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ENERGY AND NATURAL
RESOURCES COMMITTEE
ARMED SERVICES COMMITTEE
SPECIAL COMMITTEE ON AGING
BANKING, HOUSING, AND
URBAN AFFAIRS COMMITTEE

January 9, 2015

Mr. Douglas Pittinger
Director
Jefferson County Emergency Services Agency
419 16th Avenue
Ranson, West Virginia 25438-5732

Dear Mr. Pittinger,

Thank you for contacting my office, to inform me that the Jefferson County Emergency Services Agency, in partnership with Friendship, Citizens, Shepherdstown, Independent, Blue Ridge, Middleway, and Bakerton Fire Departments have submitted a joint grant application to the U.S. Department of Homeland Security, Federal Emergency Management Agency (FEMA), under the Assistance to Firefighters Grant program, application number EMW-2014-FR-00037. I understand that, if approved, funding provided by this program will support the purchase of twenty-one 15-lead cardiac monitor/defibrillators.

You may be assured that I will contact responsible FEMA officials, to request that this application receives a full and fair review. I will be sure to share with you any response I receive from FEMA.

With warmest regards,



Joe Manchin III
United States Senator

JM/km

JCESA Training Report

Date	Course	CE Hours	Registered	No-Show	% of Reg	Unregistered	% of Ttl Att.	Total Attendance	Total CE Hours
1/2/2014	DIVA	2	15	6	40%	3	25%	12	24
1/14/2014	HIPAA	2	11	1	9%	1	9%	11	22
1/25/2014	Infection Control	1	10	2	20%	0	0%	8	8
1/25/2014	CPR Recert	4	5	2	40%	2	40%	5	20
1/25/2014	Skills Day	3	11	1	9%	2	17%	12	36
1/28/2014	Trauma: Emerging Trends	3	9	0	0%	4	31%	13	39
January Total:		15	61	12	20%	12	20%	61	149
2/1/2014	AMLS	16	7	1	14%	0	0%	6	96
2/2/2014	AMLS Instructor	4	4	0	0%	0	0%	4	16
2/6/2014	Electrical Therapy	2	13	1	8%	1	8%	13	26
2/15/2014	PEPP	Rescheduled - Weather							
2/19/2014	12 Lead Review	3	13	0	0%	0	0%	13	39
2/27/2014	EMS Dinner Presentation	2	38	0	0%	0	0%	38	76
February Total:		27	75	2	3%	1	1%	74	253
3/6/2014	Working With Aeomedical	2	15	1	7%	5	26%	19	38
3/7/2014	ACLS	5	4	1	25%	1	25%	4	20
3/11/2014	Difficult Airway	3	16	0	0%	0	0%	16	48
3/27/2014	Medical Director: Peds (Day)	2	19	1	5%	4	18%	22	44
3/27/2014	Medical Director: Peds (Eve)	2	6	1	17%	4	44%	9	18
March Total:		14	60	4	7%	14	20%	70	168
4/1/2014	Patient Handling	3	15	1	7%	0	0%	14	42
4/10/2014	Transport Destination	2	15	3	20%	4	25%	16	32
4/16/2014	PEPP	16	12	2	17%	2	17%	12	192
4/22/2014	CPR Recert	Cancelled - Minimum registration not met							
4/23/2014	Skills Evaluation	3	24	2	8%	4	15%	26	78
April Total:		24	66	8	12%	10	15%	68	344
5/2/2014	GEMS	12	11	0	0%	0	0%	11	132
5/6/2014	Documentatoin	3	8	1	13%	1	13%	8	24
5/14/2014	Skills Evaluation	3	14	2	14%	4	25%	16	48
5/20/2014	PHTLS	17	18	0	0%	1	5%	19	323
May Total:		35	51	3	6%	6	11%	54	527
6/7/2014	MCI I&II	6	9	2	22%	0	0%	7	42
6/26/2014	Medical Director: Meds (Day)	2	15	2	13%	1	7%	14	28
6/26/2014	Medical Director: Meds (Eve)	2	4	1	25%	2	40%	5	10
June Total:		10	28	5	18%	3	12%	26	80
7/12/2014	Infection Control	1	1	0	0%	4	80%	5	5
7/12/2014	CPR Recert	4	8	2	25%	0	0%	6	24
7/12/2014	Skills Evaluation	3	35	7	20%	3	10%	31	93
July Total:		8	44	9	20%	7	17%	42	122
9/4/2014	HIPAA	2	7	0	0%	3	30%	10	20
9/10/2014	Toxicology	3	13	3	23%	1	9%	11	33
9/13/2014	AMLS	Cancelled - Minimum registration not met							
9/23/2014	BLS Pharmacology	3	16	2	13%	0	0%	14	42
9/25/2014	Medical Director: Cancer (Day)	2	14	2	14%	5	29%	17	34
9/25/2014	Medical Director: Cancer (Eve)	Cancelled - Minimum registration not met							
September Total:		17	50	7	14%	9	17%	52	129
10/1/2014	ALS Pharmacology	3	8	0	0%	2	20%	10	30
10/15/2014	Protocol Update	6	19	3	16%	4	20%	20	120
10/16/2014	MCI I & II	6	16	2	13%	4	22%	18	108
10/23/2014	Protocol Update	6	29	0	0%	2	6%	31	186
10/28/2014	CPR Recert	4	11	0	0%	0	0%	11	44
10/29/2014	Protocol Update	6	24	3	13%	2	9%	23	138
10/30/2014	Skills Evaluation	3	14	1	7%	3	19%	16	48
October Total:		34	121	9	7%	17	13%	129	674
11/10/2014	Basics of 12 Lead ECGs	6	16	1	6%	0	0%	15	90
11/15/2014	ACLS Recert	5	12	1	8%	0	0%	11	55
11/19/2014	12 Lead Advanced: Part I	Cancelled - Instructor							
November Total:		11	28	2	7%	0	0%	26	145
12/2/2014	HazMat Awareness	4	13	3	23%	1	9%	11	44
12/3/2014	12 Lead Advanced: Part II	3	9	0	0%	1	10%	10	30
12/10/2014	12 Lead Advanced: Part III	3	10	0	0%	0	0%	10	30
12/18/2014	Medical Director: CVA (Day)	2	21	4	19%	7	29%	24	48
12/18/2014	Medical Director: CVA (Eve)	2	4	0	0%	9	69%	13	26
December Total:		14	57	7	12%	18	26%	68	178
2014 Total:		209	641	68	11%	97	14%	670	2769

