patient

A risk of transmission of infections exist in situations where there is a high degree of trauma to the patient that would provide a portal entry for the virus and where there is access of blood or other body fluids from the infected EMS personnel to the open tissue of the patient. All EMS personnel shall wear gloves for direct contact with mucous membranes or non-intact skin of all patients, and EMS personnel who have extensive lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment or medical waste until the condition resolves.



EMS personnel who do not perform invasive procedures need not be restricted from work unless they have evidence of other infection or illness for which any EMS personnel should be restricted.

Emergency Services Personnel to Emergency Services Personnel

In order to provide protection to other members of the Department when a member contracts or suspects that he/she has contracted an infectious disease (non-job related), that person shall immediately contact his/her employer/supervisor, who will then notify the Department's Infectious Control Officer. Verbal notification shall be followed up with a letter from the member's physician describing the disease exposed to, treatment duties relative to communicability hazard to fellow employees.

INFECTIOUS CONTROL PROCEDURES

Hand washing and other General Hygiene Measures

Hand washing is the single most important means of preventing the spread of infection. Appropriate hand washing just be diligently practiced. Individuals shall wash hands thoroughly using soap and water vigorously for 15 seconds. In circumstances where hand washing is not possible, the hands shall be cleaned with a waterless hand sanitizer (Cal-Stat). When this method of cleaning is used, the hands shall be washed with soap and water as soon as possible.

Hands shall be washed prior to and after contact with any patient, or when skin areas or mucous membranes come in contact with blood or other potentially infectious materials.

Sharps Management

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed.

Contaminated disposable sharps shall be discarded, as soon as possible after use, in the disposable sharps containers. Only fill sharps containers up to the marked line. Secure top till it permanently fastens and secure entire lid to sharps containers with tape. Full containers will be promptly disposed of at Jefferson Medical Center.

Personal Protective Equipment

Appropriate personal protective equipment will be provided at no cost to the employees with occupational exposure. Personal protective equipment for personnel will include, but not limited to: disposable gloves, protective eyewear& mask, cover gowns, waterless hand wash solution, and a Biohazard bag. PPE is available in each vehicle. Extra supplies are located in the station.

Disposable gloves shall be worn at all times when there is patient contact. Single use gloves are not to be washed nor decontaminated for re-use. Gloves are to be replaced as soon as possible when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

Disposable face masks and eye goggles shall be worn whenever splashes, spray, splatter, or droplets



of blood or other potentially infectious materials may be generated, or when dealing with patients who are actively coughing or suspected of carrying airborne infectious diseases such as tuberculosis. Disposable face masks may also be applied to the patient in these cases for reduction of airborne contaminants.

On other EMS incidents involving patients who are bleeding profusely, unable to control body fluids, coughing or vomiting blood, or other circumstances where emergency personnel are unable to avoid blood or body fluid contact, personnel are to wear gowns which are supplied by the agency/department.

Disinfection and Laundering

All equipment and work surfaces that may be contaminated with blood or other potentially infectious materials shall be cleaned and decontaminated as soon as possible after completion of procedures, and before the equipment is considered available for use with another patient.

Disinfection shall be done with a 1:100 dilution of household bleach in water, made fresh daily or at the time of disinfection, or by use of commercial disinfectant which has been approved by and registered with the U.S. Environmental Protection Agency as tuberculocidal. (Zep DZ-7)

Clothing which has been contaminated with blood, vomit, or other body fluids must be removed as soon as possible. If laundering of the contaminated clothing is not immediately available, the clothing is to be stored in a red plastic bag provided by the department until laundering is available. Personnel shall wear disposable gloves whenever handling contaminated clothing. A washer and dryer are provided by the agency/department to wash any contaminated clothing.

Boots, leather or turnout type, may be brush scrubbed with soap and hot water to remove any contaminants.

Disinfection of all surfaces in the ambulance shall be done daily and after each transport of a patient. ¼ cup bleach per gallon of water or the use of Cavi-wipes.

Chlorine bleach or cleaning agents containing chlorine bleach shall not be used for cleaning or disinfection of clothing (uniforms) or protective clothing.

All disposable equipment shall be disposed of properly after use.

DISCIPLINARY ACTION POLICY

The purpose of the exposure control plan is to reduce the risk for occupational exposure. Our plan is effective if followed as written. Periodic and unannounced monitoring will be conducted to ensure that employees are complying with this plan. Compliance with the exposure control plan is an employee responsibility. Non-compliance will be noted and records maintained of each incident and employee interview. Retraining and education will be offered.



HEPATITIS B VACCINATION POLICY

All field individuals of JCESA will be offered the Hepatitis B vaccination series at no cost to them. In addition, these individuals will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job. Injections will be administered at the Jefferson County Health Department.

All medical evaluations and procedures including the Hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the individual at a reasonable time and place. This medical care will be performed by or under the supervision of the OMD.

The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose.

Within six months of the administration of the final dose, a blood test will be given to measure Anti-HBs Ratio Units. Test results showing less than 10 Anti-HBs Ratio Units will be considered as a negative result, and that individual will be offered up to two booster vaccinations, with a blood test one month after each booster, in an effort to achieve a positive result.

At this time, a routine booster is not recommended, but if the U.S. Public Health Service at some future date recommends a booster, it will also be made available to exposed individuals at no cost to them.

Each employee deemed to be at risk will be instructed regarding the disease, efficiency and safety of the vaccine, route of administration, administration schedule, and benefits. There will be ample opportunity for each employee to ask questions and have questions answered. This will allow for each employee to make an informed decision to participate or decline to participate. Employees will be asked to sign an informed consent sheet which will be kept on file. Employees who decline to participate will be asked to sign a declination form in accordance with the provision of 1910:1030, this will also be kept on file in the individual's medical record. Each employee participating in the vaccine program will receive a personal record documenting the vaccine series.

Employees who elect to sign a declination form will be advised that if they should change their mind, the vaccine will be made readily available to them.

Employees who can show proof of previous vaccination against Hepatitis B or who can Document that they are antibody positive will not be candidates for the vaccine because they have immunity.

The vaccination series will not be made available to individuals who have previously received the complete Hepatitis B Vaccination series, to any individual who has immunity as demonstrated through antibody testing, or to any individual for whom the vaccine is medically contraindicated.



HEPATITIS B VACCINE PROGRAM
CONSENT FORM

I have received education and training regarding the Hepatitis B vaccine. I have had the opportunity to ask questions and to have those questions answered to my satisfaction. I believe and understand the benefits and risks of the vaccine and consent to receive this vaccine.

Name _____

Signature _____

Date _____



HEPATITIS B VACCINE PROGRAM
DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

Name _____

Signature _____

Date _____

Reason (optional):



HEPATITIS B VACCINE IMMUNIZATION RECORD

Vaccine is to be administered in three doses. It should be given in the deltoid muscle of the arm **only**.
The schedule for the doses is as follows;

- Initial dose
- Four weeks after the first dose, give the second dose
- Six months after the first dose, give the final dose

EMPLOYEE NAME: _____

First dose _____

Second dose _____

Third dose _____

Post Vaccine Testing

Date _____: Result: _____



RECORD KEEPING FOR THE HEPATITIS B VACCINE PROGRAM

Each employee who consents to the vaccination program will receive a copy of the immunization record from the Jefferson County Health Department. A copy is to be made and given to the Infectious Control Officer for record keeping. Records will be maintained for the duration of employment plus 30 years. This is keeping with the requirements of OSHA 1910:1030 and the OSHA medical record standard 1910:1020.

Any employee who declines to participate in the program will sign a declination form. The Infectious Control Officer, for the duration of employment plus an additional 30 years, will keep this form on file.

Employees who decline the vaccination and decline to sign the declination form will be referred for counseling and possible administrative action.

EMPLOYEES DEEMED AT RISK FOR TUBERCULOSIS

ALL EMPLOYEES PROVIDING PATIENT CARE

Employees who are at risk for possible exposure to tuberculosis will be offered annual PPD testing at no cost to them. Testing will be offered at the facility in which you receive your yearly physical. In order to receive the Tuberculosis Screening Test individuals will sign a consent form. Any Employee choosing not to participate in the Tuberculosis Screening Test will sign a declination form. If the employee who declines the Tuberculosis Screening Test at any time changes their mind, the Tuberculosis Screening Test will be made available at no cost to them.

Testing will be done using MANTOUX test administration of PPD/TST given by the intradermal method or by QFT - TB Gold or a chest X-Ray. This test will be read by a trained health care professional.



**TUBERCULOSIS SCREENING TEST
CONSENT FORM**

I have attended an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin test or GFT - TB Gold, which is used to determine if the bacteria which causes tuberculosis is residing in my body.

I understand that I may be occupationally exposed to Tuberculosis and that I may be at risk for acquiring Tuberculosis. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & Health Administration (OSHA) recommend that I be tested for exposure to TB.

I have been given the opportunity to be tested using Mantoux skin test or GFT - TB Gold, at no charge to myself. I have had the opportunity to ask questions regarding TB and the skin testing program. Based on this information, I elect to participate in this program.

Name: _____

Signature: _____

Date: _____

Administered By: _____

Read On: _____

Result: _____



**TUBERCULOSIS SCREENING TEST
INFORMED DENIAL**

I have attended an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin test or GFT - TB Gold, which is used to determine if the bacteria which causes tuberculosis is residing in my body.

I understand that I may be occupationally exposed to Tuberculosis and that I may be at risk for acquiring Tuberculosis. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & Health Administration (OSHA) recommend that I be tested to determine whether I have contracted the infection.

I have been given the opportunity to be tested using Mantoux skin test or GFT - TB Gold, at no charge to myself. However, I decline TB screening at this time. I understand that, by declining this screening, I am at risk of having TB without my knowledge. I understand that I will be able to obtain testing for TB in the future if I choose to change my mind.

Name: _____

Signature: _____

Date: _____



PROCEDURES FOR EVALUATION AND FOLLOW-UP EXPOSURE INCIDENTS

An exposure incident is a specific eye, mouth, other mucous membrane, non intact skin, or potential contact with blood or other potentially infectious materials that results from the performance of an individual's duties.

