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OP-01 COMMUNICATIONS
OP-01.01.00 Requests for Service

Authorized By: ____________________________ Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to define the process used by Austin - Travis County EMS (ATCEMS) Communications for requests for service.

 Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

ATCEMS is responsible for processing all requests for service as defined in the Austin City Code Chapter 10-2.

All requests for service shall be documented in the Computer Aided Dispatch (CAD) system to ensure standard documentation and tracking of incidents.

C. Combined Transportation Emergency and Communications Center (CTECC) Configuration

ATCEMS is considered a Secondary Public Safety Answering Point (PSAP). The primary PSAPs in the jurisdictional service area are the Austin Police Department, for the City of Austin, and the Travis County Sheriff’s Office, for Travis County.

D. All 911 calls are answered first by the Primary PSAPs and then transferred to the Secondary PSAP after the original call taker has identified that the call is of a medical nature.

E. An ATCEMS Call taker receives the transferred call from the Primary PSAP on the 911 system and begins the ATCEMS Communications process.
Procedure Purpose

The purpose of this procedure is to provide a protocol for the Emergency Medical Dispatcher (EMD) regarding obvious death situations or in the event a Living Will or Do Not Resuscitate order is identified.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Definitions

**Obvious Death** is defined as a patient condition that is incompatible with life based on information being provided by a 911 caller.

B. **Obvious Death**

1. The Medical Director has declared that the following conditions and/or caller descriptions are considered to be an ‘Obvious Death’. The EMD must attempt to verify the presence of at least one of the conditions following confirmation of an unconscious and not breathing patient before considering a case an obvious death.
   a. Decapitation
   b. Decomposition
   c. Full Body Incineration
   d. Cold and Rigored in a Warm Environment (**clarification is acceptable if only part of the criteria listed is given**)
   e. Confirmed Submersion greater than 6 hours
   f. Explosive Gunshot Wound to the Head

2. Although the EMD’s should not routinely question callers about the presence or absence of the above listed conditions, the EMD should attempt to identify the existence of these conditions in the event that the caller suggests that the patient is not salvageable.

3. An EMD should not offer pre-arrival CPR instructions in cases of obvious death.

4. If none of the conditions listed above are present, the EMD must provide CPR pre-arrival instructions (PAIs) per protocol.

C. **Action in the Event of Identification of Unquestionable Obvious Death**

1. Code the call as 9-B-1x, generating a DOS5 response, and update responders.

2. Do not provide PAIs. If possible, keep the caller on the line and provide emotional support.
D. **Expected Death / Living Wills / do not resuscitate orders**

1. The Medical Director has established the following criteria to constitute an ‘Expected Death’:
   a. On-Scene Hospice Nurse who has already obtained pronouncement on terminally ill patient.
   b. On-Scene Physician who has already obtained pronouncement on a terminally ill patient.

2. Living Wills, DNR Orders, etc. in the absence of an on-scene Hospice Nurse / Physician will not be taken into consideration by EMDs, normal triage and dispatch protocols are to be followed.

E. **Refusal by Caller to Act on Pre-Arrival Instructions**

1. The EMD should not attempt to force callers to participate in medical initiatives, especially if the caller expresses discomfort or dismay in performing the requested action. If the caller refuses to follow critical PAIs, the EMD should use repetitive persistence using the phrase “The ambulance is on its way, but this is important to give the patient the best possible chance until it arrives.”

2. The EMD should not ask for permission to give PAIs, for example, “Would you like me to tell you how to do CPR?”

3. If the caller still refuses to administer aid, the EMD should ask to speak to someone else.

4. If no one else is available the EMD should attempt to keep the caller on the line and provide emotional support. The EMD should make it clear that if they change their mind about providing patient care they will tell them exactly what to do.

5. The EMD should always remain polite and courteous.
Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to define addressing and/or location errors by Austin – Travis County EMS (ATCEMS) Communications personnel during call triage.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Definitions

Addressing Error: An addressing error occurs when incorrect, unclear, or insufficient address (location) information is entered into the computer aided dispatch system. Addressing errors may or may not be the fault of the call taker and may or may not result in a response delay.

EMD: Is a Medic I, Medic II, Captain or Commander assigned to Communications and credentialed as an EMD.

Delayed Call: Any call that is sent to the waiting incident queue with an addressing error that is not corrected within 60 seconds of the initial entry time. A delayed call may or may not be the fault of a call taker.

At-Fault Delay: An At-Fault delay occurs when accurate call address (location) information is inaccurately transcribed and/or conveyed and not updated in less than 60 seconds from the time the call is sent to the waiting queue. All At-Fault Delays will be documented in the department’s Record Management System (RMS) by the Commander in Communications or designee. Examples of this include:

- Calls entered to a location that is different from ANI/ALI and/or what the caller states.
- Calls during which the caller provides a different address than ANI/ALI which are not recognized and verified appropriately by the call taker.
- Calls not entered to the specific location described by the caller. (ie: Proper vs Srv Rd.)
- Calls with errors that do not result in a change in the original unit assignment. (ie: transposed numbers, etc)
- Calls which are updated prior to the assigned unit going responding, but greater than 60 seconds after entering the Waiting Queue.

Calls which the supervisor determines all available resources and verification techniques were not utilized appropriately. No-Fault Delay: A no-fault delay occurs when the 9-1-1 caller provides
incorrect or inaccurate information to the EMS call-taker that results in an address update. These calls require RMS documentation if not updated in less than 60 seconds from the time the call is sent to the waiting queue. No-fault delays will be entered in RMS, but only to document the Department has reviewed the call. There is no effect to the employee for these entries; it is simply quality assurance documentation after the supervisor determines the caller gave incorrect information and the call-taker used all reasonable tools and resources to appropriately verify the address given.

B. Medic I Communications – In Training

The Captain is ultimately responsible for all activities that occur during any call while training a cadet. As such, the Captain should immediately recognize an addressing error and take corrective action.

An At-Fault Delay will result if the Captain does not recognize and correct an entry error within 60 seconds from the call being sent to waiting queue. It will be considered a No-Fault Delay if corrected within 60 seconds from when the call was sent to waiting queue.

If the Captain immediately recognizes the error and is working on correction, but exceeds the 60 second window, while working to correct the error, further review will be required by the Commander and Division Chief (or designee) for determination of either fault or no-fault.

Any person in training environment, who has moved on from addressing questions and verification to other Medical Priority dispatch (MPD) triage, is expected to enter the correct address information.

All addressing error should still be documented in the Training Portfolio and in the persons RMS file with notation that the error occurred while in training. (Regardless of whether the Communications Captain is found to be at-fault or not)

C. Emergency Medical Dispatcher (EMD)

Once an EMD has determined that an addressing error has occurred, he/she is expected to take corrective action immediately to ensure the correct response is sent. This requires self-reporting the event immediately to the on-duty Commander or designee. In addition, the information is to be entered into RMS prior to the end of the shift. Once feedback is provided by the on-duty Commander, the employee is expected to listen, clarify, review and take appropriate corrective action.

If the EMD is having addressing difficulties, he/she is to ask for help from an on-duty supervisor and/or more experienced co-workers.

Once the EMD determines that an address change needs to be made, he/she is required to immediately inform the dispatchers with a NOTIFY message.

The EMD is also responsible for adding first responders (Add Agency) if the updated location has moved the call into another first responder jurisdiction. The Call Taker is in the best position to make this determination due to the presence of ELT information in ANI/ALI and their familiarity with the address changes that have taken place.

D. Dispatcher
The controlling dispatcher is expected to immediately recognize and process any call that appears in the waiting queue.

All calls are to be dispatched within 25-35 seconds. Failure to recognize a new call appearing in the queue and take appropriate action, which results in a delay of 60 seconds or more, will be investigated and potentially documented as an at-fault delay.

Some calls will be held by the dispatcher in accordance with existing procedures. (ie: ETRAN5, STAR Flight calls requiring approval, etc,) While these calls will not be dispatched immediately, they should still be recognized and watched closely for additional information/approval to be dispatched.

If a controlling dispatchers fails to update the address on requests for assistance from other agencies (RAs) within 60 seconds from the receipt of the correct address, this will be considered a delay

Once the dispatcher receives a NOTIFY for an updated address, they are responsible for informing, cancelling, and/or reassigning EMS and Fire crews within 60 seconds of that notification. Any delay will be investigated and potentially documented as an at-fault delay.

E. Commander Responsibility
Review CAD records and 9-1-1 audio for all delayed calls and determine if they are to be considered “at-fault” or “no-fault” before the end of each shift.

Review the employee’s history to identify potential trends or patterns to provide supplemental feedback and notification to the Captain assigned to training.

Provide feedback to the employee regarding the determination of the review and coaching on how to avoid making similar mistakes again in the future.

Ensure all documentation is accurate and complete in RMS.

F. Performance Management
The department expects all addressing errors be immediately corrected and reported to the on-duty Commander or designee.

All Addressing Errors and Delayed Calls will be tracked in RMS.

The Command Team will be responsible for monitoring Addressing Errors and Delayed Calls to identify trends and provide focused re-education as needed. Continued addressing errors by after feedback and coaching will result in Performance Counseling process

- After an initial delay any delayed call within 6 months will result in a Letter of Concern
- 2 delayed calls within 6 months of a Letter of Concern will result in an Oral Counseling
- 2 delayed calls within 6 months of receiving a Oral Counseling will result in a Written Counseling and be placed on a Performance Improvement Plan (PIP)

As part of Performance Management, additional training and/or re-education may also be implemented at any point in the process.

Failure to report an addressing error will be handled as a disciplinary issue.
Procedure Purpose

The purpose of this procedure is to define a standardized process used to correct identified deficiencies in an individual’s performance.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Definitions

A/TCEMS MPDS Compliance Levels:

- Case Entry: 95%
- Chief Compliant: 95%
- Key Questions: 90%
- Final Code: 90%
- Post-Dispatch Inst.: 90%
- Pre-Arrival Inst.: 95%
- Overall Score: 90%
- Customer Service: 95%

Non-Compliance

- When the average compliance level falls below the levels listed above during a normal monthly review period.