1329 Shepherd Grade Rd.
Shepherdstown WV 25443

Dec. 26, 2014

Letter to the Editor – “Revenue Sharing Needs to Go Away”

In my opinion revenue sharing should never have been a part of the new emergency service ordinance. On March 5, 2014 a special meeting of the Jefferson County Emergency Services Agency was held to discuss the JCESA and the proposals made by Commissioner Walt Pellish. One of the discussion points was to have 50% revenue sharing of ambulance insurance fees collected be given to the JCESA. All departments in attendance voiced opposition to this proposal because this is a very important part of the cash flow to operate our volunteer departments and after all things are considered there really are not any funds to share after one consider the expenses to purchase and to operate our ambulances. After this meeting I shared with Commissioner Pellish the financial position of the Shepherdstown Fire Department and with a 50% revenue sharing we would not have been able to pay anything on the principal of our debt during 2013. Having served as the treasurer for twenty five years I can attest that our members and volunteers do not have any more energy or time to do additional fund raisers nor do we need any more forms and paperwork to complete. In 2014 we spent approximate 60 days doing fund raising and this does not include the planning of them. We are already smothered with paperwork and we are now beginning to plan for the replacement of at least one ambulance not to mention the expenses to maintain and replace our fire equipment plus maintain our property.

I want to encourage the Jefferson County Commission to amend the ordinance and to remove the revenue sharing. The JCESA should not even have to deal with this issue. I recognize the budget problems of Jefferson County but please do not expect our volunteer fire and ambulance departments to help the JCESA financially when they were created to help and assist us. The real problem will occur someday when we can no longer attract volunteers and the county will be expected to provide the services now provided by dedicated volunteers.