CLARIFYING EXPOSURE TO BLOODBORNE PATHOGENS

THE FOLLOWING OCCURRENCE SHOULD BE REPORTED DIRECTLY TO THE INFECTIOUS CONTROL OFFICER:

1. A CONTAMINATED NEEDLESTICK INJURY
2. BLOOD/OPIM IN DIRECT CONTACT WITH THE SURFACE OF THE EYE, NOSE, OR MOUTH
3. BLOOD/OPIM IN DIRECT CONTACT WITH AN OPEN AREA OF THE SKIN
4. CUTS WITH A SHARP OBJECT COVERED WITH BLOOD/OPIM
5. HUMAN BITES (blood drawn)

Personnel who experience an exposure incident must immediately report their exposure to their Infectious Control Officer or Supervisor on duty. When an individual reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual unless identification is infeasible.

If the infectivity status of the source individual is unknown, the individual's blood will be tested as soon as possible after consent is obtained. If the source individual's blood is available, and the individual's consent is not required by law, the blood shall be tested and the results documented. The exposed employee will be informed of the results of the source individual's testing.

The exposed individual's blood shall be collected as soon as possible after initial interview with the Infectious Control Officer, and consent is obtained. The exposed individual's blood will be used for Hepatitis B (HBV), Human IMMUNODEFICIENCY virus (HIV), Hepatitis C, and VDRL testing. If the employee consents to baseline blood testing, but does not wish to have testing done at the time for HIV, then the hospital will preserve the blood for at least 90 days. If within the 90 days following the incident, the employee elects to have the testing performed, then it will be done as soon as possible.

Post-exposure evaluation and medical treatment will be made available at no cost to the employee. It will be set up at a reasonable time at the departments designated location. Treatment will be conducted by or under the direct supervision of a licensed physician or other health care professional who is familiar with the OSHA standard, the Centers for Disease Control and Prevention medical follow-up guidelines and the criteria for pre and post exposure counseling.



The following information will be provided to the health care professional evaluating an authorized individual after and exposure:

- A copy of 1910:1030 Blood borne Pathogens standard;
- A description of the exposed individual's duties as they relate to the exposure incident;
- The documentation of the route(s) of exposure and the circumstances under which the exposure occurred;
- Results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the individual including vaccination status.

JCESA shall obtain and provide the individual with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. The written opinion will be limited to the following information:

- The employee has been informed of the evaluation results;
- The employee has been told about any medical conditions resulting from exposure to blood or other potentially hazardous materials which require further evaluation or treatment.

The Infectious Control Officer will document that the employee has been informed of the evaluation results. This is in accordance with the 48 hour time frame set forth in the **Ryan White Law**.

All other findings shall remain confidential and shall not be included in the written report.

CONFIDENTIAL

Confidential elements will include the following:

1. Documentation of the route of exposure, and the circumstances under which the exposure occurred.
2. Results of the testing of the source individual's blood test shall be made available to the exposed employee. The exposed employee should hold this information to be confidential.
3. Hospitals must release source patients test results. This is NOT a HIPPA violation.

All records will be maintained for the duration of employment plus an additional 30 years as set forth by OSHA regulation.

IMMEDIATE NEEDS POST EXPOSURE

1. IF THE EXPOSURE IS A SHARPS INJURY:

A. LET THE AREA BLEED FREELY

**B. WASH THE AREA WITH SOAP AND WATER OR THE WATERLESS
HANDWASH SOLUTION**

C. NOTIFY THE INFECTION CONTROL OFFICER



- 2. IF THE EXPOSURE WAS A SPLASH TO THE EYE, NOSE, OR MOUTH;**
 - A. FLUSH THE AREA FOR 20 MINUTES WITH WATER**
 - B. NOTIFY THE INFECTION CONTROL OFFICER IMMEDIATELY**

**DESIGNATED OFFICERS FOR DISEASE EXPOSURE REPORTING AND
MEDICAL FOLLOW-UP**

INFECTION CONTROL OFFICER- Lt. Currence (304) 582-2747 Cell

If unable to contact infection control officer contact the officer on duty.



DECLINATION FORM

Post-Exposure Medical Treatment

I understand that due to my occupational exposure I may be at risk for acquiring _____ disease. I have been given the opportunity to be treated prophylactically for this exposure, at no charge to myself. However, I decline follow up medical treatment at this time. I understand that by declining this treatment, I continue to be at risk for acquiring the disease to which I have been exposed. I understand that if I acquire this disease I will be placed under the departments work restriction guidelines.

Name _____

Signature _____

Date: _____



Physician Counseling Documentation Form

This form is to serve as documentation that _____, an employee of JCESA, has been advised of the results of laboratory testing that was performed for the exposure of:

- ☐ Post exposure medical follow-up
- ☐ Annual physical exam
- ☐ Post hiring physical examination

Appropriate counseling was provided to this employee and all test results will remain confidential. A copy of the results will be held in the employee's confidential medical record.

Physician Signature

Date

Employee Signature

Date



FOLLOWING EXPOSURE TO A DECEASED PATIENT

The Medical Examiner will perform necessary blood testing on the deceased patient if there is a documented health care worker exposure. The Medical Examiner will expedite the testing process to assist in meeting the prescribed time frames for post-exposure medical follow-up. Notification of the Medical Examiner will be done by the Infection Control Officer.

****NOTE:** It may be helpful to tag the body bag to note that an exposure occurred.

HANDLING OF MEDICAL WASTE

All items meeting the definition for medical waste will be placed into red biohazard bags. When bags are full properly dispose of them at Jefferson Medical Center.

PERSONNEL TRAINING

Personnel will be trained regarding blood borne pathogens and communicable and infectious diseases at the time of initial assignment and annually, during work hours. Additional training will be provided whenever there are changes in tasks or procedures which affect an individual's occupational exposure; this training will be limited to the new exposure situation.

The training approach will be tailored to the educational level, literacy, and language of the individual. The training plan will include an opportunity for individuals to have their questions answered by the trainer. The EMS Coordinator for the department is responsible for arranging and/or conducting training.

ALL training records will be maintained for 3 years. Training records are not confidential Records and will be provided upon request to the employee or the employee's representative within 15 days of request.

RECORD KEEPING PROCEDURES

Medical Record Keeping

A medical record will be established and maintained for each individual with exposure. The record shall be maintained for the duration of employment plus 30 years in accordance with 1910:1020. The record shall be maintained by the Infection Control Officer of the department and shall contain the following:

1. Name and social security number of the employee
2. A copy of the Hepatitis B vaccine record and PPD status
3. Consent/Denial forms
4. A copy of results of examinations and follow up procedures as required by OSHA
5. A copy of the healthcare providers written opinion(s) following an exposure
6. A copy of the information provided to the healthcare provider as required to assist with medical follow-up



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ALL EMPLOYEE MEDICAL RECORDS WILL BE KEPT CONFIDENTIAL. ALL FILES WILL BE LOCKED AND MAINTAINED BY THE INFECTION CONTROL OFFICER.

Should an employee submit a written request for a copy of their medical records, this will be done within 15 days of the request. Contents of an employee's medical records will NOT be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation .



**Authorization Letter for the Release of Employee Medical Record
Information to a Designated Representative**

I, _____, (full name of worker/patient) hereby
authorize _____ (individual or organization holding the medical
records) to _____ release to (individual or organization authorized to
receive the medical information), the following medical information from my personal medical
records:

(Describe generally the information desired to be released)

I give my permission for this medical information to be used for the following purpose:

but I do not give permission for any other use or re-disclosure of this information.

(Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year) ; (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)

Full name of Employee/Patient or Legal Representative

Signature of Employee/Patient or Legal Representative

Date of Signature



DEFINITIONS OF INFECTION CONTROL TERMS

Blood means human blood, human blood components, and products made from human blood.

Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans, including, but not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Body Substance Isolation is a concept practiced by emergency response personnel where blood and ALL body fluids are to be considered to pose a risk for transmission of blood borne diseases.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Communicable Disease is a disease which can be readily spread from one person to another.

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

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Infectious Disease is an illness resulting from the invasion of the body by a bacteria, virus, fungi, or parasite.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means:

1. The following human body fluids:
semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. HIV- containing cell or tissue cultures, organ cultures, and HIV- or HBV containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.



Potential means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source or occupational exposure to the employee.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.



Handling and Transportation of Deceased Patients

Board Approval:

R M Kelly

Date: 4/26/16

Purpose

To provide direction for incidents in which EMS personnel receive a declaration of death via online medical direction and have contacted the Forensic Investigation Unit in accordance with WVEOMS protocol.

Procedure

Medical Examiner Cases

The attendant in charge will:

1. Request post-mortem transport service from Company 5 through the Jefferson County ECC.
2. Complete the field death form
3. Upon arrival of law enforcement or the medical examiner, EMS units and personnel are no longer committed to the scene. They may, however, assist the transporting service with loading if no calls are pending.

Cases Declined by the Medical Examiner

The attendant in charge will:

1. Consult with the family to determine if arrangements have been made or if they have selected a funeral home.
 - a. If the patient is enrolled in Hospice, request a scene response from a representative.
 - b. If so, assist the family in contacting the desired facility to arrange for transport.
 - c. If no arrangements or preferences are known or if there is no family present, Request post-mortem transport service from Company 5 through the Jefferson County ECC to Eackles-Spencer & Norton Funeral Home.
2. The EMS crew may remain on the scene, pending the arrival of Hospice or the transporting party, or may return to service based on the situation. This decision should be guided by balancing the needs of the family and other emergency calls. Crews will always demonstrate the utmost compassion and reverence in these delicate situations.

General Guidelines

- If any issues arise the officer on duty should be called to the scene, if not already present.
- EMS crews and units will not routinely transport the deceased.



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EMS Response

Board Approval:

R m Kelly

Date: 4/26/16

Purpose

This policy defines the parameters of response to EMS incidents for JCESA field personnel.

Response Codes and Mode

Jefferson County Emergency Communications Center (ECC) has an EMS dispatch policy that all Jefferson County EMS providers are to abide by. This dispatch response decision is based upon the information received at the time the communications center dispatcher takes the call.