Non-Compliance Trend

- Non-compliance in any MPDS category for 2 consecutive months or non-compliance in any MPDS category for three (3) months out of five (5) months.

Increased MPDS Case Review

- A minimum of twice the current case review volume for the employee over a defined period of time.

Call-Taking Shift

- A minimum of 6 hours call-taking will be considered a full shift. The preference is to spend a full 12 hours call-taking per shift while on Increased Case Review, when the schedule allows.
QI Coaching Group

- The personnel who are primarily responsible for coaching and providing feedback to an employee during remediation. The Coaching Group will consist of: Captain assigned to QI, Captain assigned on the shift for QI and the Commander assigned to Performance Management.

B. Remediation Plan

The Remediation Plan will be used by the Communications Quality Improvement Program to correct identified performance issues. This plan will supplement the regular performance feedback that is already being conducted by the Communications QI Program by providing the Emergency Medical Dispatcher (EMD) with the training and tools to improve where needed; it will define a feedback mechanism; and it will establish a timeline for any required improvement.

This procedure does not exclude the need for discipline or immediate action when considering cases of gross negligence and/or gross improper behavior, or cases of persistent failure to apply the approved protocols.

1. Coaching Review

A Coaching Review meeting will occur with any EMD who is non-compliant in one or more of the Medical Priority Dispatch System (MPDS) Categories at the conclusion of a monthly reporting period.

The EMD will meet with their **QI Coaching Group** within 10 days of the conclusion of the reporting period. The purpose of this meeting is to discuss all identified performance issues, providing additional feedback and formulating a plan to improve performance.

A follow-up meeting will take place at the conclusion of the next monthly reporting period to review progress, reinforce feedback again and determine next steps if necessary.

The feedback and discussion during each of these meeting will be documented in the Records Management System (RMS).

2. Increased Case Review

Any EMD with an identified **Non-Compliance Trend** will be placed on **Increased MPDS Case Review** for the next two (2) monthly reporting periods. The Increased Case Review period is generally defined as thirty (30) shifts for full-time EMDs.

The Increased Case Review period will begin with a Coaching Review meeting to summarize the performance issues and provide re-education feedback to the employee. This meeting should include all members of the employee’s **QI Coaching Group**, in consultation with the Communication Quality Committee or their designee.

A QI Captain will be designated by the Performance Management Commander to serve as the primary evaluator during the Increased Case Review period. Other QI Captains should defer all case review on the Communications Medic to the designated Captain, unless otherwise directed by QI Command.

Regular progress checks will be scheduled on a bi-weekly basis to discuss the employee’s performance and determine if adjustments need to be made.
At the conclusion of the Increased Case Review period the group will meet again to review progress, reinforce feedback and determine next steps. If the EMD’s performance is still non-compliant the Increased Case Review period may be extended or a Remedial Action Plan will be initiated.

3. Remedial Action Plan
The final step of the Remediation Procedure is the creation and implementation of a formal Remedial Action Plan. This written plan will be developed by the Performance Management Commander & QI Captains, in conjunction with the Office of the Medical Director. The Remedial Action Plan document will be approved by the Communications Division Chief, the Professional Practices and Standards Division Chief and the Austin-Travis County EMS Office of the Medical Director.

The Remedial Action Plan will specifically address each of the areas of improvement, provide a formal training plan to assist the employee in overcoming their performance issues and outline a timeline for resolution of the performance issues along with consequences for failure to improve.

Progress check meetings will be established on a regular basis (typically weekly) to assess progress, determine necessary modifications and ensure that the EMD and assigned Captain are both provided all the tools and support necessary to be successful.

The progress of the Remedial Action Plan will be closely monitored by the Performance Management Commander, in consultation with the Office of the Medical Director under the Quality Management Committee structure.

C. Confidentiality
All information, activities and documentation used for the purpose of quality assurance / improvement shall be kept confidential in compliance with all federal and state laws. Texas Health & Safety Code provides for protection from discovery of any proceedings or records of committee(s) charged with review, evaluation, or improvement of emergency medical services provision. Accordingly, activities undertaken in the context of the review process are “not subject to disclosure by court subpoena or otherwise.”

From Texas Health & Safety Code, Title 9 (Safety), Chapter 773 (Emergency Medical Services), Subchapter D (Confidential Communications):

§ 773.095. RECORDS AND PROCEEDINGS CONFIDENTIAL.
   a) The proceedings and records of organized committees of hospitals, medical societies, emergency medical services providers, emergency medical services and trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services provider, a first responder organization, an emergency medical services and trauma care system, or emergency medical services personnel are confidential and not subject to disclosure by court subpoena or otherwise.
   b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.
   c) This section does not apply to records made or maintained in the regular course of business by an emergency medical services provider, a first responder organization, or emergency medical services personnel.
Maintaining confidentiality of documents benefits the individual provider, the department and community. For this reason, Performance Management team members will maintain the confidentiality of records and proceedings and follow the procedures outlined in this document thereby meeting the intent of the Texas Health and Safety Code section 773.095.
OP-01.05.00 Personal Phone Calls in the Communication Center

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to limit the distractions and promote full attention to management of emergency calls in the communications center and define the use of personal phones and communications devices on the operating floor.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Personal phone calls shall not be placed or received on any 9-1-1 equipment.

B. All personnel will limit personal phone calls in the communications center to a minimum, for any lengthy or emergent phone calls, communications personnel if possible should remove themselves from the operating floor with notification to the Commander or designee.

C. Personal phone calls while performing any job related duties (dispatching or triaging a call for service) is strictly prohibited.

D. When possible all personal cell phones or communications devices should be set to silent alert or vibrate to minimize distractions.
OP-01.06.00 Visitors in the Communication Center

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to limit the distractions and the guidelines for visitors to the communications center.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

While in the communications center, visitors are under the direct supervision of the Commander or their designee. Noise and distractions must be kept to a minimum as not to impact the quality of service.

A. Visitors must have prior approval from the Commander or designee prior to their arrival at the Communications center; visitors include direct family, friends and other public safety personnel.

B. All visitors to the communications center must go through the current procedures for badging at CTECC.

C. All visitors shall follow all security policies regarding being escorted while in secure areas.

D. All visitors are to have read and signed a confidentiality form (Rider Release Form) if they are sitting and monitoring any duties on the operations floor.

E. Visitors are not allowed to operate any equipment on the operations floor including but not limited to: (9-1-1 systems, Computer Aided Dispatch systems, radio equipment, administrative computers and administrative phones).

F. In the event of a system wide event or any call deemed sensitive or critical in nature visitors may be asked to leave based on the Commander or their designee discretion.

G. Pre-approval and an adult must accompany all visitors under the age of 17 at all times.

H. Distractions that compromise the quality of service will be handled by the Commander or designee and the visitor will be asked to leave immediately.
Procedure Purpose

The purpose of this procedure is to define the expectations of communications personnel arriving to work and during breaks from the work assignments.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

Reporting for Duty

- Communications Personnel shall report to work rested, alert and able to perform the duties of their position which require personnel to be awake and focused throughout the shift.
- Communications Personnel shall arrive for duty at their assigned location in full uniform by the schedule start time of their shift.
- Communications Personnel shall be logged on to all console equipment and ready to perform duties by the schedule start time of their shift.

Breaks from the Workstation

- Breaks are provided to assist Communications Personnel in maintaining their attentiveness and to provide relief from continuous workload.
- All breaks should be taken away from the work console in available quiet rooms, break rooms and other appropriate facilities.
- Due to the essential function of the job, there may be time periods when personnel are unable to leave the console for a break. The Commander or designee should ensure all personnel receive break time as soon as possible.
- Breaks will be coordinated through the Commander in Communications or their designee.
Procedure Purpose

This procedure sets the minimum standards for Austin – Travis County EMS (ATCEMS) personnel for the acknowledgment and movement to the emergency vehicle upon notification.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Definitions
   Out-of-Chute is the acknowledgment and movement of the emergency vehicle upon notification from EMS Communications.

B. Notification Methods
   All personnel will ensure that alert devices are operational and set to the proper settings to receive alerts.

   Alert devices include Austin Warning and Communications System (AWACS) Pager, Station Alerting Radio, Portable Radio, Landline Phone.

   **AWACS Pager**
   Pager must be on, set for audible alert and within a distance that the alert can be heard.

   **Station Alerting Radio**
   Radio must be on, and set to a volume that can be heard throughout the facility.

   **Portable Radio - Alert 8**
   All Portable Radio’s must be on and set to appropriate channel.

   **Landline Phone**
   Phone must be on, audible and answered immediately.
C. Movement to Emergency Vehicle
Acknowledgement of a call will be confirmed by voicing 'Page Received' via radio or by phone if contacted by phone.

Employees will immediately don required uniform and equipment and move to emergency vehicle. Once the vehicle is moving a crewmember must press the “Resp” status button on the MDC within 90 seconds of notification of the call. A unit will not be placed in response mode until all crewmembers are in the unit and it is moving. A crewmember must verbally confirm the Unit, Status, and Address of assignment.
OP-02.02.01 Incident Assignment – Responding

Authorized By: [Signature]
Ernesto Rodriguez, EMS Chief

Date: 8/30/2013

Procedure Purpose

This procedure sets the minimum standards for EMS personnel responding to an incident.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Responding

1. Response to an assigned emergency call (incident) shall not be delayed unless the crew is incapacitated due to illness or injury, or the response vehicle is incapable of making the call. In any case, immediate notification shall be made to Communications by radio so the unit can be placed Out of Service and another resource can be dispatched to the incident. Subsequently, the crew shall notify an on-duty Commander immediately.

2. Shift change shall not delay a response to an emergency incident or a posting, the crew on the unit at the time of call should respond to the incident.

3. Driving
   - Driving will be in a safe, courteous and expeditious manner. Reference procedure – Field Operations - Fleet Safety and procedure – Field Operations - Vehicle Operations.
   - The quickest route as determined by the Computer Aided dispatch (CAD) System should be utilized. Alternate route determination may be made based on special circumstances. Special circumstances may include but are not limited to:
     a) Weather
     b) Road conditions
     c) Street closures
     d) Scene safety (e.g. Staging, HAZMAT)
Procedure Purpose

This procedure sets the minimum standards for Austin – Travis County EMS (ATCEMS) personnel for staging on an incident.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Determination of Staging

EMS Communications is the primary determinant for staging.