Dennis L. Barron
Home – 304-876-6686

Commissioners,

The JCESA Board meeting that took place on December 16 was a very disorganized, disruptive and vulgar filled meeting. From the start there was confusion on the public comment time period. The Chairman had little to no control of the meeting and often appeared lost as to which direction to proceed with despite having an agenda to follow. Throughout the meeting there were numerous side bar conversations in the audience and even among members of the board while others were giving reports. At one point during the meeting one gentleman interrupted the meeting and verbally attacked two members of the board. This impassioned dialog included profanity and a challenge to the Chairman to throw him out of the meeting. At the conclusion of his remarks this gentleman told the chairman that he would leave if instructed to do so. The Chairman again appeared lost and confused and just went on to the next item on the agenda without addressing the outburst. This lack of action set the tone for later in the meeting when another gentleman in the audience made a laughing gesture towards a report being given by Commissioner Tabb. Ms. Tabb quickly addressed this even though his remarks contained no profanity just question. Again the Chairman looked on as this took place without commenting. The level of dysfunction reached it peak when a board member gave a loud profanity laden report on employee's laziness in his station. He appeared to be chastising the two gentlemen in the white shirts, as his rant continued the Chairman allowed this highly vulgar and inappropriate report to continue.

This is a newly appointed board and you may want to revisit and replace the ineffective and vulgar members that are currently serving on this board. Please address this at your next County Commission meeting. I am submitting this anonymously as I do not wish to enter into a dialog with any member of this board. I will simply ask the Commission to look into this further as these are the people you placed on a board that are responsible to protect our lives.

Cc: JCESA





Effective: March 8, 2012

Revised: January 01, 2015

1) 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.

2) Types of Medications

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

a) BLS Medications

- | | |
|--------------------------------------|-------------|
| Ipratropium Bromide | Tylenol |
| Albuterol | Narcan |
| Aspirin | Ondansetron |
| Epinephrine Auto-injector (Adult/Jr) | |
| Nitroglycerin | |
| Oral Glucose | |

b) ALS Non-Narcotic Medications

- | | |
|----------------------|---------------------|
| Adenosine | Amiodarone |
| Atropine | Labetalol |
| Dextrose 25% | Magnesium Sulfate |
| Dextrose 50% | Ipratropium Bromide |
| Diphenhydramine | Ketorolac |
| Epinephrine 1:1,000 | Lidocaine |
| Epinephrine 1:10,000 | Naloxone |
| Furosemide | Sodium Bicarbonate |
| Haldol | Thiamine |
| Glucagon | Ondansetron |
| Diltazem | |

c) ALS Narcotic Medications

- Fentanyl
- Versed
- Morphine

3) Procurement

JCESA will procure all ALS Narcotic and ALS Non-Narcotic medications for all Jefferson County EMS Agencies. JCESA will invoice individual EMS agencies for said cost based on usage. Each individual EMS Agency will procure BLS Medications for their own units. JCESA will not supply BLS Medications to individual EMS Agencies.



Effective: March 8, 2012

Revised: January 01, 2015

4) 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.

a) Storage of Medication on EMS Units

- i) BLS Medications carried on EMS Units shall be stored in a compartment or bag as dictated by the individual EMS Agency. This bag will be sealed with red security tag at all times.
- ii) ALS Non-Narcotic Medications shall be kept in a Drug Bag /Box and sealed with red security tag. This drug bag/box shall be kept in a compartment that is locked with a JCESA supplied padlock.
- iii) ALS Narcotic medications shall be stored in a blue drug bag inside the drug bag/box, and red security sealed and recorded. 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.

b) Storage of Excess Medication

- i) 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.
- ii) Excess ALS Non-Narcotic Medication shall be stored in a locked room with controlled access at Station 11.
- iii) Excess ALS Narcotic medication shall be stored in a locked cabinet, in a locked room with controlled access. Only the Director and Deputy Director shall have access to the excess supply of ALS Narcotic medications. The Directors shall maintain an accountability log to account for every ALS Narcotic medication purchased and disbursed per DEA policy.

c) Spare Drug Bags

- i) Three drug bags/boxes in addition to those kept on the EMS units, will be kept fully stocked and maintained as spare at Station 11. This allows any ALS provider to quickly exchange an incomplete drug bag/box for one that is fully stocked as needed.
- ii) All spare bags/boxes will be locked and sealed with red security seal at all times.