EMS dispatch response modes are listed below:

	<u>ALS</u>	<u>BLS</u>
Echo	HOT	HOT
Delta	HOT	HOT
Charlie	HOT	HOT
Bravo	COLD	HOT
Alpha	No ALS	COLD
Omega	No ALS	COLD

Any Jefferson County responding EMS provider has the privilege to upgrade the response mode based upon information provided by the ECC if s/he feels it's appropriate to do so. The provider shall notify the ECC via radio of their upgraded response when doing so as a matter of record.

For Delta and Echo calls, the JCESA personnel assigned to the primary ambulance dispatched will respond immediately in the ambulance regardless of whether they have a full crew. For all other response codes, JCESA personnel assigned to volunteer stations will wait until response check or until they have a full crew, whichever comes first, to respond.

Out of County Response

JCESA personnel will not respond to an out-of-county transfer, station fill, or standby. Such requests may be handled by volunteer staff at their discretion.

JCESA personnel will respond to incidents outside the county when the unit or station they are assigned to is requested.

In County transfers, station fills, standbys.

JCESA personnel will respond to an in-county transfer, station fill or standby when the unit or station they are assigned to is requested to do so.



Inter-facility Transfers

JCESA staffed ambulances will not perform inter-facility transports or facility to residence transports unless approved by the officer on duty.

Volunteer Priority

When there is a volunteer EMS crew on station of sufficient qualification, they always have first option of handling the emergency call, if they desire to do so. In the event that a fully qualified volunteer crew takes the call, the assigned JCESA staffing will remain on station for additional incidents as needed.

Paramedic Staffed Stations

For Charlie, Delta and Echo calls, the JCESA paramedic assigned to the station will respond on the ambulance, unless a volunteer paramedic and a volunteer driver elect to take the call.

For Delta and Echo calls, the JCESA paramedic assigned to the station should generally respond to the call even if a full volunteer ALS crew is responding, if they have access to a chase car or can be transported with other volunteers in another emergency vehicle. In this instance, the most appropriate decision regarding response of the JCESA paramedic varies based on many situational factors and should be determined on a case by case basis by the assigned paramedic, volunteer EMS provider, and officer on duty.

For Bravo calls, the JCESA paramedic assigned to the station may respond in a chase car IF one is available AND a full volunteer BLS crew is responding in the ambulance.

For Omega and Alpha calls, the JCESA paramedic assigned to the station may remain on station for additional incidents IF a full volunteer BLS crew is responding in the ambulance.

JCESA Chase Vehicle at the Emergency Incident Scene:

If the JCESA chase vehicle must be left at the scene of an incident, it shall be parked as safely as possible out of the way of traffic and secured. If a fire department authorized driver over eighteen (18) years of age is available on the scene to drive the chase vehicle, s/he may drive it from the scene to a rendezvous point based on the scene location and destination (i.e., hospital, volunteer station, etc.)



Patient Handling

Board Approval: *R M Kelley*

Date: 4/26/16

To ensure patient and provider safety while moving, transferring, and caring for patients, the guidelines below, organized by device and/or patient population, should be followed;

Stretcher

- Patients should never be placed or transported in a prone position on the stretcher, unless this is the patient's preferred position of comfort.
- All safety belts on the stretcher should be used including the leg belt, waist belt, and shoulder/chest belts.
- The stretcher should be moved at waist height, not at the loading height.
- The stretcher should not be used on stairs. A single step or change in level, such as a curb, is acceptable in some situations but the stretcher should never be used to cross more than one change in level.

Stair Chair

- The stair chair should not be used for any patient who is unconscious or cannot control their extremities.
- A minimum of two responders are required to operate the stair chair and, if available, someone should guide the responder who is backing down the stairs.
- Stair treads should be used when moving a patient up or down stairs.

Pediatric Patients

- A child safety seat should be used to transport any patient under 8 years of age unless the patient is at least four feet nine inches tall (WV §17C-15-46.) Child safety seats should be properly secured in the patient compartment using installed safety belts.
- Whenever possible a parent should be transported in the patient compartment with the patient, however the patient should not be held in the parent's arms during transport. In certain situations it is not possible or practical for the parent to accompany the child in the patient compartment during transport; i.e., cardiac arrest, violence, etc.

Bariatric Patients

- Crews should ensure enough resources are on scene to safely move a bariatric patient. If additional resources are needed, request additional manpower through the ECC. It is documented that responders often over-estimate the ability of themselves and their crews. Crews should carefully consider their abilities and



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ensure that enough resources are available to safely move the patient without injury to the patient or crew.

- When moving a bariatric patient, crews should use the “four corners” method, which places one responder at each corner of the device, or other methods to distribute the weight of the patient among more responders (i.e., three or four responders on each side, etc.)

Additional Patient Handling Guidelines

- Wheelchairs should never be used on steps.
- Household chairs should never be used as a carrying device.
- Equipment weight restrictions should not be exceeded.



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Provider Skills Evaluation

MD Approval: 

Date: 4/26/16

Board Approval: 

Date: 4/26/16

Purpose

The purpose of provider skills evaluations is to ensure every EMS provider is competent to perform the skills required within their scope of practice. This policy defines the requirements for skills evaluations as established by the Squad Medical Director.

Policy

- 1) All Jefferson County EMS providers are required to successfully complete an approved Skills Evaluation Session not more than 365 days since last successfully completing a Skills Evaluation Session. Newly certified providers must complete an approved Skills Evaluation Session within 365 days of their initial certification date.
 - a) Any provider who has not successfully completed an approved Skills Evaluation Session in the last 365 days will be suspended from practice by the Squad Medical Director and prohibited from functioning as a primary attendant in Jefferson County.
 - b) If a provider is found to be practicing while suspended the Squad Medical Director will notify WVOEMS that the provider is practicing outside the direction of the Squad Medical Director.
- 2) Skills Evaluation Sessions will only be conducted under the direct supervision of the JCESA Training Institute administration.
 - a) JCESA shall offer a minimum of four Skills Evaluation Sessions per calendar year.
 - b) Sessions shall be open to all volunteer and career EMS providers.
 - c) Sessions may be cancelled if the minimum number of participants have not registered by the advertised closing date of registration.
 - d) There will be no one-on-one or ad-hoc Skills Evaluation Sessions
- 3) A provider may request to substitute successful completion of a skills evaluation in another jurisdiction/institution by providing documentation of same to the JCESA Training Institute administration. Documentation must include;
 - a) A list of each skill evaluated;
 - b) Indication that the provider successfully completed each skill;
 - c) The date the evaluation took place; and
 - d) The name and title of the person evaluating the skills and/or certifying the evaluation.

The JCESA Training Institute administration will review the documentation provided, consult the Medical Director, if necessary, and either update the provider's record or advise the provider if the substitution is not approved.



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Field Placement Program

MD Approval: 

Date: 4/26/16

Board Approval: 

Date: 4/26/16

Purpose and Intent

The purpose of the JCESA Field Placement Program is for training and/or observation purposes of Jefferson County emergency medical service providers, Blue Ridge CTC EMS students, Pierpont Community and Technical College students, U S Customs & Border Patrol EMS providers and Regional Educational Service Agency Eight students. Any other participation will be in direct violation of this guideline and will not be allowed or given any consideration.

The field placement program is intended to:

- Provide clinical experience for RESA Eight students to gain knowledge, skills and personal behaviors/attitudes required of an entry level practitioner
- Insure that all new emergency medical providers, students are adhering to the West Virginia State Patient Care Protocols.
- Assist the new provider or student on how to complete all mandated pre-hospital care forms, performing electronic data entry patient care reports, proper radio communications with the ECC and MEDCOM.
- Develop the individual's emergency medical skills and improve their knowledge of the Jefferson County EMS system by riding with JCESA employees.
- Allow students or providers to gain knowledge and experience to assume the role of primary EMS care attendant to his/her level of training.
- Expedite the Internship Program of Jefferson County by allowing new EMTs and Paramedics to ride JCESA units so that they may be exposed to larger call volume.
- Establish uniformity in all Jefferson County departments that are providing EMS services.
- Assist Blue Ridge CTC and Pierpont Community and Technical College students to gain the field experience mandated to successfully complete the program they are enrolled in by doing field placement with JCESA.
- Allow Emergency Medical Technician (EMT) students from any Jefferson County fire department enrolled in a West Virginia approved EMT program to gain field experience through observation.
- Allow Emergency Medical Responder (EMR) students from any Jefferson County fire department enrolled in a West Virginia approved EMR program to gain field experience through observation.

The current Jefferson County EMS Field Placement Program requirements are still in effect as written. This JCESA Field Placement Program is only a tool to enhance that program.



Student Obligations

1. All potential participants must submit application, including a copy of their current WV EMS certification, for permission to participate in the JCESA Field Placement Program to the Deputy Director with the approval signature of the EMS Chief or President of the student's Jefferson County Fire Department at least forty eight (48) hours in advance of the request. The applicant, after review of the Deputy Director, will be notified of the status of their request. If there are no schedule conflicts, it will be forwarded to the officer on duty for that date at Station 11. The exception will be students from Blue Ridge CTC and Pierpont CTC that are training under a formal contract between the CTC and JCESA need not to submit this application.
2. All students will have a signed release agreement or authorization form on file in advance with the Deputy Director.
3. No one under the age of eighteen (18) years of age will be allowed to participate in the program.
4. Students will wear proper attire as defined below:
 - Navy blue or black pants or slacks
 - Work boots or other durable shoes (no sandals/sneakers)
 - Any durable shirt or sweatshirt without offensive or suggestive print or pictures
 - Fire department logo apparel
 - Professional attire will be maintained at all times
5. Hours of the Field Placement Program will be from 0800 until 2200. Absolutely no exceptions will be granted on this time span. Anyone abusing these hours will be terminated from the program.
6. Blue Ridge CTC and Pierpont CTC students shall provide documentation on their current skill level to their preceptor at the start of their tour.
7. Only one (1) student per shift will be accepted. Any conflicts in scheduling will be resolved by the Deputy Director of JCESA.
8. Students will observe all JCESA rules and regulations while participating in the program. They will follow the direction of the officer on duty and/or preceptor to which he/she is assigned. The primary attendant will always have the final decision in plan of care for the patient.
9. The student will be responsible for having the appropriate paperwork to be completed before, during and/or after each tour and it is their responsibility to maintain the same for the agency they represent.
10. RESA 8 students are exempt from providing a copy of their West Virginia EMT certification prior to participating in the Field Placement Program. They have been issued identification card by RESA and are required to have this ID visible at all times during their tour.