The criteria from ATCEMS Communications for staging include incidents in which:
  - Active violence is occurring
  - Known involvement of a weapon that poses a continuing threat
  - Law enforcement/Fire Department advises to stage
  - Environmental Hazards

EMS personnel may stage on an incident without direction from EMS Communications. Personnel will be required to provide staging criteria. This information will be recorded in the call text and EMS Communications will request the appropriate agency for assistance.

B. Staging Location

The selection of a staging location should be within close proximity of the address yet not within the line of site of the incident. The staging location should be communicated on the assigned channel and coordinated with appropriate responding agencies assigned to the incident.

C. Personal Protective Equipment

Reference procedure – Field Operations - Personal Protective Equipment.
Procedure Purpose

This procedure sets the minimum standards for Austin – Travis County EMS (ATCEMS) personnel for arriving on-scene of an incident.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

All personnel will follow guidelines provided by the Office of the Medical director through the Clinical Operating Guidelines (COG) and the operational standards defined below for arriving on-scene. The COG's provide guidance for the following:

- Minimum Equipment to Patient
- On-Scene Authority for Patient Care
- Patient Care & Movement

A. Definitions

On-Scene indicates the physical arrival of the dispatched emergency vehicle at the address of the incident. It does not establish patient contact time.

B. Arriving On-Scene

ATCEMS personnel will indicate an On-Scene (ONSC) status via MDC (or via radio on the assigned talk group if the unit is experiencing MDC failure) at the following point during the response:

1. General Incident at a specific address (e.g. residences, free standing businesses):
   - When the unit is stopped at the address and personnel are ready to exit the vehicle.

2. Apartment Complex or Large Industrial Complex:
   - When the unit arrives at the entrance to the complex. If a unit is directed to meet facility security for escort (e.g. Austin Bergstrom International Airport) the unit will report On-Scene when they arrive at the designated location. If the escort is not present, the crew should advise EMS Communications and update when the escort has arrived.

3. Road, Highway, Geographic Area or On-Street Location (e.g. Intersection, Bus Stop, Park, Highway Block Number/Exit Area):
   - When the unit has reached the location of the original dispatch. If no incident or patient is immediately identified, the unit should advise EMS Communications.
Communications via the assigned radio channel that they are “On-Scene in the area and attempting to identify the patient or incident”.

C. **At Patient Side**
   ATCEMS units will indicate an “At Patient Side” status via the Electronic Patient Care Record (ePCR) once contact with the patient has been made.

   If no incident or patient is found after arrival at the dispatch address, the unit should document the details of the findings via the MDC in the notes section of the “Clear Call” command.
OP-02.05.00 Incident Assignment – Transporting

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

This procedure sets the minimum standards for Austin – Travis County EMS (ATCEMS) personnel for transporting a patient from the scene of an incident.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Definitions

Transporting indicates the physical movement of the assigned unit with a patient(s) to a receiving facility.

All personnel will follow guidelines provided by the Office of the Medical Director through the Clinical Operating Guidelines (COG). The COG’s provide guidance for the following:
  o Refusal for Treatment and/or Transport
  o Safe Transport of Pediatric Patients
  o Transport Destination Decision

B. Transporting

ATCEMS units will indicate they are in a Transporting (TR) status via MDC (or via radio on the assigned talk group if the unit is experiencing MDC failure(s) immediately after the patient(s) have been secured prior to vehicle movement.

The quickest route to the receiving facility will be utilized.

Transports should be to the closest appropriate hospital unless the patient expresses a hospital choice, or otherwise indicated by the Clinical Operating Guidelines (COGs).
OP-02.06.00 AFD Personnel Driving EMS Ambulances

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of the procedure is to define the roles and responsibilities of Austin Fire Department (AFD) personnel when driving Austin-Travis County EMS (ATCEMS) emergency vehicles.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Requests for AFD Assistance during Transport
The decision for AFD personnel to either assist with patient care during transport or to drive an emergency vehicle to the hospital rests with ATCEMS personnel on the scene.

The ATCEMS personnel will make the request for assistance to the AFD Officer on scene. It is the responsibility of the AFD Officer to determine which AFD personnel will be sent and to ensure the individual is qualified to meet the request.

AFD will be responsible for retrieving their personnel from the hospital.

B. Qualification to Operate an EMS Emergency Vehicle
AFD personnel must have successfully completed the required ATCEMS AFD driver training program.

AFD personnel driving an ATCEMS emergency vehicle or EMS vehicle will be expected to adhere to the ATCEMS Operations - Fleet Safety Procedure - Driving Rules.

C. Driving Concerns or Policy/Procedure Violations
Driving concerns or policy/procedures violations involving AFD personnel should be reported to an EMS Commander. The EMS Commander in conjunction with the appropriate AFD Battalion Chief will gather the necessary information and resolve the matter.

ATCEMS may prohibit any AFD personnel from driving an ATCEMS ambulance or vehicle.

D. Accident Review
The review of accidents involving an ATCEMS emergency vehicle driven by AFD personnel will be handled according to ATCEMS Operations Procedure - Fleet Safety subsection D Collisions. ATCEMS will coordinate with the AFD Battalion Chief and AFD Safety Officer during the accident investigation.
Procedure Purpose

This procedure sets the minimum standards for Austin – Travis County EMS (ATCEMS) personnel for the acknowledgment and procedures used at a receiving facility after transport.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Definitions

At Facility is the acknowledgment that an emergency vehicle has arrived with a patient at a receiving facility to EMS Communications.

Available Delayed is the acknowledgment to EMS Communications that an emergency vehicle at a receiving facility is available for dispatch but is still completing tasks.

Available Clear is the acknowledgment to EMS Communications that an emergency vehicle is available for dispatch and is clearing the incident.

B. At Facility

ATCEMS units will indicate they are at a receiving facility (FAC) status via MDC (or via radio on the assigned talk group if the unit is experiencing MDC failure) when they have arrived at the receiving facility, stopped the emergency vehicle and are preparing for patient transfer into the facility. At Facility tasks include:

- Transfer Patient Care
- Clean & Restock Unit
- Complete Documentation

Transport Units shall be placed in an available status after no more than 20 minutes from arrival. All of the tasks defined above shall be conducted within this timeframe. An EMS Commander shall be notified to approve any exception to this timeframe.

C. Clearing Facility

1. Available Delayed

EMS Communications may assign an Available Delayed (AVDL) status once a unit has reached the 20 minute timeframe at a receiving facility unless the unit has been approved for an time extension.
2. Available Clear
ATCEMS units will indicate they are Available and Clear (AVCL) when closing an incident.
OP-02.08.00 Multi Destination Transport Guidelines

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

This procedure establishes guidelines to insure that each patient is transported to the hospital that is best capable of handling their emergency, in the most appropriate timeframe for their condition.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Adult and Pediatric patients should be transported to the appropriate hospital facility based on their age and condition as defined in the COG - Hospital Transport Guidelines Appendix B-3R. (Remember pediatric patients that do not meet specific transport criteria for Dell Children’s Medical Center can be transported to any hospital).

In multi-patient situations that require transport to both Dell Children’s Medical Center and another hospital facility, additional ambulance resources should be requested to the scene. Parents should be clearly and politely informed of the lack of diagnostic and treatment capability of any adult at Dell Children’s Medical Center and children (who meet Trauma Alert or Trauma Transport criteria) at other area hospitals. Two situations exist that may cause deviation from this standard and each will be reviewed should they occur:

- An injured parent adamantly refusing to be separated from their injured child - In this situation both patients should be transported to the designated hospital facility for the most seriously injured of the two. Once they arrive, assessment, treatment and life-saving stabilization will occur by hospital staff as needed and an inter-facility transfer will be arranged through Communications.

- Lack of ambulance availability – In this situation, the most seriously injured patient should be transported to the appropriate facility first.
  1. Crews facing this situation should consider the order of patient offload when loading patients into their ambulance. The first patient to be off-loaded (the “Hot Offload”) should be loaded last, remaining on the stretcher, in order to facilitate unloading the patient at the receiving facility.
2. The unit should transport as normal to the first hospital including going out at facility on the MDC, and then selecting transport again on the MDC when starting transport to the next facility. CAD will show both hospitals and times in the activity log of the call, additionally the crew will receive automatic pages from CAD with times each time the unit goes into the status of “at facility”.

3. The receiving hospital (Brackenridge Hospital or Dell Children’s Medical Center) should be notified of a “Hot Offload” via radio report as early as possible.

4. Hospital staff will meet the ambulance on the Emergency Room dock with a hospital stretcher to transfer patient care and take the report of the first patient.

5. Leaving a written report is not required.

6. Transport of the second patient should not be delayed. However, relevant patient information and subsequent treatment should be verbally communicated to insure continuity of care.

7. Crews should clear the call from the final facility with the code of “Multi-Facility”.

8. If delays occur during Hot Offload, the Multi-Destination Transport should be terminated and both patients should be offloaded to avoid prolonged treatment delays.

After transport of the second patient the crew should fax a copy of the PCR to the first hospital from the second hospital or coordinate with EMS Communications to return to the first hospital, as system status allows.
Procedure Purpose

The purpose of this procedure is to set minimum standards that will be used for the handling of a patient’s personal property.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

When ATCEMS personnel are required to handle patient property or valuables, it should be clearly documented on the electronic patient care record and witnesses should be identified if present.

Handling the personal property of a patient (medications or valuables) should be done in the presence of a witness. If possible, the witness should be someone other than a member of ATCEMS (i.e. law enforcement or family). All removed personal property and valuables should be secured in a safe location and given to hospital staff upon arrival at the receiving facility.

All calls from the public regarding valuables or patient’s personal property should be referred to the Operations Customer Service Line for investigation/resolution.
Procedure Purpose

The purpose of this procedure is to establish the guidelines that will be used by Austin – Travis County EMS (ATCEMS) in relation to Inter-Facility Transfers.

Austin – Travis County EMS (ATCEMS) receives requests to provide inter-facility transfers between hospitals within the EMS System. Requests are received from hospitals to transport a patient to a different facility, often times to receive a different level of care within the requesting hospital’s network.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A requesting facility within the ATCEMS System will contact EMS Communications and request a transport to a different hospital.