5) 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.



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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

- i) If an ALS Non-Narcotic medication is used or found to be expired the ALS Provider will notify the on duty ALS 11 Paramedic. The ALS provider and/or on duty ALS 11 Paramedic will replace the used or expired medication from the excess supply at Station 11 and, if applicable, properly dispose of the expired medication. The drug bag/box will be re-sealed with a red security 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 drug bag/box.
- ii) If, for any reason, the medication cannot be replaced that drug bag/box will be sealed with a white security seal indicating the bag is incomplete and restocked as soon as possible.

b) ALS Narcotic Medication Restocking

- i) If an ALS Narcotic medication is used or found to be expired the ALS Provider will:
 - (1) Place a copy of the run sheet detailing the medication ordered, dose, and physician ordering medication (if appropriate) in the drug bag/box;
 - (2) Complete a medication waste form, if applicable;
 - (3) Place a white security seal on the blue narcotic drug bag inside of the main drug bag/box
 - (4) Place a white security seal on the drug box /bag
 - (5) Document the date, old seal numbers, drug used, new seal number, incident number, and provider name on the accountability log in the drug bag/box and
 - (6) Notify the on duty ALS 11 Paramedic.
- ii) The on duty ALS 11 Paramedic will:
 - (1) Exchange the used drug bag with one of the complete spare bags/boxes;
 - (2) Notify the on-duty director during normal business hours;
 - (3) Make a log entry in the Station 11 daily log indicating an used drug bag needs to be restocked; and
 - (4) Log an entry in the Station 11 daily log until the bag/box is restocked.
- iii) The Director or Deputy Director will:
 - (1) Restock the used or expired narcotic medication from excess supply;
 - (2) Record the date, old security (white) seal number, new red security seal number, medication stocked, and name;



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- (3) Seal the blue narcotic drug bag and main drug bag/box with red security seals; and
- (4) Replace the now complete drug bag/box into the spare drug bag inventory at Station 11.

6) Partially Used and Wasted Medications

- a) 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 ED. A copy of the Narcotic Waste form, along with the run sheet, shall be placed in the main bag/box as explained in the restocking section of this document.
- b) Expired medications shall be handled in accordance with the DEA policy by the Director or Deputy Director during restocking. This shall be witnessed and documented on a narcotic inventory log kept in the Director's office and signed by both the ALS provider and a witness.

7) Daily Inspections

The JCESA ALS Provider on duty at each station must review the drug bag/box to ensure they are present, secure, and the appropriate seal is present and intact.

8) Monthly Inspections

- a) All drug bags/boxes shall be inspected and inventoried monthly. Findings will be recorded on a drug inspection form provided by JCESA and returned to the Director. Under normal circumstances this should occur on the first Monday of each month. If this date falls upon a holiday, the next business day the inventory will be performed. The ALS provider responsible for the inspection and inventory is as follows:

- Station 1 ALS 11 Paramedic
- Station 3 Paramedic on duty at Station 3
- Station 4 Paramedic on duty at Station 4
- Station 5 ALS 11 Paramedic
- Station 6 ALS 11 Paramedic
- Station 7 Paramedic on duty at Station 3
- Station 11 ALS 11 Paramedic

- b) If any drugs are found to be expired the normal restocking procedure will be followed.

9) Missing Medications and Exceptions

- a) 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 Director.



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- b) Any missing Narcotic ALS Medication must be reported IMMEDIATELY to the Director or Deputy Director in addition to making an incident report. If both the Director and Deputy Director are unavailable, the JCESA President will be notified.



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Exceptions to this guideline include:

1. Being radio dispatched by the Jefferson County Emergency Communications Center.
2. Non radio transmitted dispatch. Notification made by telephone only from the Jefferson County Communications Emergency Center.
3. Brief visits to a residence due to family emergency or other circumstances that are approved in advance by the Director and/or Deputy.
4. Administrative duties assigned by the Directors requiring the employee's presence at a residence.