11. If necessary, the tour may be terminated early at the discretion of the on-duty crew due to other reasons not directly related to their performance and with no detriment to the student or preceptor.

JCESA Preceptor Obligations

1. The JCESA preceptor will be directly responsible for the student's actions, patient care reports, safety and patient care. To that end, the preceptor or officer on duty may terminate the tour of the student at any time during the tour. If the Field Placement tour of duty is terminated prior to the scheduled time, immediate notification of the Deputy Director followed by a written explanation as to the circumstances will be forwarded by the end of the current shift to the Deputy Director. Completion of any and all patient care reports, as per JCESA policy in effect, will be the sole responsibility of the JCESA preceptor and not the student. JCESA preceptors are encouraged have the student assist in completion of same.
2. Any student riding on a volunteer fire department ambulance will always have preference over any student responding with JCESA staff to the incident. The attendant in charge on that ambulance will have the option of deciding if they want both individuals on the same incident.

JCESA Deputy Director Obligations

The Deputy Director will:

1. Assure that all proper authorization and permission forms are on file in advance. There will be no exceptions to allow anybody to participate in the program if the paperwork is not on file.
1. Post the most current schedule of the Field Placement Program requests in the crew area.
2. Notify the appropriate JCESA shifts in advance of any scheduled student.
3. Notify the appropriate Agency such as Fire Department EMS Chief and/or President, BRCTC, PC&TC, US Customs & Border Patrol or RESA 8 and the JCESA EMS providers if a student is suspended from the program.
4. Review any incident involving the termination of a student's tour prior to the student being permitted to return for another scheduled Field Placement tour with JCESA.

The Deputy Director may cancel any shift without notice due to unforeseen circumstances, and to resolve any issues/conflicts at his/her discretion.

Definitions

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Paramedic Student	Blue Ridge CTC or Pierpont CTC EMT/P students enrolled in the Paramedic program
Student	Anyone enrolled in WV EMT/B program or WV First Responder program
Agency	Jefferson County Emergency Services Agency
Directors	Director and/or Deputy Director of the Jefferson County Emergency Services Agency
Preceptor	Any JCESA EMS provider being the primary attendant whom is supervising a student
RESA 8	Regional Educational Service Agency 8
BRCTC	Blue Ridge Community & Technical College
PC&TC	Piermont Community & Technical College



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Downgrading Calls from ALS to BLS

MD Approval:

Date: 4/26/16

Board Approval:

Date: 4/26/16

Purpose

The purpose of this guideline is to define the requirements and restrictions for transfer of care from an ALS provider to a BLS provider.

Requirements

1. Advance Life Support (ALS) personnel who have established direct patient contact must complete an appropriate assessment in accordance with the standards of their certification and training. Based on the findings of that assessment, ALS personnel then have a duty to provide appropriate treatment in accordance with the Statewide Treatment Protocols. If an ALS intervention is initiated, or could be anticipated, for the patient, ALS personnel are required to attend the patient throughout transport.
2. If ALS personnel determine that an ALS intervention is not needed or anticipated, and Basic Life Support (BLS) personnel are in accord with transfer of the patient to their care for transport, the patient may be transferred to BLS for transport an appropriate health care facility.

Cases not to be downgraded:

- Cardiogenic Chest Pain
- Shortness of Breath
- Hypotension
- Mental Status Change
- Significantly distracting painful injury
- Neurologic deficit

If in doubt, ALS transport patient

Consequences of Violation

Violation of this policy may result in any of the following, after review by the QA Committee and final determination by the Medical Director:

1. Warning
2. Thirty (30) day suspension
3. Termination of privilege to practice under the Jefferson County's Medical Director's license.



**Jefferson County Emergency Services Agency
Operating Guideline**

OG 2470

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Infectious Waste Disposal

Board Approval: *R M Kelley*

Date: 4/26/16

Repealed. This information is included in OG 2380



Internship Program

MD Approval: 

Date: 4/26/16

Board Approval: 

Date: 4/26/16

Purpose

The purpose of the Internship Program is to assure that all Jefferson County EMS providers are competent in the execution of patient care and able to assume the role of primary attendant through a consistent process.

Applicability

Any provider who is newly certified, becomes certified at a higher level, has not operated as a cleared EMS provider in Jefferson County, or has been inactive for a period of 1 year or more will be required to complete an internship as defined by this policy.

If a provider has significant experience practicing in West Virginia at their current level of certification they may request, in writing, a reduction in the internship program requirements. This request should be accompanied by documentation of experience. The decision to reduce the internship program requirements based on previous experience or require full program completion is made by the Squad Medical Director at his/her sole discretion on a case by case basis and is not subject to appeal.

Scope of Practice and Limitations

During the internship period, the intern may only function under the direct supervision of an approved preceptor and within his/her scope of practice. The intern must NOT initiate or perform any skill or action requiring certification without direct supervision of an approved preceptor certified at or above the level of the intern.

Minimum Patient Encounters

The intern will be required to act as primary care provider under the direct supervision of an approved preceptor for a minimum of thirty (30) patient encounters. Of the 30, there must be a minimum of at least 5 ACS/chest pain, 5 stroke, 5 respiratory distress, 5 trauma, and 2 pediatric patients. Encounters must be documented and copies of the PCR attached.



Areas of Evaluation

The Preceptor will evaluate the provider's proficiency in the following areas, using the Intern Encounter Evaluation form, for each patient encounter:

- Team Leadership and attitude
- Scene Management
- Patient Assessment
- Treatment Modalities
- Airway Management
- BLS Skills
- Radio Communications
- Written Report
- Protocol Knowledge
- Drug Therapy
- EKG Interpretation (ALS)
- IV Therapy (ALS)

Documentation

The intern will be responsible for ensuring the completion of an Intern Encounter Evaluation form and obtaining a redacted copy of the PCR for each encounter. The intern will be responsible for maintaining this documentation and make same available for review at the request of an EMS officer or Squad Medical Director.

Review and Submission

After completion of the internship, the intern will submit their documentation package to their EMS Chief, WVOEMS Official Representative, or his/her designee. The EMS Chief, WVOEMS Official Representative or his/her designee will review the package and interview preceptors (if necessary.) If s/he believes the intern is competent, s/he will submit the package, along with a written recommendation, to the JCESA Deputy Director.

The JCESA Deputy Director will review the package, interview preceptors (if necessary) and forward the package along with the written recommendation of the EMS Chief, WVOEMS Official Representative or his/her designee to the Squad Medical Director for consideration.

The Squad Medical Director will review the package, interview preceptors (if necessary) and either approve the intern to function as a primary attendant and operate without the supervision of a preceptor or extend the internship period. The Squad Medical Director's decision is final and will be submitted in writing through the JCESA Deputy Director and EMS Chief to the intern.

Duration

The internship period shall not to exceed three (3) months. In the event a provider has not completed the requirements in a three (3) month period, s/he may make a written request to the Squad Medical Director (through his/her EMS Chief and the JCESA Deputy Director) for a) an extension or b) completion by interview.

An extension may be granted for a specified period of time at the sole discretion of the Squad Medical Director.



The opportunity for completion by interview may be offered by the Squad Medical Director at his/her sole discretion and would require the intern to successfully complete simulated incidents in an oral scenario and/or psychomotor evaluation scheduled and conducted by the Squad Medical Director. This opportunity will only be considered by the Squad Medical Director in cases where the intern has completed a significant portion of the minimum encounters.

Preceptor Qualifications

Preceptors are members of any Jefferson County EMS Agency or the JCESA typically with a minimum of one (1) year at or above the level of certification they intend to precept. Each EMS Chief may have exceptions based on the EMT's experience and ability. A list of approved Jefferson County Preceptors will be updated annually and posted.



INTERN ENCOUNTER EVALUATION

Intern:		Date:				
Preceptor:		Incident #:				
Primary Complaint:						
1= Dangerous 2= Needs Improvement 3= Average 4= Good 5= Excellent/Experienced Provider						
Pt Assessment	N/A	1	2	3	4	5
Airway Management	N/A	1	2	3	4	5
Treatment Modalities	N/A	1	2	3	4	5
BLS Skills	N/A	1	2	3	4	5
Drug Therapy	N/A	1	2	3	4	5
Radio Communications	N/A	1	2	3	4	5
IV Therapy	N/A	1	2	3	4	5
Patient Transfer	N/A	1	2	3	4	5
Written Report	N/A	1	2	3	4	5
Intubation (ALS)	N/A	1	2	3	4	5
EKG Interpretation (ALS)	N/A	1	2	3	4	5
Comments:						
Preceptor's Signature:						

Attach Redacted PCR



Jefferson County Emergency Services Agency Operating Guideline

OG 2480

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Medication Management

MD Approval: 

Date: 4/26/16

Board Approval: 

Date: 4/26/16

Purpose

To define the methods of control, documentation, and accountability for all pre-hospital medications stocked and used by JCESA and all Jefferson County EMS Agencies under the authority of JCESA.

Types of Medications

All pre-hospital medications shall be classified into one of three types; BLS, ALS Non-Narcotic, or ALS Narcotic.

BLS Medications

Albuterol	Epinephrine 1:1000	Ondansetron ODT
Aspirin	Ipratropium Bromide	Oral Glucose
Epinephrine Auto-injector (Adult/Jr)	Naloxone	
	Nitroglycerin	

ALS Non-Narcotic Medications

Adenosine	Epinephrine 1:1,000	Lidocaine
Amiodarone	Epinephrine 1:10,000	Ondansetron
Atropine	Etomidate	Naloxone
Cardizem	Furosemide	Sodium Bicarbonate
Dextrose 50%	Glucagon	Succinylcholine
Diphenhydramine	Labetalol	Vecuronium

ALS Narcotic Medications

Fentanyl	Midazolam	Morphine
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Procurement

JCESA will procure all ALS Narcotic and ALS Non-Narcotic medications for all Jefferson County EMS Agencies. Each individual EMS Agency will procure BLS Medications for their own units. JCESA will not supply BLS Medications to individual EMS Agencies.