EMS Communications will triage the call request and dispatch an available unit per established protocols and procedures.

If a unit is responding to a request for transfer and comes upon a motor vehicle crash or other potential EMS incident, the responding unit will follow established protocols as defined within Office of the Medical Director Clinical Operating Guidelines.

Upon arrival, all personnel will receive and follow the Memorandum of Transfer (MOT) as provided by the requesting facility.
Procedure Purpose

The purpose of this procedure is to outline the expectations for use and procedures for accessing and utilizing Knox master keys within Austin – Travis County EMS (ATCEMS).

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

Austin-Travis County EMS ambulances are equipped with Key Secure Knox master key retention boxes. These boxes are installed on units to provide an additional security level for the Knox master keys. EMS personnel will access the master key by entering their individual PIN on the box keypad. The Knox master key will work on all Knox Boxes in Travis County. EMS personnel shall not share their individual Knox PIN numbers with anyone. Any loss or discrepancy will be the responsibility of the last person who accessed the key as reflected in the device PIN logging software.

Knox master keys shall only be utilized for official EMS business. When not in use, the Knox master keys will be secured in the Knox master key retention box on the apparatus at all times.

A. Key Secure Devices

1. When the keypad on the Key Secure box is back lit and the Status LED is green the Knox key is locked in the Key Secure box.

2. To release the Knox Master Key enter your 6 digit PIN followed by the pound symbol (#). The amber keypad back light should blink as you press each number. If at any time you make a mistake entering your PIN just press the pound symbol and start again. If you enter an incorrect PIN the yellow Program LED will blink. Reenter your PIN followed by the pound symbol.

3. When your PIN is entered correctly you will hear a click, the Green Status LED will change to Red, and the key will be unlocked. Turn the key to the left and pull it out. You have 5 seconds to retrieve the key before the box locks again.

4. The blue light on top of the box will flash whenever the key is unsecured. To secure the KNOX Master Key reinsert the key and turn it to the right until it clicks. The Red LED will change to green and the blue light will stop flashing.
5. When using a KNOX Master Key to open a gate, the gate will remain open until a KNOX Master Key is used to close the gate and return it to normal function. ATCEMS personnel are responsible to ensure the gates are closed or the premise is secured after using a KNOX Master Key.

For maintenance of a Key Secure box or issues with an individual’s PIN #, contact EMS Communications for assistance.
Procedure Purpose

This procedure defines the guidelines that will be used for requesting and utilization of an emergency vehicle equipped with a bariatric lift.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Bariatric Response Criteria

1. Communications
   If information is obtained by EMS Communications of a patient weighing greater than 450 pounds, the closest appropriate ambulance will be dispatched unless an emergency vehicle equipped with a bariatric lift is closer and available. If a standard transport ambulance is initially dispatched, an emergency vehicle equipped with a bariatric lift will be dispatched Code 1. First responders, if not already assigned, should be dispatched due to the nature of the call.

2. On Scene Request for Bariatric Lift
   EMS personnel on-scene with a patient who is greater than 450 pounds, and cannot be safely secured, loaded and transported in the back of a standard transport ambulance, shall request a bariatric equipped ambulance.

   EMS Communications will inform the on-scene EMS personnel of the bariatric equipped ambulance availability and approximate ETA to the scene.

   EMS personnel must ensure that resources are available for the safe movement and transport of the patient.

B. Continuum of Care

The patient's condition will dictate whether the initially dispatched ambulance crew maintains patient care while transported by the bariatric ambulance. Appropriate documentation of the care and treatment provided must be completed by both crews.

C. EMS Communications Responsibility

EMS Communications will document the requests and utilization of the bariatric lift within the call text of the assigned incident.
OP-02.13.00 Forcible Entry

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to define the guidelines used when forcible entry is required to gain access to known or suspected patient.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Gaining Access
If there is no answer at the residence, EMS personnel shall contact EMS Communications and request a call back. Until it can be proven that no emergency exists, EMS personnel will:
1. Confirm the address/location
2. Initial attempt at access shall be through unlocked doors or windows.
3. Forcible entry access shall be through a location that will minimize damage.
4. Appropriate Personal Protective Equipment (PPE) will be worn on all forcible entry efforts.

B. Securing Facility
1. Ambulance Crew
   a. Patient
      o Notify EMS Communications that the facility/vehicle has been damaged due to a forced entry procedure.
      o Notify EMS Communications that the facility/vehicle has been secured or left unsecured.
      o Leave facility/vehicle in custody of other Public Safety Agency on-scene if available.
   b. No patient
      o Notify EMS Communications that the facility/vehicle has been damaged due to a forced entry procedure.
      o Notify EMS Communications that the facility/vehicle has been secured or left unsecured.
      o Leave facility/vehicle in custody of other Public Safety Agency on-scene if available.
Secure the facility/vehicle and place a forcible entry sticker near the damaged area.

2. EMS Communications
   a. EMS Communications will notify a Commander that a facility/vehicle has been damaged due to a forced entry procedure.
   b. Notify EMS Commander that the facility/vehicle has been secured or left unsecured.

3. EMS Commander
   An EMS Commander is responsible for insuring that the facility/vehicle is secure utilizing appropriate methods.

C. Reporting Forcible Entry
   1. Ambulance Crew
      a. If a patient is present, document the forcible entry in the Electronic Patient Care Report (ePCR).
      b. Add supplemental text to the CAD call record, describing what occurred during the incident using the MDC prior to closing the call.

   2. EMS Commander
Procedure Purpose

The purpose of this procedure is to define the medical response of Austin – Travis County EMS (ATCEMS) to a fire in support of fire ground operations.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

Role of EMS on fire ground operations:

A. Patient Care
   EMS is responsible for the assessment, treatment and transportation of sick and/or injured people from the scene.

B. Fire Ground Operations
   1. Response
      o Monitor assigned fire tactical channel.
   2. Arriving On-Scene (Ambulance)
      o All ATCEMS personnel shall position emergency vehicles in way that allows quick access and egress to patients on the scene. The emergency vehicle(s) shall be positioned in such a manner and location to not interfere with firefighting efforts.
      o Verbalize on-scene status on fire tactical channel and status update on MDC.
      o All personnel shall wait with the emergency vehicle until they receive instructions or assignment from the Incident Commander (IC).
   3. Arriving On-Scene (Commander)
      o Commander shall position emergency vehicle in way that allows quick access and egress to patients on the scene. The emergency vehicle shall be positioned in such a manner and location to not interfere with firefighting efforts.
      o Verbalize on-scene status on fire tactical channel and status update on MDC.
      o The EMS Commander will establish Unified command with other responding agencies. This includes, but is not limited to:
i. Being located in the Command Post
ii. Coordination of information
iii. Managing on scene EMS resources
iv. Maintaining accountability for EMS resources
v. Managing requests for and ordering additional EMS resources
vi. Coordinating hospital notification processes and information
vii. Coordinate through the unified command, the release of all information to the media regarding EMS operations, patients, patient severity, patient condition and transport destinations

4. High Rise Alarms
   A high rise alarm involves a structure of five (5) floors or 75 feet in height. The EMS responsibilities and initial actions outlined above are still applicable in the High Rise Alarm incident.

   The forward rehab or support function will be established within the interior of the involved structure. This may be one or two floors below the active fire floor. Additional PPE is required for forward rehab or support function. Special Operations personnel will perform these duties during a high rise alarm.

   Special Operation personnel assigned to forward rehab or support functions should report to the Command Post or staging with medical equipment and PPE to include:
     o ALS gear
     o Miller Halfback/Short Board
     o Stair Chair
     o Bunker Gear
     o SCBA
     o Rehab Equipment
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Procedure Purpose

This procedure establishes the procedures that are to be used within Austin – Travis County EMS (ATCEMS) during the changing of personnel at a station assignment.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

All ATCEMS staff must be ready for service and fit for duty at a shift change. At the beginning of a station assignment, all uniformed personnel will perform the actions defined below in the procedure.

A. Minimum Expectation for Station Assignment Shift Change

1. Dressed in appropriate uniform per ATCEMS Operations Procedure - Uniform and Apparel and ready to immediately respond to calls at the start of their assignment.

2. Place all required/essential personal equipment and Personal Protective Equipment (PPE) on the vehicle.

3. Exchange of essential equipment
   a. Radios
   b. Pagers
   c. Keys
   d. Cell phone
   e. Narcotics – See procedure – Field Operations - Controlled Medications

4. Communicate pertinent information that may impact the specific work assignment or duties.

5. Vehicle inspection per procedure - Field Operations - Vehicle Inspections.


Procedure Purpose

This procedure establishes the procedures that are to be used within Austin – Travis County EMS (ATCEMS) during the changing of personnel for a non-station assignment.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

All ATCEMS staff must be ready for service and fit for duty at a shift change. At the beginning of a non-station assignment, all uniformed personnel will perform the actions defined below in the procedure.

A. Minimum Expectation for Non-Station Assignment Shift Change
   1. Dressed in appropriate uniform per ATCEMS Operations Procedure - Uniform and Apparel and ready to immediately respond to calls at the start of their assignment.
   2. Have all required/essential personal equipment and Personal Protective Equipment (PPE) on location and accessible.
   3. Acquire essential equipment
      a. Radios
      b. Pagers
      c. Keys
      d. Cell phone
      e. Narcotics – See procedure – Field Operations - Controlled Medications
   4. Prior to assignment, review pertinent information that may impact the specific work assignment or duties.
   5. If applicable, Vehicle Inspection per procedure - Field Operations - Vehicle Inspections.
Procedure Purpose

The purpose of this procedure is to set minimum standards and establish operating procedures for station maintenance and cleaning.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Daily Station Tasks and Duties
The duties and chores include the following:
- Stations should be swept, mopped or vacuumed daily
- Coffee makers and microwaves should be cleaned after use
- Dishes and utensils are to be cleaned and put away after each use
- All trash containers should be empty at the conclusion of each shift
- Sweep and clean truck bays
- Laundry amenities (if applicable), should be cleaned, laundry folded and stowed
- Bedding is required for use on all beds
- Physical property and grounds clean and maintained
Procedure Purpose

This procedure sets forth the minimum standards that will be used for securing the physical property and assets associated with an ATCEMS station or facility.