Besides the circumstances set forth above, JCESA employees may be at locations other than their designated duty station as follows:

1. Brief absences to obtain food, beverages, groceries or supplies as follows:
 - a. Personnel assigned duty shifts at Stations 2, 4 or 11 shall generally confine such absence to Box Areas 200 & 400.
 - b. Personnel assigned duty shifts at Stations 1, 3, 5 or 6 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.
2. Employees assigned to Station 11 may visit Station 2 and 4, except from 2200-0600 hours.
3. To attend training, meetings or drills as designated on an official schedule or assignment, or physical training at a gymnasium or other similar facility.
4. To attend emergency services banquets or award ceremonies organized by civic organizations to commend emergency providers.
5. Other events, activities or assignments specifically authorized in advance in writing the JCESA Directors.

Other than the circumstances set forth above, JCESA employees are expected to report to and remain at their assigned duty stations throughout their scheduled shift.

1510: HOURS, PLACE AND CONDITIONS OF WORK Updated: May 29, 2014

1520: REPORTING TO WORK NOTIFICATION POLICY

In order to maintain accountability of all employees official time of starting his/her shifts, the following procedures have been enacted.

When a JCESA employee reports to duty at Station 11 or a County Fire Department, the employee is to use the swipe card or fob door access system if the system is available. This process will create a permanent record for tracking the time employees report to duty.

The County Fire Department JCESA employees will also notify Station 11 via the Fire Department Station telephone immediately upon arrival to his/her station even if the swipe card/fob system has been utilized. All employees shall utilize EMSeSchedule at beginning of their shift as well. This will inform Station 11 so they know current staffing levels. That employee at Station 11 will enter your notification of same in the daily logbook.



Jefferson County Emergency Services Agency Administrative Guidelines

1100 - 1199: COMPENSATION

1100: HOURS OF WORK

The workweek for JCESA employees is from 0800 hours Sunday until 0759 hours Sunday. Many shifts will require irregular work hours, may maintain different workdays and work hours, which will be scheduled by the Directors.

An employee shall be in regular attendance during all scheduled hours of work in accordance with times set by the Directors. All employees are to be at their appointed work areas at the beginning of the regular workday. By accepting employment, the employee agrees to be available to work at the set hours of operation.

Applicable Reference: 1510 Hours, Place and Condition of Employment

The Directors realizes there are unforeseen circumstances that may delay an employee getting to work on time. If an employee recognizes he/she will be late reporting for work, it is incumbent upon the employee to notify the Directors immediately.

The Directors shall periodically review employee attendance/tardiness records to determine if they are consistent with prescribed hours of work.

Tardiness for personal avoidable reasons will not be excused and will result in disciplinary action.

1110: COMPENSATION METHOD

All employees of JCESA will be paid bi-weekly, every other Thursday. The JCESA may from time to time modify the pay date to accommodate holidays. It is the employee's obligation to clock in and clock out utilizing EMSeSchedule software and this system will be considered your electronic time card for pay purposes and certification of time worked each pay period.

1120: OVERTIME

Any overtime must have prior approval from the Directors and be subject to budgetary constraints. The only exception would be overtime due to emergency incidents that would be automatically authorized.

- Wage and hour laws are based on forty (40) hour week.
- Overtime compensation methods are for hourly employees whom exceed forty (40) hours per week. This is available for non-exempt employees only.
- Overtime is paid only for time worked. When medical leave, personal leave or compensatory time is used, overtime is not paid.

The regular rate for an employee hired to work on an hourly basis is the employee's hourly rate. For all hours **worked** over forty (40) in a week, the employee will be paid at least one-and one-half



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(1.5) times their regular rate. The Director and Deputy Director will not be eligible for overtime compensation.

Any full-time employee may elect to be granted compensatory time in lieu of pay for those hours greater than forty (40) if they request the same.