Storage

The following guidelines shall be adhered to by JCESA and all EMS Agencies regarding the storage of medications on EMS Units and excess medication supplies kept on hand to restock.

Storage of Medication on EMS Units

- BLS Medications carried on EMS Units shall be stored in a compartment or bag as dictated by the individual EMS Agency.
- ALS Non-Narcotic Medications shall be kept in a standard Drug Bag. This bag shall be kept in a compartment that is locked with a JCESA supplied padlock and sealed.
- ALS Narcotic medications shall be stored in a blue drug bag inside the red drug bag, and sealed. It is recommended that the patient compartment of an EMS unit be locked whenever it is outside of a secured building and unattended in order to provide a third lock and level of security.

Storage of Excess Medication

- Excess BLS medications kept on hand by the EMS Agencies for restocking shall be stored in accordance to the respective company's policy and practice.
- Excess ALS Non-Narcotic Medication shall be stored in a locked room with controlled access at Station 11.
- Excess ALS Narcotic medication shall be stored in a locked cabinet, in a locked room with controlled access. Only agency officers shall have access to the excess supply of ALS Narcotic medications. The officers shall maintain an accountability log to account for every ALS Narcotic medication purchased.

Spare Drug Bags

- One or more drug bags, in addition to those kept on the EMS units, will be kept fully stocked and maintained as spare. This allows a provider to quickly exchange an incomplete drug bag for one that is fully stocked as needed.
- Spare drug bags will be kept in a locked cabinet, in a locked room with controlled access, at Station 11.
- All spare bags will be locked and sealed.

Restocking

The following will act as a guide for all County ALS providers, both career and volunteer. Final authority and discretion lies with the Medical Director and the JCESA Director or designee.

BLS Medication Restocking

When a BLS Medication is used or found to be expired the provider will replace the medication from the EMS Agency's excess supply and, if applicable, properly dispose of the expired medication.



ALS Non-Narcotic Medication Restocking

- If an ALS Non-Narcotic medication is used or found to be expired the ALS Provider, if s/he is a JCESA employee, will replace the used or expired medication from the excess supply at Station 11 and, if applicable, properly dispose of the expired medication. The red bag will be re-sealed with a red seal. The date, old seal number, drug used, new seal number, incident number, and provider using the medication will be recorded in the log book kept in the red drug bag. If the ALS Provider who used the medication or found it to be expired is not a JCESA employee, s/he will contact the officer on duty to arrange for restocking as described.
- If, for any reason, the medication cannot be replaced the red bag will be sealed with a white seal indicating the bag is incomplete.

ALS Narcotic Medication Restocking

- If an ALS Narcotic medication is used or found to be expired the ALS Provider will contact the officer on duty for replacement. The ALS Provider must provide a copy of the run sheet detailing the medication ordered, dose, and physician ordering medication in the red drug bag and a medication waste form, if applicable.
- The officer on duty will replace the used or expired narcotic medication from excess supply, record the pertinent information the narcotic control log and file a copy of the run sheet and waste form.

Partially Used and Wasted Medications

When a partial container of an ALS Narcotic Medication is used the remainder will be wasted at the receiving facility in the Emergency Department. This shall be witnessed and documented on a Narcotic Waste form and signed by both the provider and the witness. This should be done as soon as possible after arrival at the Emergency Department. A copy of the Narcotic Waste form, along with the run sheet, shall be provided to the officer on duty as explained in the restocking section of this document.

Expired medications shall be returned via a Drug Enforcement Administration (DEA) approved reverse vendor under the supervision of the Deputy Director and/or Logistics Lieutenant.

Daily Inspections

The JCESA ALS Provider on duty at each station must review the drug bags(s) to ensure they are present, secure, and the appropriate seal is present and intact.



Monthly Inspections

All drug bags shall be inspected and inventoried monthly. Findings will be recorded on an inspection form provided by JCESA and returned to Station 11. Under normal circumstances this should occur on the first day of each month. The officer on duty on the 1st day of the month shall coordinate the monthly inspection of all drug bags.

Missing Medications and Exceptions

Any time a medication is found to be missing or there is any exception or deviation from this policy an incident report will be made and submitted to the Deputy Director through the Chain of Command. Any missing Narcotic ALS Medication must be reported IMMEDIATELY to the officer on duty in addition to making an incident report.



Patient Care Documentation

MD Approval:

Date: 4/26/16

Board Approval:

Date: 4/26/16

Purpose

The purpose of this policy is to ensure proper documentation of EMS encounters by all EMS providers operating in Jefferson County, including career and volunteer providers.

Documentation Requirements:

- An electronic Patient Care Report (ePCR) must be completed by the primary caregiver for every patient encounter. This includes encounters where the patient refused care and/or transport, and encounters where the patient is found deceased.
- The ePCR must be completed within 24 hours of the patient encounter. An ePCR is complete when it has been successfully "Locked" in the ePCR system.
 - The following disciplinary process shall be followed when a provider fails to complete a chart within 24 hours of the encounter:
 - FIRST OFFENSE: A QA flag will be added to the delinquent ePCR and will constitute a verbal warning.
 - SECOND OFFENSE: A written warning will be issued to the provider.
 - THIRD OFFENSE: Suspension from functioning as a primary attendant for up to 14 days. *JCESA staff who receive this level of discipline will be suspended from employment without pay for the duration of this clinical suspension.
 - FOURTH OFFENSE: Suspension from functioning as a primary attendant until reviewed by the Squad Medical Director. The Squad Medical Director will determine final disposition. *JCESA staff who receives this level of discipline will be suspended from employment without pay for the duration of this clinical suspension.
 - Enforcement of the disciplinary process for volunteer providers will be handled by the provider's EMS Chief or designee.
 - Completion of ePCRs will be tracked by both the station QA officer and the county QA officer.
 - Should the county QA officer become aware of a delinquent report, they will notify the station QA officer.
 - In either case, when a violation of the policy occurs, the county QA officer and Deputy Director of JCESA will be notified via e-mail of the status of the ePCR.
 - It will be the responsibility of the Deputy Director to keep the Squad Medical Director updated.
 - Should a provider reach third or fourth offense, the Deputy Director will provide documentation to the Squad Medical Director and have the provider removed from the ePCR system.



- Offenses will be tracked utilizing a rolling calendar.
- The ePCR must be completed using appropriate medical terminology, plain language, and only widely-accepted medical abbreviations. Proper spelling, grammar, and punctuation are required.
- The following elements must be documented:
 - Patient information, including the patient's name, address, date of birth, and social security number. In the event that this information is not available, the circumstances must be documented.
 - The patient's chief complaint. This is best accomplished by quoting the patient's complaint verbatim.
 - Findings of the physical exam, including any pertinent negatives.
 - Lung sounds, respiratory effort, and pulse oximetry.
 - An ECG interpretation for all ALS patients.
 - Blood Glucose Level for any patient with an altered mental status or a history of diabetes.
 - All treatment provided. This must be recorded on page 8 (the "Activity Log") of the ePCR.
 - The patient's current medications and medication allergies.
- If scene time is greater than 20 minutes, an explanation must be documented.
- Care provided and documented must be in accordance with West Virginia EMS protocols, with any deviations thoroughly explained.
- Treatment provided and documented must be in accordance with the exam and any deviations thoroughly explained.
- If the ePCR is not completed and left at the receiving facility, the provider must leave a copy of the Preliminary Patient Care Report (hand-written form) prior to departing the facility. This Preliminary report must contain, at a minimum;
 - Patient name and date of birth
 - Vital signs
 - Chief complaint and history of present illness
 - Any interventions or treatment provided
- The signature of the healthcare provider accepting the patient at the receiving facility must be obtained on an appropriate form. The name and provider level of the representative assuming care should be documented in the ePCR.
- The patient's signature must be obtained on the "Ambulance Billing Authorization and Privacy Acknowledgement Form" in Section I. If the patient is unable to sign, the signature of an authorized representative should be obtained in Section II. If neither the patient nor an authorized representative is available or capable of signing, the provider and receiving facility representative must sign in Section III.
- If a patient refuses care, transport, and/or specific treatment, the patient's signature and the signature of at least one witness must be obtained on the appropriate refusal form. The provider must clearly document what care and/or treatment the patient refused.



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Quality Management Program

MD Approval:

Date: 4/26/16

Board Approval:

Date: 4/26/16

Mission

The mission of the Jefferson County Emergency Services Agency Quality Management Program is to ensure that exceptional pre-hospital care is provided to the citizens and visitors of Jefferson County, West Virginia.

This mission is accomplished by following our core values: pursuing programs focusing on quality improvement, education and training, effective healthcare delivery systems, public education and prevention programs, oversight of EMS delivery, and developing strong working relationships with the community.

Vision Statement

The vision of the Jefferson County Emergency Services Agency Quality Management Program is to be viewed by other local, state and national EMS programs, as visionary and trendsetting in emergency medical services, by demonstrating the highest level of care to the public that we serve, by utilizing cutting edge technology and innovative service delivery models.

Introduction

The Jefferson County Emergency Services Agency (JCESA), and all EMS services sanctioned and operating within the county, are dedicated to providing the public we serve with the best possible patient care. This can best be accomplished by continuous quality evaluation and improvement with uniform standards. The goal of the JCESA is to provide effective, safe, cost-beneficial, patient-focused, pre-hospital medical and trauma services to the citizens and visitors of Jefferson County.

This mission is accomplished by pursuing the goals of providing strong pre-hospital education and training, building upon an already effective health care delivery system and by identifying and resolving potential problem areas which can jeopardize the patient, healthcare provider, or community. The JCESA Quality Management Program is designed to encourage personal and team excellence in patient care, while identifying and addressing opportunities for improvement within the system.