Austin – Travis County EMS (ATCEMS) stations and facilities are public property and must be secured in a manner which reflects our commitment to our community that insures good stewardship of public funds.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Responsibilities

It is the responsibility of each crew member or employee assigned to a station or facility to ensure that the station or facility is secured for the safety of the personnel assigned there.

ATCEMS stations and facilities shall remain locked and secured at all times. If the public wishes to gain access to a station or facility, they must request access through standard practices including knocking or ringing a door bell.

If it is discovered that any part of an ATCEMS station or facility, its contents or grounds have been damaged, stolen or vandalized, employees must notify their Commander or supervisor immediately.

If there is facility damage or equipment missing, a Commander or Supervisor will assess the situation and contact the appropriate law enforcement personnel to file a report if the damage appears to be intentional. The Commander or Supervisor must also make notifications to the on-call Division Chief utilizing the on-call number. The on-call Division Chief will make the appropriate notifications to the chain-of-command. The Commander or Supervisor will also contact the Division Chief over Fleet, Facilities and Safety, or his designee, to report damage or loss of equipment.

B. Documentation

All employees will document security related issues using the procedures defined below.

All employees will utilize the ATCEMS Facilities Intranet Form for documenting security issues.
Procedure Purpose

This procedure sets forth the minimum standards that will be used for visitation by the public of physical property associated with an ATCEMS station or facility.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

City of Austin/Travis County employees or approved contractors with business at the station or facility.

Procedure

The public shall be escorted while in a station or facility to ensure their safety and to maintain security. Sleeping quarters shall not be open to the public.

Personnel are to assure that visitors are not at a station or facility after 22:00 without Commander or Chief approval. No visitor will be allowed at the station under the influence of or in the possession of alcohol or any illicit substance.

No personnel or visitor should bring an animal or pet of any kind to work or into the workplace.
Procedure Purpose

This procedure establishes the minimum standards that will be used by the Austin – Travis County EMS (ATCEMS) Department for the care and maintenance of all vehicles in the department fleet.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Vehicle Maintenance

The EMS Department shall follow all standards established by the City of Austin Fleet Services for the maintenance and support of all department fleet vehicles. The EMS Department will follow the preventative maintenance (PM) schedules that include PMA and PMB schedules as established with the City’s Fleet Services Department.

All employees who operate City of Austin fleet vehicles will also follow all policies established within the Personnel Policies and Risk Management Policies for the City of Austin. The EMS Chief may establish additional policies and procedures to address matters that are specific to the department.
OP-04.02.00 Vehicle Operations

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to define the guidelines and requirements that will be used by Austin – Travis County EMS (ATCEMS) for vehicle operations. This procedure will complement the City of Austin Risk Management policy for driver safety.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Austin – Travis County EMS Vehicle Use
   1. The availability and use of vehicles is restricted to ATCEMS and/or COA/Travis County business purposes including emergency/scene response.
   2. As a measure to conserve fuel and provide efficient vehicle use, pooling is encouraged when two or more employees are traveling to and from the same location.

B. Personal Vehicles
   1. Prior approval from the employee's supervisor must be obtained before the employee's personal vehicle is used in lieu of a City vehicle.
   2. Personal vehicle reimbursement will be in accordance with Guidelines and Work Processes - Private Vehicle Mileage Reimbursement.

C. Vehicle Safety
   City of Austin policies state that vehicles and equipment will be used only for City business and will be operated in a safe, legal and courteous manner. No one will operate a City vehicle while under the influence of alcohol or drugs. The EMS Chief is ultimately accountable for the use and protection of vehicles and equipment in the department; however, all City employees who use and maintain City vehicles and equipment are responsible for their driving conduct and for assuring the operational safety of the vehicle. Operators of City vehicles will observe all traffic laws and regulations. ATCEMS vehicles will be operated in a safe and courteous manner.

   System response will be in accordance with Departmental procedures.
   1. ATCEMS vehicles shall be operated in a safe manner at all times as defined in EMS Operations Procedure - Fleet Safety.
2. **Limiting Distractions**
Distracted driving is a factor to consider in reducing the injuries and fatalities associated with emergency vehicle operations. All ATCEMS staff must safely operate vehicles at all times. The more activity going on in the vehicle, the more likely personnel driving a vehicle will be distracted. All staff are trained to handle distractions and will be periodically assessed to insure that distractions are not dictating driving behavior. All staff should continually evaluate their surroundings and make appropriate adjustments to their operating procedures to limit their distractions while operating an emergency vehicle.

3. **Digital Radio and Data Use**
Digital radio and data communications are extremely vital elements to the operations of ATCEMS. These communications will be conducted in a safe, professional, concise, and effective manner.

Employees are reminded that all digital radio and data transmissions are recorded and subject to public information requests.

4. **Mobile Data Computer (MDC) Use Guidelines**
   a. The mobile data computer (MDC) shall be used for official ATCEMS communications only.
   b. There is no expectation of privacy concerning sending or receiving messages via the MDC system. Messages may be reviewed by supervisors at any time without prior notification.
   c. The MDC will remain docked and the docking switch will be in the locked position when the vehicle is in motion or if the MDC is left unattended unless otherwise approved by a supervisor.
   d. Employees will not intentionally disrupt the GPS signal.
   e. Employees driving vehicles equipped with an MDC shall:
      i. Accept all updates to the MDC when logging on and while at a hotspot; however, employees reporting to duty from a location that is not a hotspot shall ensure the updates are downloaded as soon as practicable.
      ii. Log on at the start of a shift with complete and accurate information.
      iii. Log off at the end of the shift.
   f. When an MDC is utilized in an area where the public might be able to view the screen, the user will take reasonable measures to ensure any information is not viewable by unauthorized persons (e.g., lower the screen, lock the computer).

5. **MDC Use While Driving**
Use of the MDC by the operator should be limited to times when the vehicle is stopped. When the vehicle is in motion, the operator should only attempt to read messages that are likely to contain information that is required for immediate use or safety needs. All updates to a vehicle's status will be made when the vehicle is NOT moving. If there are two persons in the cab of a vehicle, it is the responsibility of the passenger for the use of the MDC. If there is only one person in the cab of a vehicle, all updates should be made at a time when the vehicle is NOT moving.
6. **Radio Use Guidelines**

   a. **Compliance with FCC rules and regulations**

   Employees shall comply with FCC regulations relating to the use of radio communications systems, as well as the established guidelines outlined below:
   i. Communications involving the protection of life and property shall be afforded priority.
   ii. False calls, false or fraudulent distress signals, unnecessary and unidentified communications, and the transmission of unassigned call signals are specifically prohibited.
   iii. Employees shall monitor the talk-group on which they intend to transmit for a sufficient period to ensure their transmissions will not interfere with others.
   iv. Duration of radio transmissions must be restricted to the minimum practical transmission time.

   b. **Radio transmission protocol**

   i. Only English shall be spoken
   ii. Employees calling dispatch shall identify themselves by their assigned unit number
   iii. Employees shall not call for another employee by name unless their radio or unit number is unknown (e.g., "Commander Doe from Medic 01").
   iv. Long transmissions should only be done over a secondary talk-group, as an MDC message, or via a cell phone if available
   v. When calling hailing another unit or functional assignment this should be done in the format first using the name of the unit or function you are calling followed by your unit number or functional assignment that you represent (e.g., EMS Control, Medic 01…..)

   c. **Requesting recorded transmissions**

   i. **Internal requests**

   o Employees with a legitimate need to hear or copy a radio or telephone recording may do so by making a request to the Communication Division Chief

   ii. **External requests**

   o Anyone outside the Department requesting a copy of a radio or telephone recording may do by following the Freedom of Information request that is handled through the Public Information Office; this includes first responders, law enforcement and the public

D. **Vehicle Assignments**

1. Assistant Chiefs with the concurrence of the Chief or designee may assign ATCEMS vehicles to employees based on their work assignment and/or Departmental need and will be responsible for the vehicles assigned to their sector. All assignments will be documented in writing.

2. Division Chiefs, with the concurrence of the Chief or designee, will allocate unassigned vehicles to vehicle pools. Vehicle pool utilization will be monitored to ensure efficient operational use.

3. It is the policy of the City of Austin to keep take-home vehicles to a minimum. Only positions or assignments that include the responsibility of responding to an emergency scene, staffing an emergency operations center (EOC, JOC, DOC, State EOC), or
managing a major event will be allowed to routinely take a City/County vehicle home.

4. For all grant funded vehicles utilized by ATCEMS; it will be the responsibility of the assigned operator to provide documentation on a monthly basis to the Fleet Manager as to mileage, business function and emergency response.
Procedure Purpose

This procedure outlines the security requirements used by Austin – Travis County EMS (ATCEMS) for vehicles to minimize the possibility of unauthorized use or theft.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Austin – Travis County EMS (ATCEMS) Vehicles

The procedure(s) defined below clarifies the minimum security requirements for ATCEMS specific to medications and authorized controlled substances as well as medical equipment utilized in the (EMS) environment.

1. Drug boxes or bags holding syringes or needles (used or unused), IV starter sets containing syringes and/or needles, and non-controlled drugs shall be kept in a locked ambulance compartment at all times when not being used for patient care purposes or carried by personnel.

2. Vehicles using sharps disposal bins will be considered to be in compliance with the security requirements so long as the disposal container is secured in the vehicle and the manufacturer's original safety barrier is intact.

3. Drug boxes or bags holding authorized controlled substances must be locked at all times using a key lock system, when not in direct possession by a crewmember (on a person) or being used for patient care purposes. This means that the container holding the controlled substances must be stored inside a key locked compartment within the locked vehicle, in accordance with the approved department controlled substance policy and/or procedure.

For the purpose of this procedure, a locked vehicle will be considered a locked cabinet/compartment so long as all outside compartments and doors are secured and are fully operational.