Applicable Reference: 1170 Compensatory Time

1120: OVERTIME Updated: March 3, 2013

1130: HOLIDAY COMPENSATION AND HOLIDAYS

Full time employees will be credited eight (8) hours for a holiday in accordance with Chapter 2, Article 2, of the West Virginia Code, as amended, for purposes of pay calculation. Such hours are in addition to any hours actually worked on such holiday. Total weekly hours for calculation of pay are hours actually worked, plus hour's credit for holiday observance, plus hours not worked but credited as leave (medical, annual, etc.).

If a fulltime employee works a holiday, in accordance with Chapter 2, Article 2, of the West Virginia Code, as amended, the holiday will be paid at time and a half.

Part-time employees will be compensated with four (4) hours of holiday compensation if they work the holiday. This will be at said employee's straight hourly rate.

In accordance with Chapter 2, Article 2, of the West Virginia Code as amended, official holidays for JCESA are: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, West Virginia Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day and 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 may also be time off for JCESA 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.

When a holiday falls on a Sunday, the following Monday shall be observed as the official holiday. If a holiday falls on a Saturday, the preceding Friday shall be observed as the official holiday.

1130: HOLIDAY COMPENSATION AND HOLIDAYS Updated: March 3, 2013
Updated: May 24, 2013
Revised: January 04,20 2015



Jefferson County Emergency Services Agency Administrative Guidelines

1000 – 1099: INTRODUCTION

1000: EXORDIUM

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, VFIS 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 JCESA Director(s) 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.

1010: 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.



HANDLING AND TRANSPORTATION DECEASED PATIENTS

Effective: August 16, 2014

Revised: December 16, 2014

1) Purpose

To provide direction for incidents in which EMS personnel encounter a patient who is dead at the time of arrival where resuscitation is medically inappropriate or where resuscitation efforts have been discontinued.

2) Initial Actions

Cease-Efforts

If resuscitation efforts have begun, the EMS provider considering the discontinuation of such efforts shall follow West Virginia Office of Emergency Medical Services "Cease-Efforts Protocol #9102"

Death in the Field

If the decision is made to cease efforts, or if the patient is found to be dead on arrival and resuscitation would be medically inappropriate, the EMS provider will immediately proceed to the West Virginia Office of Emergency Medical Services "Death in the Field Protocol #9101"

3) Transportation

Medical Examiner Cases

If the case meets the criteria for Medical Examiner investigation as determined by the County Medical Examiner on call; Jefferson County Emergency Services Agency EMS staff will protect and preserve the scene until the arrival of law enforcement or the County Medical Examiner and obtain all patient information as required by WVEMS Protocol 9101. Unless specifically requested by law enforcement or the County Medical Examiner, EMS personnel may return to service and leave the scene. Prior to leaving the scene, the EMS provider in charge shall leave a copy of the completed patient care record documenting the information required by WVEMS Protocol 9101 with the deceased. The medical examiner will assume custody of the body, transportation and control of the scene. Where the death in the field occurs in a public space or where multiple deaths have occurred, EMS personnel may assist with transportation when requested by law enforcement or the County Medical Examiner. Notification will be made by contacting Jefferson County ECC (911) for the on call medical examiner for Jefferson County. If they cannot contact the County medical examiner, have them call the West Virginia Office of the Chief Medical Examiner (304) 558-6920.

Hospice Patients

If the deceased is enrolled in Hospice, EMS will contact Hospice of the Panhandle and request immediate scene response of a Hospice representative (if not already on scene) to coordinate transport of the deceased. Jefferson County Emergency Services Agency EMS staff will return to service as soon as possible. Volunteer EMS providers may, at their discretion, remain on scene pending the arrival of a Hospice representative or return to service. Hospice of the Panhandle should be contacted by calling (304) 264-0406 anytime.



HANDLING AND TRANSPORTATION DECEASED PATIENTS

Effective: August 16, 2014

Revised: December 16, 2014

Non-Hospice Patients Where the Medical Examiner Declines the Case

If the patient is not enrolled in Hospice and the Medical Examiner has declined the case, EMS shall immediately notify law enforcement and determine from family (if present) whether any arrangements have been made. If so, EMS will suggest the family contact the appropriate funeral home for transportation. EMS staff will protect and preserve the scene until the arrival of law enforcement. Unless otherwise directed by law enforcement, Jefferson County Emergency Services Agency EMS personnel may return to service and leave the scene after transportation is confirmed.