While striving for excellence, the Quality Management Program of JCESA focuses on the overall outcome of pre-hospital care, as well as treatment and services. This is done through constant evaluation of our policies, standing medical orders, education, and



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patient care reports. The JCESA Quality Management Program recognizes that this program is an on-going, dynamic process that takes time to develop and implement.

Purpose

The purpose of the Jefferson County Emergency Services Agency (JCESA) Quality Management Program is to promote, enhance, and ensure quality emergency medical care to our community at large, through information analysis, education and coordination of system activities, personnel and resources. This will be completed by following West Virginia State protocols and guidelines, while also following our own Standards and Policies to provide the best overall prehospital patient care possible.

We meet our mission, vision, and purpose by following our Core Values.

Core Values:

- **Professionalism**
- **Accountability**
- **Integrity**
- **Commitment**
- **Passion for Improvement**
- **Patient Advocacy**
- **Individual Respect**

Objectives

The objectives to meet the overall purpose, the Quality Management Program should include, but is not limited to:

- Identifying trends in out-of-hospital care
- Consolidate data county-wide to ensure compliance and identify system wide trends.
- Set performance standards and indicators related to these aspects of care
- Collect and organize data in an attempt to obtain outcome-based information
- Provide feedback and promote training on certain Quality issues
- Commendations for a difficult, yet exceptional, patient care
- Case reviews
- Counseling on specific issues, with both independent providers, as well as entire certification levels
- System approved training
- Skills evaluations



- Evidence-based research
- To recognize, reward, and reinforce positive patient care and provider behavior
- To include all levels of EMS in the quality improvement process

Quality Assurance Roles

Department QA Officer

Each EMS agency in Jefferson County shall appoint no more than two (2) QA officers to conduct clinical quality assurance reviews, in accordance with this policy. The highest ranking EMS Officer is appointed by default, bring the total representation per company to a maximum of three (3). Additional QA team members may be appointed by the EMS Chief or Official Representative, however, at the county level, only the delegated QA Officers will be acknowledged to represent the Department at Quality Management Reviews and Meetings. No QA Officers shall be permitted to review any chart that they are listed as the primary or lead provider.

The County Medical Director reserves the right to approve/disapprove Department level QA appointments. Agency QA Officer(s) must have a minimum of two (2) years of experience as cleared "Lead" EMS provider (exceptions will be made at the discretion of the medical director), and must be currently certified at or above the certification level they will review. Each Department is required to have at least one (1) appointed officer at the Paramedic Level. Each Department is required to report any changes in QA Officers directly to the JCESA QA Officer, in writing, within seven (7) days of the change.

Each chart, once locked and submitted, is aggregated into three sections: documentation review, billing review, and clinical review. The following are the minimum reviews required:

- Documentation Review
 - At least one (1) appointed officer per company is responsible for "Documentation Review".
 - This role is specifically responsible for ensuring that all applicable fields are filled in accurately and completely.
 - This will remain at the Department level, with no oversight at the County level, unless directly involving a JCESA Employee, on JCESA payroll, and requires intervention by JCESA Administrative Staff.
- Billing Review
 - To be handled at the Department's' highest ranking EMS Officer, or designee, deems appropriate.
 - This will remain at the Department level, with no oversight at the County level. Each Department is responsible for their own billing reviews and adherence policies.



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- Clinical Review
 - At least one (1) appointed officer per company is responsible for "Clinical Review".
 - This role is the most important for our purposes. Reviews should be completed as listed in this document.

Any issues, such as direct protocol violations, and/or disagreement, in assessment or treatment modalities, presented to the primary provider or assisting crew members by other EMS providers, by aeromedical staff, by MEDCOM operators, or by facility nursing staff, are required to be reported to the County QA Officer and EMS Chief (or Official Representative) within seventy-two (72) hours, either by written notification or email.

Reviews are encouraged to be handled at the lowest level appropriate. Typically, most issues can be handled on the Department level. However, Department level QA Officers may be required to notify Department Operational Officers (specific Department Officers to be determined locally), and the JCESA QA Officer, that feedback has been delivered. The JCESA QA Officer may or may not elect to be directly involved with provider notification, with the exception of any issue involving a JCESA Employee, on JCESA payroll, at the time of the call, must be presented to JCESA QA Officer. If immediate action is requested or required, the JCESA Duty Officer may be notified directly, in-lieu of the QA Officer. The issue will then be handled by the JCESA as appropriate.

Persons who are not medically certified, licensed providers or duly authorized are precluded from accessing personally identifying information.

JCESA QA/QI Officer

JCESA shall appoint a County QA/QI Officer to coordinate and oversee the Quality Management Program for all EMS agencies in Jefferson County. Duties of the JCESA QA/QI officer include, but are not limited to:

- Oversee the work of the appointed Department QA Officers
- Reviews charts where primary provider is Company QA Officer, and no other equal level provider is available to conduct said review.
- Conduct quality assurance reviews in accordance with this policy
- Act as vice chairperson of the QM committee.
- Coordinate with, and assist, JCESA training officers, in matters of mutual concern.
- Make recommendations to the Medical Director, regarding quality assurance findings and quality improvement opportunities
- Participate with the Emergency Medical Dispatch (EMD) Quality Assurance in cooperation with the Jefferson County Emergency Communications Center (ECC)
- Observe a minimum of five (5) incidents a month, and provide immediate follow up with the primary provider after the incident.



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- This may be conducted while working on or off shift.
- Feedback may be verbal or written as appropriate.
- Report to Medical Director as needed on noteworthy occurrences and findings of reviews.
- Implement a follow-up program with trauma centers where patients receive definitive care (reviews and follow-up may be requested by the provider and/or leadership from the company.)
- All other Duties as assigned by the County Medical Director, or JCESA Administrative Staff.

Medical Director

The medical director shall conduct quality assurance reviews in accordance with the Quality Management Program for the county, serve as the chair of the Quality Management Committee (or appoint a designee), direct the implementation of processes, procedures, training, and/or system changes to improve overall quality of patient care, and maintain ultimate oversight authority over the Quality Management program.

Duties of the JCESA Medical Director include, but are not limited to:

- Review escalated charts where JCESA Administrative Staff is primary provider.

Incident Review Process

The process of Quality Management Program shall include multiple levels of review beginning with representatives appointed by the volunteer companies and advancing to the JCESA QA Officer. Next any appropriate incidents shall be presented to the Medical Director. Noteworthy cases will be presented to the Quality Management Committee (QMC) for review, education and dissemination back to the street level providers. Incidents for review by the QMC should include but are not limited to:

- Protocol deviations
- Commendations of job well done
- Reoccurring Trends
- Possible Case Reviews
- Large scale / significant impact incidents

Incidents that are brought before the Quality Management Committee are then discussed among the members at the monthly meeting for appropriate insight. Ultimately, the official end course of action is decided on by the County Medical Director.



Provider Level Review

During entry of the ePCR, if appropriate, the second crew member should provide a review of the primary provider's data entry, assuming that provider is qualified and willing to review. At this level, the primary concern should be for completeness and accuracy of documentation regarding the events that occurred. This level also ensures that all required data has been completed and submitted, to include, but not limited to, complete sets of vital signs, secondary physical assessments, ECG attachments, and interventions.

All ePCR's are required to be completed and LOCKED with twenty-four (24) hours. If charts are not completed in the required time frame the provider will be referred to the escalating discipline policy.

Mid-Level Review (Department QA Officer)

Any Chart that includes a JCESA Administration Staff Member, should be reviewed as normal, however, any negative feedback, or areas for improvement, should be reported directly to the County QA Officer. The County QA Officer is then mandated to report these findings directly to the County Medical Director.

No later than thirty (30) days after the creation of the chart (ePCR), one of the department QA Officers shall review that ePCR. At a minimum, all ePCRs that meet one of the following conditions, must be reviewed:

- Patient "Primary Impression" is listed as "Cardiac Arrest", "Respiratory Arrest" or "Dead on Arrival".
- Patient age is sixteen (16) years, or less.
- Patient was intubated, or any basic or advanced airway device was placed (successful or unsuccessful).
- Any medication administered, orally or intravenously, except Oxygen or NaCl 0.9% (Normal Saline).
- Primary provider currently in an internship, or is still being precepted.
- Any additional criteria as directed by the QMC and/or the Medical Director



Each Department QA Team is required to review at least twenty (20) ePCRs per calendar month, or all charts if less than twenty (20). During this review, the QA officer shall verify the following elements:

Documentation Review:

- Patient demographics are complete, or an adequate explanation of why this was not obtained. This includes patient name, DOB, SSN, phone number, physical and mailing address, Hospital Face Sheet (or insurance information if available)
- Documentation of patient's chief complaint, associated complaints, and pertinent other information
- Secondary Assessment/Physical Exam as appropriate, including pertinent negatives
 - A secondary assessment should be completed for all patient refusals.
- Vital signs are documented (Minimum of ONE set per contact and every 10 minutes of contact)
 - At least one (1) set of vitals for all patient refusals.
- ECG applied and documented as appropriate.
 - All patients that have an ECG performed should have printed or electronic copy of ECG attached to ePCR.
- Blood glucose reading was obtained and documented for all patients with altered mental status or history of diabetes (when complaining of related issue)
- Treatment and interventions are documented appropriately within the Flow Chart
- Allergies, medications, and medical history are documented as reported by patient
- Narrative complete and accurate, including background story to support treatment delivered.
- Scene time was less than 20 minutes, or a valid explanation of extended scene time
- NEMSIS Medical Command ID number is recorded.
 - Consults with MEDCOM, with or without orders, should be documented
- Digital Signatures are required from the Patient or Patient Representative, receiving Nurse or Physician, Primary Attendant, and Driver.