Access to drugs, controlled substances and needles must be carefully monitored. In most cases, only properly certified and authorized personnel should have access to or possess keys which allow access to these items.
Procedure Purpose

The purpose of this procedure is to provide minimum guidelines that will be used within Austin – Travis County EMS (ATCEMS) in regard to vehicle cleanliness and disinfection.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Vehicle Cleanliness Standard

Cleaning is a process of physically removing all visible and non-visible contamination. The cleaning process includes the removal of blood, body fluids, and other contaminate from a surface.

Cleaning should always be performed from the “cleanest” (least contaminated) area to the “dirtiest” (most contaminated) area to prevent the spread of contaminants.

Cleaning must always be completed before disinfection.

B. Vehicle Cleaning Schedule

1. Preventative Maintenance Cleaning
   a. When trucks are rotated to EMS Garage for their scheduled three month preventive maintenance program the truck before it goes back in service it will be heavily decontaminated by Stores Specialist personal.
      i. Patient Compartment
         o Cleaning using the Zimek machine
         o Floors swept and or vacuum
      ii. Cab of Truck
         o Wipe down the surfaces in the cab (steering wheel, seat belts, door handles, radios, etc) with disinfectant; allow the recommended contact time as per manufacturer’s instructions and wipe dry with a clean, disposable cloth.
         o Vacuum floors
      iii. Exterior of Truck
         o Pressure Washed
2. Daily Crew Cleaning
   a. At Beginning of a Shift
      Immediately after shift change and during the validation and checking of the vehicle, field staff will perform the following cleaning of their unit:
         i. Interior
            o Cleaning must be done prior to application of the disinfectant.
            o To ensure that you are starting the shift with a disinfected vehicle, apply disinfectant to all exposed surfaces of the patient compartment and allow contact time recommended by the manufacturer. After the appropriate contact time, wipe the surfaces dry with a clean, disposable cloth.
            o Replace full sharps containers when 2/3 full with empty containers, ensuring the sharps container is well sealed and appropriately discarded.
            o Dispose of garbage.
            o Wipe down the surfaces in the cab (steering wheel, seat belts, door handles, radios, etc) with disinfectant; allow the recommended contact time as per manufacturer’s instructions and wipe dry with a clean, disposable cloth.
            o Wipe down personal equipment, such as pens, pagers, stethoscopes, pen-lights, scissors, Kelly clamps etc. with disinfectant; allow the recommended contact time as per manufacturer’s instructions and wipe dry with a clean, disposable cloth.
            o Sweep and mop the ambulance floor with cleaning equipment designated for this purpose.
            o Wipe down the surfaces in the cab (steering wheel, seat belts, door handles, radios, etc) with disinfectant; allow the recommended contact time as per manufacturer’s instructions and wipe dry with a clean, disposable cloth.
         ii. Exterior
            o Ensure that you are starting the shift with a clean vehicle. Exterior surfaces, windshield and mirrors should be free of dirt and grime.
   b. During a Call
      o Place all reusable equipment which are contaminated (i.e. stethoscope, shears, and blood pressure cuff) in one place after use to minimize contamination of ambulance surfaces.
      o All sharps should be disposed of in an appropriate sharps container by the user immediately after use.
   c. Following a Call
      o Remove and dispose of PPE used during patient care and perform hand hygiene. Clean and disinfect reusable eye protection worn during call.
      o Put on new gloves, N95 respirator and disinfected eye protection if necessary, before beginning cleaning.
      o Remove and dispose of stretcher sheets.
      o Clean and disinfect reusable equipment used to treat the patient with supplied cleaner followed by supplied disinfectant.
      o Discard all disposable equipment in the appropriate container (i.e. biohazard, garbage).
      o Clean and then disinfect all compartment surfaces in contact with the patient with supplied cleaner followed by supplied disinfectant, allowing sufficient contact time recommended by the manufacturer.
If patient had signs and symptoms of an infectious respiratory disease or febrile respiratory illness, clean and then disinfect all compartment surfaces that may have been contaminated by respiratory droplets, keeping in mind that respiratory droplets can travel up to three feet.

- Dispose of all garbage appropriately. Biological waste is to be disposed of in the biohazard waste disposal.
- Remove and dispose of PPE and perform hand hygiene.
- Place new disposable sheets on the stretcher.

C. Cleaning After Transport of Patient’s with Suspected Communicable Diseases
   - Eye protection with an N95 respirator or a face shield, gown and gloves are to be worn while cleaning spills of blood or body fluid.
   - Clean the surface with rags and/or linen to remove all visible blood and body fluid.
   - Clean the surface again with available cleaner and dry as per manufacturer’s directions.
   - Apply the supplied disinfectant to the cleaned surface and allow contact time recommended by the manufacturer.
   - Rinse mops, brushes, and other tools used for cleaning as well as possible. If soiled, place the item in a red, plastic bag and contact Superintendent for cleaning or disposal and replacement.
   - Discard dirty towel and blankets in biohazard containers.

D. Cleaning After Transport of Patient’s Exposed to Hazardous Materials/Environmental/WMD
   1. Materials/Environmental/WMD
      Prior to implementation of cleaning procedures after a Hazardous Materials exposure, it is imperative that the appropriate PPE be utilized. The appropriate level of PPE SHOULD have been determined and patient decontamination occurred prior to transport.
      - Contact the local Hazardous Materials response agency, i.e. the Austin Fire Department, to identify the chemical and give recommendations on the level of PPE required and disposal procedures.
      - Don the appropriate PPE. Depending on the chemical, this could range from Level A (full encapsulated suit) to an N95 respirator or a face shield, eye protection, gown and gloves.
      - Clean the surface with rags and/or linen to remove all visible chemical contamination.
      - Clean the surface again with the identified method and agent per the Hazardous Materials response agency personnel.
      - Kits, medical bags, and other equipment constructed of porous materials may not be able to be decontaminated and will require disposal.
      - Follow the instructions of Hazardous Materials response agency personnel regarding disposal of soiled and contaminated materials.
OP-04.05.00 Vehicle Inspections

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

This procedure addresses actions that will ensure that proper equipment is available and adequate supplies are available for operational readiness.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

ATCEMS employees that are assigned to or responsible for response vehicles must complete a vehicle inspection(s) at the beginning of their shift, or as soon as possible between incidents.

A. Vehicle Check-out
   1. Ambulance and Field Command
      The check-out will include the following:
      o Assure appropriate fuel levels (>1/2 Full)
      o Assure all emergency and non-emergency lighting are functioning properly
      o Wheels and tires should be checked for damage, excessive wear and adequate inflation
      o Assure braking systems (standard and parking) are functioning properly
      o Assure windshield wipers are functioning properly
      o Assure doors, hinges and locks are functioning properly
      o Leaking fluids are not present
      o Assure there is no windshield damage
      o Assure restraints and safety equipment are functioning properly
      o Assure heating and air conditioning is functioning properly
      o Assure there are no warning indicator lights illuminated
      o Assure sirens/horns are functioning properly
      o General visual assessment of engine compartment (i.e. belts frayed, hoses bulging, rubbing on objects)
      o Check shoreline connection, charging indicator and battery charger
      o Start engine and check for unusual noises, check gauges for proper ranges
      o Check air dump operations/Listen for audible leaks (Ambulance Only)
      o Check all 3 air conditioning systems for proper cooling/heating (Ambulance Only)
      o Check inverter operations-charging equipment (i.e. Monitor, suction, IV cooler, epcr cables (Ambulance Only)
2. **Emergency Response Vehicle – Other (e.g. Tahoe, Sedan)**

The check-out will include the following:
- Assure appropriate fuel levels (>1/2 Full)
- Assure all emergency and non-emergency lighting are functioning properly
- Wheels and tires should be checked for damage, excessive wear and adequate inflation
- Assure braking systems (standard and parking) are functioning properly
- Assure windshield wipers are functioning properly
- Assure doors, hinges and locks are functioning properly
- Leaking fluids are not present
- Assure there is no windshield damage
- Assure restraints and safety equipment are functioning properly
- Assure heating and air conditioning is functioning properly
- Assure there are no warning indicator lights illuminated
- Assure sirens/horns are functioning properly

3. **Motorcycles**

The inspection will include the following:
- Assure appropriate fuel levels (>1/2 Full)
- Assure all emergency and non-emergency lighting are functioning properly
- Wheels and tires should be checked for damage, excessive wear and adequate inflation
- Assure braking systems are functioning properly
- Assure case latches and locks are functioning properly
- Leaking fluids are not present
- Assure there is no windshield damage
- Assure safety equipment is functioning properly
- Assure there are no warning indicator lights illuminated
- Assure sirens/horns are functioning properly

4. **Utility Vehicles (Polaris Rangers, John Deere Gators)**

The inspection will include the following:
- Assure appropriate fuel levels (>1/2 Full)
- Assure all emergency and non-emergency lighting are functioning properly
- Wheels and tires should be checked for damage, excessive wear and adequate inflation
- Assure braking systems are functioning properly
- Assure restraints and safety equipment are functioning properly
- Leaking fluids are not present
- Assure there is no windshield damage
- Assure there are no warning indicator lights illuminated
- Assure sirens/horns are functioning properly
5. Boats with Boat Trailer
The inspection will include the following:
- Assure appropriate fuel levels (>1/2 Full)
- Assure there is proper fuel system connectivity
- Assure trailer lighting is functioning properly
- Trailer wheels and tires should be checked for damage, excessive wear and adequate inflation
- Assure boat tie-downs are in tact
- Assure proper inflation of boat
- Assure that the transom/motor is properly secured

6. Bicycles
The inspection will include the following:
- Assure there is appropriate tire pressure
- Assure non-emergency lighting is functioning properly
- Wheels and tires should be checked for damage, excessive wear and adequate inflation
- Assure braking systems are functioning properly
- Assure that the bicycle frame is in tact
- Assure that the bicycle components are in tact

7. Utility and Specialty Trailers
The inspection will include the following:
- Assure there is appropriate tire pressure
- Assure emergency and non-emergency lighting is functioning properly
- Wheels and tires should be checked for damage, excessive wear and adequate inflation
- Assure doors, hinges and locks are functioning properly
- Assure that the generator(s) are present and operational if equipped
- Assure roof vent is present and functioning properly