If no arrangements were made in advance or no preference is known, EMS will provide the family with contact information of all local funeral homes to arrange for transportation. Where transportation cannot be arranged, Jefferson County Emergency Services Agency EMS personnel may only transport the deceased to Eackles-Spencer and Norton Funeral Home as a last option. Volunteer EMS providers may, at their discretion, remain on scene pending notification of funeral home, return to service or transport the deceased to Eackles-Spencer and Norton Funeral Home.

If no family is present, transportation shall be coordinated by law enforcement and/or the medical examiner. EMS may return to service upon arrival of law enforcement unless specifically requested by law enforcement or the County Medical Examiner to transport the deceased to Eackles-Spencer and Norton Funeral Home.

4) Special Notations

Emergency Medical Service providers are not required to transport the body, but may do so if instructed and this is standard practice as a courtesy to the local community per WVOEMS Protocol # 9101.

When requested to transport a decedent to Eackles-Spencer and Norton Funeral Home, EMS personnel shall comply with the minimum requirements of the approved Memorandum of Understanding between Jefferson County Emergency Services and Eackles-Spencer and Norton Funeral Home.

Transporting deaths in the field to Eackles-Spencer and Norton Funeral Home shall remain in effect until such time the Memorandum of Understanding between Jefferson County Emergency Services Agency and Eackles-Spencer and Norton Funeral Home is suspended, revoked or terminated.



PATIENT CARE DOCUMENTATION

Effective: January 17, 2014

Revised: December 01, 2014

1) 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.

2) Documentation Requirements:

- a) 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.
- b) The ePCR must be completed within 24 hours of the patient encounter. An ePCR is complete when it has been successfully advanced/submitted using the lock icon function of ESO Solutions (ESO)
 - i) The following disciplinary process shall be followed when a provider fails to complete a chart within 24 hours of the encounter:
 - (1) FIRST OFFENSE: A QA flag will be added to the delinquent ePCR and will constitute a verbal warning.
 - (2) SECOND OFFENSE : A written warning will be issued to the provider.
 - (3) THIRD OFFENSE: Suspension from functioning as a primary attendant for up to 14 days. *JCESA staff whom receive this level of discipline will be suspended from employment without pay for the duration of this clinical suspension.
 - (4) 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.
 - (5) Enforcement of the disciplinary process for volunteer providers will be handled by the providers EMS Chief or designee.
 - ii) Completion of ePCRs will be tracked by both the station QA officer and the county QA officer.
 - (1) Should the county QA officer become aware of a delinquent report, they will notify the station QA officer.
 - (2) 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.
 - (3) It will be the responsibility of the Deputy Director to keep the Squad Medical Director updated.
 - (4) 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 ESO
 - (5) Offense will be tracked utilizing a rolling calendar.



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- c) The ePCR must be completed using appropriate medical terminology, plain language, and only widely-accepted medical abbreviations. Proper spelling, grammar, and punctuation are required.
- d) The following elements must be documented:
 - i) 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.
 - ii) The patient's chief complaint. This is best accomplished by quoting the patient's complaint verbatim.
 - iii) Findings of the physical exam, including any pertinent negatives.
 - iv) Lung sounds, respiratory effort, and pulse oximetry.
 - v) An ECG interpretation for all ALS patients.
 - vi) Blood Glucose Level for any patient with an altered mental status or a history of diabetes.
 - vii) All treatment provided. This must be recorded on the ePCR.
 - viii) The patient's current medications and medication allergies.
- e) If scene time is greater than 20 minutes, an explanation must be documented.
- f) Care provided and documented must be in accordance with West Virginia EMS protocols, with any deviations thoroughly explained.
- g) Treatment provided and documented must be in accordance with the exam and any deviations thoroughly explained.
- h) 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;
 - i) Patient name and date of birth
 - ii) Vital signs
 - iii) Chief complaint and history of present illness
 - iv) Any interventions or treatment provided
- i) 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.
- j) 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



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an authorized representative is available or capable of signing, the provider and receiving facility representative must sign.

- k) 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.