Clinical Review:

- Documentation of patient's chief complaint, associated complaints, and pertinent other information
- Primary Assessment, as described in WV State protocols (Airway, Breathing, Circulation, Level of Consciousness, etc)
- Secondary Assessment/Physical Exam as appropriate, including pertinent negatives
 - A secondary assessment should be completed for all patient refusals.
- Vital signs are documented (Minimum of ONE set per contact and every 10 minutes of contact)



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- At least one (1) complete set of vitals for all patient refusals.
- ECG applied and documented, with rate and interpretation for all ALS patients
 - All patients that have an ECG performed should have printed or electronic copy of ECG attached to ePCR.
- Blood glucose reading was obtained and documented for all patients with altered mental status or history of diabetes (when complaining of related issue)
- Treatment and interventions are documented appropriately within the Flow Chart
- Allergies, medications, and medical history are documented as reported by patient
- Narrative complete and accurate, including background story to support treatment delivered.
- Scene time was more than 20 minutes, or a valid explanation of extended scene time
- Compliance with West Virginia State Treatment Protocols, and any deviations are documented
- Treatment was in accordance with assessment and exam

The Department QA Officer member that reviews the ePCR will subjectively clinically classify the ePCR as Poor, Fair, Good, Very Good, or Excellent, with the following standards considered in their rating:

- Poor
 - The provider is missing most/all of the clinical data needed to properly justify treatment and care.
 - The Quality Assurance Team member cannot justify treatment and care, based on the documentation provided, and feels that the Medical Director would be subjected to severe consequence for allowing the provider to continue practicing.
 - The submitted patient care ePCR leaves many opportunities for litigation against the individual provider, the provider's department, and/or the Medical Director.
- Fair
 - The provider has the minimum information needed to complete the ePCR. There is no follow-up assessment after treatments.
 - The Quality Assurance Team member has difficulty understanding the thought process of the provider, and is concerned about the treatment decisions that were made.
 - The submitted patient care ePCR is incomplete, and leaves the individual provider, the provider's department, and/or the Medical Director in a difficult position, if questions arose.
- Good
 - The provider has summarized the patient presentation, but lacks details supporting protocol decisions.



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- The Quality Assurance Team member understands the thought process of the provider, but would have difficulty in justifying the provider's actions, based on the ePCR submitted.
- Very Good
 - The provider has thoroughly documented patient care, but lack details of patient outcomes/changes from treatment decisions.
 - The ePCR is complete, but lacks details of the scene and/or patient presentation that may change the treatment protocol followed.
 - The Quality Assurance Team member can follow and justify the actions that were taken, based on the ePCR alone.
- Excellent
 - The provider accurately and thoroughly document patient presentation, scene description, treatments and care, and patient change/outcome after treatments.
 - The Quality Assurance Team member has no questions about the patient interaction, and the care that was provided exceeds that of the State protocols, and would be considered supported by the Medical Director.

If any nonconformity is found, the Department QA officer shall make note of the issue using the QM module on ESO in the "Clinical Review" section. Notification to the County QA Officer of any breach in West Virginia State Protocol should be reported within twenty-four (24) hours, and the incident assignment should change to the County QA Officer for review and follow-up.

The provider whose ePCR is reviewed will receive notice of the QM Message the next time they log in. Response to the inquiry should be handled at the earliest time possible, by the provider, in the following ways:

1. A message from the QA Officer to the provider will be acknowledged, utilizing the ESO messaging system, and any questions shall be answered.
2. An email (outside of the ESO system) may arrive, and should be acknowledged and answered in the same fashion.

The QA Officer shall review the response, and determine whether any additional follow-up is required at the Agency level. Providers are required to acknowledge a QA message and respond as appropriate within ten (10) days.

JCESA County QA Officer Review

ePCRs will show on the JCESA QA Officer's screen if a message is sent and copied to that officer. Any message sent to a provider should be copied to County QA Officer, and will be reviewed by the JCESA QA/QI Officer. In addition to reviewing the ePCR for the elements reviewed at the agency level, the JCESA QA/QI Officer will review the interaction between



the Department QA Officer and the provider in order to identify any additional options for correction or improvement.

The JCESA QA/QI Officer, having access to all completed ePCRs, may review ePCRs that have not yet been reviewed and/or flagged at the agency level. He/she may select ePCRs randomly, or based on specific criteria.

During this review, the JCESA QA/QI Officer will complete the clinical review (or documentation review) shall be the same as outlined in the Agency review.

The JCESA QA/QI Officer will monitor countywide trends, identify opportunities for improvement, as well as make appropriate recommendations to the Medical Director.

Quality Management (Review) Committee

The Quality Management Committee (QMC) shall be composed of the Medical Director, the JCESA QA/QI Officer, and a designated QA/QI officer from each department. The Medical Director shall serve as the chair of the QMC, and the JCESA QA/QI Officer shall serve as the vice-chair. The committee shall meet before the EMS Chiefs meeting or at the discretion of the Medical Director. Committee membership (Department QA Officers) may request a meeting of the QMC through the County QA Officer.

Continually monitoring the broad spectrum of Quality Assurance findings, and implementing any necessary system changes (Training, Policies, etc...) will improve the overall prehospital care received by the citizens and visitors of Jefferson County.

Medical Director Review

ePCRs selected for review by JCESA QA/QI Officer will be forwarded to the Medical Director, if necessary. Issues deemed minor in nature, and not affecting patient outcome, are not required to be presented to the Medical Director. An ePCR which is sent to the Medical Director will be reviewed for clinical compliance to State and Local protocols.

The Medical Director will review the interaction between the Department QA Officer, the provider, and the JCESA QA/QI Officer, to identify any additional options for correction or improvement.

The Medical Director, having access to all completed ePCRs, may review ePCRs that have not yet been reviewed at the Department level. **He/she may select ePCRs, randomly, or based on specific criteria.**

During this review, the Medical Director may create a review for the ePCR. The process for creation, management, and provider response to the review, shall be the same as outlined in the Department review.



The Medical Director will monitor countywide trends, and identify opportunities for areas of improvement. Working directly with the JCESA QA/QI Officer, training personnel, and Department Officers, to develop and implement improvement strategies.

Post-Review Outcomes

Once the ePCR has reached it's highest level of review, whether within a Department, the County, or to the Medical Director, decisions need to be made regarding the outcome of the patient care that was provided. The goal of post-review evaluation is to deter litigation against the provider and Medical Director, as well as improve overall patient care and documentation of incidents.

Within the Department, EMS Chief Officer (or designee) shall have the rights and responsibilities to advocate on behalf of the Medical Director, by coaching and educating providers of all levels. This may include review of documents submitted by other providers for the same primary impression, review of past calls to identify trends and outcomes, as well as identification of areas for improvement.

Once the ePCR is advanced to the County QA Officer, this coaching and education shall include a written communication document to the provider, and a written response document from the provider, to be placed in the provider's file. A face-to-face meeting may be occasionally necessary as well, based on a case-by-case basis, severity of the infraction, or the detriment to patient care outcomes.

ePCRs that are advanced to the highest level, the desk of the Medical Director, shall be reviewed as above. Based on the Medical Director's comments for improvement, as well as patient hospital-based outcome, providers may meet one-on-one with the Medical Director, or designee, to review areas of improvement. The Medical Director, with sole discretion, has the authority to suspend and/or revoke any providers ability to practice within the County. The Medical Director may, at their discretion, mandate, through the County QA Officer and/or EMS Chief (or designee), that a provider be required to participate in an abridged Internship Program. This is intended to reeducate a provider, regarding State and Local protocols, as well as documentation improvements.



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Security, Levels of Access, and Limiting Disclosure and Use of PHI

Board Approval: *R m Kelly*

Date: 4/26/16

Purpose

To outline levels of access to Protected Health Information (PHI) of various Employees of JCESA and to provide a policy and procedure on limiting access, disclosure, and use of PHI. Security of PHI is everyone's responsibility.

Policy

JCESA retains strict requirements on the security, access, disclosure and use of PHI. Access, disclosure and use of PHI will be based on the role of the individual staff member in the organization, and should be only to the extent that the person needs access to PHI to complete necessary job functions.

When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

Procedure

Role Based Access

Access to PHI will be limited to those who need access to PHI to carry out their duties. The following describes the specific categories or types of PHI to which such persons need access is defined and the conditions, as appropriate, that would apply to such access.

Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
EMT	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Paramedic	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Directors, officers	Intake forms from dispatch, patient care	May access only as part of completion of a patient event and post-event activities, as



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Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
	reports	well as for quality assurance checks and corrective counseling of staff
Training Coordinator and Q&A Team	Intake forms from dispatch, patient care reports	May access only as a part of training and quality assurance activities. All individually identifiable patient information should be redacted prior to use in training and quality assurance activities
Directors, officers		May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel

Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based on the JCESA's reasonable determination of the persons or classes of persons who require PHI, and the nature of the health information they require, consistent with their job responsibilities.

Access to a patient's entire file will not be allowed except when provided for in this and other policies and procedures and the justification for use of the entire medical record is specifically identified and documented.

Disclosures to and Authorizations from the Patient

You are not required to limit to the minimum amount of information necessary required to perform your job function, or your disclosures of PHI to patients who are the subject of the PHI. In addition, disclosures authorized by the patient are exempt from the minimum necessary requirements unless the authorization to disclose PHI is requested by the JCESA.

Authorizations received directly from third parties, such as Medicare, or other insurance companies, which direct you to release PHI to those entities, are not subject to the minimum necessary standards.

For example, if we have a patient's authorization to disclose PHI to Medicare, Medicaid or another health insurance plan for claim determination purposes, JCESA is permitted to disclose the PHI requested without making any minimum necessary determination.



Company Requests for PHI

If JCESA needs to request PHI from another health care provider on a routine or recurring basis, we must limit our requests to only the reasonably necessary information needed for the intended purpose, as described below. For requests not covered below, you must make this determination individually for each request and you should consult the Deputy Director for guidance. For example, if the request is non-recurring or non-routine, like making a request for documents via a subpoena, we must review make sure our request covers only the minimum necessary PHI to accomplish the purpose of the request.

Holder of PHI	Purpose of Request	Information Reasonably Necessary to Accomplish Purpose
Skilled Nursing Facilities	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Hospitals	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Mutual Aid Ambulance or Paramedic Services	To have adequate patient records to conduct joint billing operations for patients mutually treated/ transported by the Company	Patient care reports

For all other requests, determine what information is reasonably necessary for each on an individual basis.



Incidental Disclosures

The JCESA understands that there will be times when there are incidental disclosures about PHI in the context of caring for a patient. The privacy laws were not intended to impede common health care practices that are essential in providing health care to the individual. Incidental disclosures are inevitable, but these will typically occur in radio or face-to-face conversation between health care providers, or when patient care information in written or computer form is left out in the open for others to access or see.