8. Administrative Vehicles (Pool, Supply, PPSD)
The inspection will include the following:
- Assure appropriate fuel levels (>1/2 Full)
- Assure all emergency and non-emergency lighting are functioning properly
- Wheels and tires should be checked for damage, excessive wear and adequate inflation
- Assure braking systems (standard and parking) are functioning properly
- Assure windshield wipers are functioning properly
- Assure doors, hinges and locks are functioning properly
- Leaking fluids are not present
- Assure there is no windshield damage
- Assure restraints and safety equipment are functioning properly
- Assure heating and air conditioning is functioning properly
- Assure there are no warning indicator lights illuminated
9. Regional Mobile Command 1 (RMC1)
The inspection will include the following:
- Appropriate fuel levels (>1/2 Full)
- Assure all emergency and non-emergency lighting is functioning properly
- Wheels and tires should be checked for damage, excessive wear and adequate inflation
- Assure braking systems (standard and parking) are functioning properly
- Assure windshield wipers are functioning properly
- Assure all doors are closed, steps up, hinges and locks functioning properly
- Leaking fluids are not present
- Assure there is no windshield damage
- Assure restraints and safety equipment are functioning properly
- Assure heating and air conditioning is functioning properly
- Assure there are no warning indicator lights illuminated
- Assure that sirens/horns are functioning properly
- Assure that the mast is completely down
- Assure that the rooftop satellite dish is stowed
- Assure that the stabilizers (front & back) are up
- Assure the room slide-out is stowed in and locked
- Assure the shore line is disconnected
- Assure that there is sufficient air pressure for brakes and suspension

Documentation of the results of the vehicle inspection will be entered into the ATCEMS Records Management System (RMS) Vehicle Inspection Log. Major problems identified will be reported to a Commander and/or EMS Garage for immediate remedy. If there is uncertainty as to whether a problem is major or minor, consultation with a Commander is appropriate.

All personnel who have assigned vehicles will document any abnormalities or issues related to their vehicle as needed in the ATCEMS Records Management System (RMS) Vehicle Inspection Log. Major problems identified will be reported to the EMS Commander over Fleet Management or designee and the EMS Garage for immediate remedy.
Procedure Purpose

The purpose of this procedure is to minimize mechanically-related out of service time/lost unit hours for front line ambulances.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Principle

OOS-Repair time will be limited to thirty minutes or less when mechanical repairs are required for an ambulance.

B. Medic Responsibilities

Medic crews will immediately notify EMS Communications on the radio when their vehicle is unable to continue to an assigned emergency call. During non-emergency situations, the medic crew will notify the Communications Commander, followed by their Field Commander, when a mechanical issue makes it unsafe or renders the unit unable to drive to EMSG.

The medic crew will coordinate going to EMSG with the EMS Communications Commander. Upon arrival at EMSG, one medic will check in at the EMSG Service Desk while the other medic prepares to change into a Ready Reserve. The decision to change into a Ready Reserve will be made after consulting with the EMSG Supervisor, the Field Commander, and/or the EMS Communications Commander.

If the repair is a routine, simple repair (i.e. headlight replacement, etc.) and the timeline for repair is estimated to be less than 30 minutes, it will not be necessary to change into the Ready Reserve. However, the crew should still identify an acceptable Ready Reserve in case the 30 minute mark approaches due to unforeseen complications.

If the repair is estimated to require more than 30 minutes of out of service time, the medic crew will immediately change into a Ready Reserve and change their status to AVCL.

If directed to change into a ready reserve, the medic crew may remain in an AVCL status at EMSG unless directed by EMS Communications to move to a different location because of system needs. If the repair is anticipated or becomes an extended operation, the medic crew will be released to their home district or other location as dictated by system need.
When no Ready Reserve ambulances are available, the medic crew will consult with the Field Commander for direction.

C. Field Commander Responsibilities
Field Commander will monitor out of service times for all system units. Field Commander will consult with the EMS Communications Commander and the EMSG Supervisor as needed in order to keep out of service times to less than 30 minutes.
Procedure Purpose

This procedure is intended to establish a procedure for Austin-Travis County EMS (ATCEMS) providers to report critical failures for ambulances and patient care equipment.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

Anytime there is a critical failure of an ambulance or equipment within ATCEMS, measures will be taken to immediately repair/replace failed ambulance and/or equipment. Further steps will be taken to mediate the failure including:

- investigating the cause of the failure
- reporting failures to appropriate local/state/federal authorities as required
- tracking and trending failures
- feedback to involved individuals
- making systematic changes to minimize failures

All employees will document critical failures of vehicles and equipment using the procedures defined below.

All employees will follow the Equipment Failure guidelines as defined within the Office of the Medical Director Clinical Operating Guidelines (COG) CP-67.

A. Definitions

**Ambulance Critical Failure** is defined as: “Any time an ambulance is assigned to a call but is delayed or fails to complete that call due to a mechanical problem”.

**Equipment Critical Failure** is defined as: “Any time a piece of medical equipment or medical supply fails or malfunctions during patient care”.

**Facility Critical Failure** is defined as: “Any time a unit cannot respond or is delayed due to facility related failure(s).”
B. Immediate Notification of Failed Vehicle/Equipment/Facility

If there is a critical failure of an ambulance assigned to a call, or equipment utilized during patient care or facility related failure preventing or delaying a response, immediately contact EMS Communications and have the nearest appropriate resource dispatched. This notification will include the nature of the critical failure, the location and resource(s) needed. The Communications Commander or designee will page the appropriate EMS Commander and appropriate critical failure AWACS page group with the following information:

1. Vehicle Failure (AWACS Page Group – EMS OS Crit)
   - Incident Number
   - Call Type
   - Unit Identifier (e.g. Medic 31)
   - Vehicle Number (e.g. 09E812)
   - Back-up Unit Identifier
   - Nature of Failure

2. Equipment Failure (AWACS Page Group – EMS OS Crit)
   - Incident Number
   - Call Type
   - Unit Identifier (e.g. Medic 31)
   - Equipment Type (e.g. Monitor, Stretcher)
   - Back-up Unit Identifier
   - Nature of Failure

3. Facility Failure (AWACS Page Group – EMS OS Crit)
   - Incident Number
   - Call Type
   - Unit Identifier (e.g. Medic 31)
   - Station Number
   - Back-up Unit Identifier
   - Nature of Failure

C. Repair/Replacement of Failed Ambulance/Equipment

A Commander will coordinate with the crew and any other support services to remedy the vehicle/equipment failure.

D. Investigating the Cause of the Failure

The Division Chief assigned to Fleet/Facilities and Safety, or designee, will facilitate the investigation of all vehicle and facility failures.

The Division Chief assigned to Professional Practices and Standards (PPSD), or designee, will facilitate the investigation of all equipment failures.

Equipment critical failures may include assistance by the appropriate manufacturer or vendor to determine the cause of the failure.
E. Reporting Failures to Appropriate Local/State/Federal Authorities
The Division Chief assigned to Fleet/Facilities and Safety, or designee, will maintain records containing the pertinent information about each ambulance critical failure.

The Division Chief assigned to Professional Practices and Standards (PPSD), or designee, will maintain records containing the pertinent information about each equipment critical failure.

This data will be reported to the appropriate local, state or federal authorities as required.

All employees will utilize the ATCEMS Intranet Form for documenting ambulance critical failures.

F. Tracking and Trending Failures
Critical failure records will be reviewed monthly for to identify trends or common issues.

G. Feedback to Involved Individuals
Involved personnel will be provided information regarding the findings of the investigation and any remediation solutions.
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Procedure Purpose

This procedure is to define the expectations of all providers who take custody of or administer controlled medications, as part of their duties as an Austin-Travis County EMS (ATCEMS) Department employee.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

The Department will have a Controlled Medications Procedures Manual that is created and maintained by the ATCEMS Office of the Medical Director, an EMS Operations Division Chief and the EMS Chief of Staff. The Manual must describe at minimum the following items:

- Ordering / Purchasing of Controlled Medication
- Custody, Storage, Inspection and Verification of Counts
- Requisition and Issuance
- Documentation and transaction logs
- Breakage/Loss
- Management of expired medications
- Wasting of Unused medications
- Audits and reporting discrepancies

See – Controlled Medications Procedures Manual
OP-05.02.00 Medication Temperature Management

Authorized By: ____________________________ Date: ____________
   Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to set minimum standards that will be used for the storage of medications in relation to temperature variations. This procedure provides guidelines that will be used to verify the effective use and disposal of medications and/or medical equipment when they have been exposed to extreme variations in temperature.

Austin – Travis County EMS (ATCEMS) is committed to researching “best practices” and monitoring temperatures of medications within the EMS System.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

ATCEMS will make every effort to stock and store medications in compliance with industry temperature standards for safe use. In the event it is determined that medication(s) are maintained outside the temperature range for safe use, those medications will be appropriately wasted at the proper time interval.

Practical measures will be taken by staff to limit medication exposure to temperature extremes. This could include regular stock rotation from the ambulance to temperature controlled storage rooms, parking ambulances in shaded areas and garages with temperature control, insulated portable bags and storage compartments, and some form of temperature/time monitoring.

If a medication or IV fluid is exposed to extreme temperature conditions outside the manufactured recommended allowance, ATCEMS personnel will remove/replace identified medications immediately. Suspect medications will be delivered to a Hub or Spoke supply site for proper disposal.

Medications that are sensitive to temperature extremes will not be stored in areas where it is known to have temperatures outside manufactures recommended standards. This could include but may not be limited to fleet parking areas and maintenance facilities.

Medications that have changed in appearance or are identified by staff to have potentially been compromised, should not be used and disposed of based on the procedures defined above.
Procedure Purpose

The purpose of this procedure is to define the process that will be used by Austin – Travis County EMS (ATCEMS) to evaluate, approve, purchase, and distribute equipment and supplies.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

The EMS Chief is responsible for insuring that there are processes in place to:
  o Evaluate and test new equipment
  o Approve new equipment recommendations
  o Purchase equipment
  o Distribute all equipment used by ATCEMS

A. Equipment/Supplies Evaluation Process
   ATCEMS will utilize an Employee Equipment Committee to take suggestions, define, research, and recommend new and replacement equipment and supplies. This Committee will operate with a defined scope of work as outlined through a Committee Charter.