The fundamental principle is that all employees need to be sensitive about the importance of maintaining the confidence and security of all material we create or use that contains patient care information. Coworkers and other Employees should not have access to information that is not necessary for the employee to complete his or her job. For example, it is generally not appropriate for field personnel to have access to billing records of the patient.

But all personnel must be sensitive to avoiding incidental disclosures to other health care providers and others who do not have a need to know the information. Pay attention to who is within earshot when you make verbal statements about a patient's health information, and follow some of these common sense procedures for avoiding accidental or inadvertent disclosures:

Verbal Security

Waiting or Public Areas: If patients are in waiting areas to discuss the service provided to them or to have billing questions answered, make sure that there are no other persons in the waiting area, or if so, bring the patient into a screened area before engaging in discussion.

Bay Areas: Employees should be sensitive to that fact that members of the public and other agencies may be present in the bay and other easily accessible areas. Conversations about patients and their health care should not take place in areas where those without a need to know are present.

Other Areas: Employees should only discuss patient care information with those who are involved in the care of the patient, regardless of your physical location. You should be sensitive to your level of voice and to the fact that others may be in the area when you are speaking. This approach is not meant to impede anyone's ability to speak with other health care providers freely when engaged in the care of the patient. When it comes to treatment of the patient, you should be free to discuss all aspects of the patient's medical condition, treatment provided, and any of their



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health information you may have in your possession with others involved in the care of the patient.

Physical Security

Patient Care and Other Patient or Billing Records: Patient care reports should be stored in safe and secure areas. When any paper records concerning a patient are completed, they should not be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties should have access to any paper records.

Billing records: Billing records, including all notes, remittance advices, charge slips or claim forms should not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

Computers and Entry Devices: Computer access terminals and other remote entry devices such as PDAs and laptops should be kept secure. Access to any computer device should be by password only. Employees should be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons. All remote devices such as laptops and PDAs should remain in the physical possession of the individually to whom it is assigned at all times.

Cameras and Photographs: Photographs taken which include depictions of incident scenes and/or patients are for patient care and documentation purposes only and must not to be copied, printed or electronically transmitted for any other purpose than patient care and documentation without management approval.



Filing Complaints About Privacy Practices

Board Approval: *R M Kelly*

Date: 4/26/16

YOU MAY MAKE A COMPLAINT DIRECTLY TO US

You have the right to make a complaint directly to the Director of JCESA concerning our policies and procedures with respect to the use and disclosure of protected health information (PHI) about you. You may also make a complaint about concerns you have regarding our compliance with any of our established policies and procedures concerning the confidentiality and use or disclosure of your PHI, or about the requirements of the federal Privacy Rule.

All complaints should be directed to the Director or Deputy Director.

YOU MAY ALSO MAKE A COMPLAINT TO THE GOVERNMENT

If you believe JCESA is not complying with the applicable requirements of the Federal Privacy Rule you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. The Privacy Rule states the following:

Requirements for filing complaints. Complaints under this section must meet the following requirements:

- (1) A complaint must be filed in writing, either on paper or electronically.
- (2) A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Federal Privacy Rule or the applicable standards, requirements, and implementation specifications of subpart E of part 164 of the Federal Privacy Rule.
- (3) A complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless the Secretary for good cause shown waives this time limitation.
- (4) The Secretary may prescribe additional procedures for the filing of complaints, as well as the place and manner of filing, by notice in the Federal Register.

Investigation. The Secretary may investigate complaints. Such investigation may include a review of the pertinent policies, procedures, or practices of the covered entity and of the circumstances regarding any alleged acts or omissions concerning compliance.



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JCESA EMS Units Responding to Fires

Board Approval:

R m Kelley

Date: 4/26/16

In the event of emergency services staffing shortages, JCESA Personnel that have been issued Personal Protective Equipment may assist with limited exterior fire ground operations in an effort to mitigate a significant incident. All JCESA Personnel cleared to perform such duties will possess valid training per the West Virginia State Fire Commission.

The JCESA Personnel's primary responsibility is to be assigned to the Ambulances and Chase vehicles. However, we recognize there are times when significant staffing shortages call for emergency measures. JCESA Personnel are responsible to follow the ICS.

***Limited Exterior Fire Ground Operations include but are not limited to:

Throwing ground ladders, rolling hose, carrying tools and equipment, deploying exterior hose lines, forcible entry and other duties as deemed appropriate by the employee's level of training and evaluations that have been certified by the JCESA Director, The JCESA Board and the Volunteer Fire Chiefs of Jefferson County West Virginia. This Operational Guideline will be amended as JCESA Personnel progress through the Operational training required in Jefferson County WV.



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Hazardous Materials

Board Approval: *R m Kelly*

Date: 4/26/16

This procedure is to include any incident involving vehicles, industrial releases and terrorist incidents.

The West Virginia Office of Emergency Services Response Protocol has recommended that the local Law Enforcement Agencies be alerted for all threats of these types of releases. JCESA will be notified as needed. The following procedures will be followed based on the situation

Note: These types of incidents require calculated risks for all at the scene. Upon arrival stop, review and determine what action will present you with the least exposure or risk.

If there is no immediate injury or no treatment is required:

1. Respond to the scene without lights or siren.
2. Report to Command on arrival.
3. Verify the affected area is secure.
4. Consult DOT Response Guide for appropriate measures.
5. Notify Medical Control of the possibility of patients and the possible product.
6. Follow basic decontamination procedures as needed for all patients.

If there is Immediate injury or contact by patients needing treatment is required:

1. Respond in the standard emergency mode
2. Assume command if first on the scene and limit access to the area until the local Law Enforcement or Fire Company arrives.
3. Turn over the command.
4. Verify the scene is safe!!
5. Wear appropriate Body Substance Isolation.
6. Document any contact with the product.
7. Follow normal Standards of Care.
8. After the incident, decontaminate following local practices.

ALWAYS BE AWARE OF THE POSSIBILITY OF SECONDARY DEVICES MEANT FOR RESPONDING EMS AND LAW ENFORCEMENT.



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Public Education Trailer

Board Approval: *R M Kelly*

Date: 4/26/16

Jefferson County Emergency Services Agency has an Public Education housed at Station 11 for use throughout Jefferson County. This trailer is available for all Volunteer departments to use for Public Education. This policy is being implemented to facilitate the use of the trailer and delivery of it to the requested locations it is needed.

When it is determined the Pub Ed trailer is needed the requesting company will notify the Deputy Director who will then check availability and facilitate deployment to the appropriate departments requested location.

When a Department makes the request for the Pub Ed Trailer they will provide the following information:

- Name of Department requesting the trailer
- Location to which you want trailer to respond

Once this information is received the Pub Ed trailer will be delivered for the requesting company. It is the requesting company's responsibility to replenish items used, ie propane. There are very limited props in the trailer that can be used by the requesting company and must be put back in there places after completion of event.



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Mass Casualty Incident (MCI) Trailer

Board Approval: *R m Kelly*

Date: 4/26/16

Emergency Activation

Jefferson County Emergency Services Agency has an MCI trailer housed at Station 11 for use throughout Jefferson County. This trailer is equipped to handle approximately 25 patients of varying priorities. This policy is being implemented to facilitate the use of the trailer and delivery of it to the requested locations it is needed.

When it is determined that there is a Mass Casualty Incident and the trailer is needed the requesting company will notify Jefferson County Dispatch. Jefferson County Dispatch will then contact the JCESA officer on duty for deployment.

When a Department makes the request for the MCI Trailer they will provide the following information:

- Name of Department requesting the trailer
- Type of Incident
- Level of MCI/ Approximate number of patients
- Location of the Incident
- Location to which you want trailer to respond
- Any pertinent information such as HazMat or Road closures
- Operations/ Radio channel of incident

Once this information is received dispatch will notify the officer on duty for the deployment of the MCI Trailer. The Department requesting will respond to the designated location and stay with the trailer for the duration of the incident. When the MCI Trailer is released from the incident the trailer will be picked up by appropriate JCESA staff and an inventory list will be given to same. JCESA assumes all cost for restocking of the MCI Trailer for emergency incidents.

Non-Emergency Use

When a Department wants to borrow the MCI Trailer they will contact Deputy Director or officer on duty. The Deputy Director or officer will contact approved JCESA employee to facilitate delivery to specified location. Requesting agency and JCESA employee delivering will sign inventory control log at time of delivery and again at the conclusion of use.



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Reserve Ambulance 11

Board Approval:

R M Kelley

Date: 4/26/16

Purpose

To establish Department policies and procedures for the proper use of loaning out JCESA owned apparatus for operational continuity. This guideline shall set forth a procedure to maintain the Reserve Ambulance in a manner which will preserve this unit in a ready, operational condition in order to provide adequate emergency medical service throughout the county. Periodically, it may be deemed necessary to move in order to fill gaps in service or to replace out of service units in other agencies.

Procedure

Authority and Responsibilities

JCESA owns a reserve ambulance which will be housed at Company 11 when not in service. The officer on duty will authorize coordination and movement and will communicate with the requesting company chief or his/her designee. The officer on duty has the authority to approve/disapprove the use as necessary.

Reserve Ambulance

Request for the Reserve, during normal business hours, shall be made to the Officer on duty at station 11. The reserve will be housed at station 11 when not in use with its primary use will to be to replace first line apparatus that is out of service. The officer at station 11 will be expected to know the whereabouts of the reserve apparatus and to ensure the unit is maintained in line with all appropriate guidelines. This includes knowledge of repairs which become necessary while on loan. The reserve shall be maintained and inspected just as first line apparatus would. Borrowers shall be responsible and held accountable for problems with the reserve while in their possession. It will be their responsibility to coordinate with officer on duty to convey these issues before the reserve is returned to JCESA. Prior to returning the borrowing company is to contact station 11 to ensure someone will be here to receive and check in the reserve. Representatives of both companies shall check off unit before it is taken and after it is returned. The borrowing company is responsible for the restocking of any supplies used while in their possession.