B. Equipment/Supplies Approval Process
   All medical equipment and supplies, including items that are mandated through federal, state or local statutes, will go through an approval process by the Office of the Medical Director. The EMS Chief may require additional processes to be implemented before approval can be made for equipment and supplies to be used within the ATCEMS Department.

   All other equipment/supplies will go through an approval process defined by the EMS Chief.

C. Equipment/Supplies Purchasing Process
   ATCEMS will follow all purchasing requirements defined by the City of Austin Purchasing Procedures Manual. Within the EMS Department, all purchasing will be coordinated through the Assistant Director of Administration or their designee.
D. Equipment/Supplies Distribution Process

Once equipment/supplies have been approved, purchased and received for distribution, the appropriate section of ATCEMS will implement a plan and manage the distribution within the department.

For field supply management, ATCEMS utilizes a “Hub” and “Spoke” configuration to manage inventory. This system includes a central supply warehouse which acts as the “Hub” for all supplies. This supply “Hub” includes personnel who order, receive, and manage all supplies for the department.

The “Spoke” configuration of supply management is distributed throughout the ATCEMS System at identified Stations and Hospitals. The “Hub” component manages the distribution and stocking of all “Spokes” within the supply management system to maintain appropriate stocking levels.

Response unit personnel are responsible for appropriate levels of supplies to be maintained on a vehicle per ATCEMS Procedure - Minimum Supplies Required. Personnel may restock a vehicle from the “Hub” facility or any “Spoke” supply facility.
Procedure Purpose

This procedure establishes the standards that will be used for the storage, transportation, and discarding of disposable items/medical waste.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Storage of Disposable Items/Medical Waste
ATCEMS personnel shall properly store used disposable medical waste in approved bio-hazard containers (red bags) or sharps containers immediately after use. Personnel should adhere to all safety initiatives including use of appropriate PPE when handling medical waste.

B. Transportation of Disposable Items/Medical Waste
All response vehicles will be equipped with bio-hazard containers (red bags) and sharps containers that are to be used for the storage and transportation of medical waste.

C. Discarding of Disposable Items/Medical Waste
All medical waste generated during field operations will be discarded in the appropriate approved container. When this container reaches its capacity or is ready for disposal, it will be delivered to the Hub or Spoke Supply Management facility. ATCEMS contracts with approved medical waste disposal vendors that will remove disposed waste in compliance with all federal, state and local statutes.
Procedure Purpose

This procedure is intended to establish guidelines for Austin-Travis County EMS (ATCEMS) providers to manage Durable Medical Equipment (DME).

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

The EMS Chief is responsible for all equipment within ATCEMS. The Assistant Director of Administration who manages the Supply Division will insure that all Durable Medical Equipment (DME) is inspected and maintained to the manufactures recommended standards.

A. Definitions

Durable Medical Equipment is a term used to describe medical equipment that is not disposable and requires specific maintenance. For Austin – Travis County EMS (ATCEMS), DME may include Stretchers, LP12, Blood Glucose Monitors, Portable Suction Units, Non-disposable Batteries (Stretcher, LP12, AED), Stair Chairs, Doppler Ultra Sound Unit.

B. Proper Functionality

All DME will be tested for proper functionality per ATCEMS Procedure - Equipment Inspections.

C. Scheduled Testing and Calibration of Durable Medical Equipment

The Supply Division will maintain a program for the scheduled testing and calibration of all DME used within ATCEMS. This program is based upon current manufactures recommended maintenance standards and will be updated as needed.

D. Preventative Maintenance

Preventative maintenance of all equipment will be completed in accordance with Federal, State and Local Requirements and also comply with the manufactures suggested requirements.

E. Planned Replacement Schedule

ATCEMS Supply Division will maintain the accountability, the shelf life and life span of DME to project appropriate replacement schedules for all DME.
Procedure Purpose

The purpose of this procedure is to define the guidelines used when during the course of Austin – Travis County EMS (ATCEMS) operations, damage occurs to property owned or in possession of the public.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Reporting Damaged Property
   1. Ambulance Crew
      b. Add supplemental text to the CAD call record, describing what occurred during the incident using the MDC prior to closing the call.
   2. EMS Commander
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Procedure Purpose

The purpose of this procedure is to clearly define the bid process that will be utilized to fairly assign employees to shifts and station positions.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

Shift/Station Bidding - Shift, Station and Seat assignments will be assigned based on a Shift Bid process that was recommended by the EMS Scheduling Workgroup and approved by the EMS Chief.

A. Eligibility

Only full-time and credentialed employees are eligible to participate in the bid process. Employees who become eligible to bid after a bid process has occurred will be assigned according to departmental need and may participate in subsequent bid cycles and/or the next applicable "Mid-bid". The following defines work assignments subject to bid and eligibility criteria of each:

1. Emergency Communications
   - In a EMS Medic I – Communications position
   - In a EMS Medic II – Communications position
   - In a EMS Captain – Communications position
   - In a EMS Commander – Communications position

2. Field Operations
   - In a EMS Medic I – Field position
   - In a EMS Medic II – Field position
   - In a EMS Captain – Field position
   - In a EMS Commander – Field position

3. Special Operations
   - In a EMS Medic I – Field position
   - In a EMS Medic II – Field position
   - In a Captain – Field position
   - In a Commander – Field position

B. Bid Cycle
The Bid Cycle and transition dates will be determined by the Chief of Staff.
C. **Bid Ranking**
Tenure is the first element of the bid ranking process and will be based on the most recent hire date for employees in a Medic I-Field and Medic I-Communications position. If necessary a tie-breaker will be determined based on lowest department four-digit employee number.

D. **Time in Grade**
“Time in Grade” is the first element of the bid ranking process for positions that were obtained as a result of promotion. This includes Medic II, Captain and Commander. If necessary, the tie-breaker will be determined first by most recent hire date and then by lowest department four-digit employee number.

Commanders that participated in the former “Acting Command” Program will have time worked in an acting Command assignment included in their “Time in Grade” for the bid.

E. **Designated Seats/Stations (Specialty Assignments)**
The Department reserves the right to designate seats and stations for specific functions, assignments or specialties as necessary to meet our mission or needs. Personnel bidding on these seat assignments must have the defined qualifications for these positions in order to be eligible to bid for these seats.

F. **Exiting A Specialty Assignment**
Employees currently in a specialty position must declare their intention to bid out of their specialty, within the defined timeline prior to each bid cycle. This notification must be made prior to the deadline by emailing emsshiftbid@austintexas.gov. Failure to do so will result in their current bid ranking remaining within the assigned specialty. Employees relinquishing their specialty bid ranking after the deadline will bid for any remaining open slots after the bid process is complete.

G. **Bidding into a Designated Float Seat**
Personnel assigned to designated float seats are utilized to fill vacancies within the daily schedule. Effort will be made to honor the start time of the assigned seats whenever possible, however, this is not guaranteed and is determined by the available vacancies within the schedule prior to 14 days of the assignment. Personnel bidding designated float seats should be aware and expect to have varying start times and station assignments on each of their scheduled work days.

H. **Bidding with a Captain**
Any personnel assigned with a Captain as a partner are subject to float on their assigned shift should the Captain need to be utilized for an assignment. In some cases, it may be necessary to move the Captain from their assigned station for an assignment on a temporary basis.

I. **Student Preceptors**
Employees designated as Student Preceptors may not bid a seat assignment with a Captain or another designated Student Preceptor.

J. **Dual Bidding**
Any employees wishing to bid a station/shift together may bid at the LOWER employee’s bid ranking (Spouses, family members, domestic partners, and employees involved in personal, dating relationships will not be allowed to work as partners).
K. **Department Discretion**
Behavioral, Performance or Relational issues may affect the employee’s ability to remain in a station or on a shift. Such issues will be handled on a case by case basis, with the goal to minimize impact to all parties concerned, while meeting the needs of the department as a whole. In rare instances, circumstances may require an employee being removed from their assignment for some or all of their bid cycle.

L. **Work Hour Shortages during Bid Cycle Transition Week (non-exempt employees only)**
The Department recognizes that during the bid transition week a non-exempt employee may be scheduled to work fewer than their normally scheduled hours (Field-48/Communications-42). To minimize the financial impact to the employees and provide a range of choices for those employees, the Department will make the following options available during bid transition week.

1. Allow the affected employee to flex their schedule and take the first opportunity for extra duty should an assignment become available during bid transition week (same pay period).

2. Allow the affected employee to utilize benefit hours (Vacation and Exception Vacation) to complete their work week.

3. Allow the affected employee to enter into an “open” Shift Trade with the Department to be paid back by the employee with-in 45-days. The employee is responsible for identifying the “pay back” date at the time of selecting this option.

4. Allow the affected employee to have fewer than their normally scheduled hours during bid transition week.

If an employee’s schedule selection will result in fewer than their normally scheduled hours, the employee must inform the Department which option they would prefer to use. Employees will receive an email to acknowledge and document the stated choice. If no preference is expressed the default will be option “4”.

M. **Schedule Conflicts During Bid Transition (Exempt Employees)**
The appropriate Division Chief is responsible for resolving any schedule conflicts during the bid transition week for Exempt Employees.

N. **Mid-Bid Openings**
When a sufficient number of station assignment vacancies exist within a bid cycle due to normal attrition, additional unit(s) being added or additional seats being added, the Department may opt to implement a secondary bid process. This process will allow for movement of personnel from a current seat assignment to another during an existing bid cycle if they qualify for a position.

When necessary the Department will announce via email the intent to conduct a mid-bid process for the available seats. Medic I, Medic II and Captains who wish to participate in the mid-bid process will be required to submit an email indicating this intent. On the day of the bid, seats of employees who are participating in the mid-bid process will become open seats and all participating employees will be eligible bid for them. Thus the open seats defined by the Department and those seats of the employees involved in the bid will be the seats available in the mid-bid process.
Example – Medic II “X” occupies a seat that works Thursday, Friday and Saturday and elects to participate in the mid-bid process. Medic II “X’s” seat is now part of the open seats available for the mid-bid process.

The bid process will follow the same parameters and guidelines as previously defined. A list will be generated inclusive of those employees and positions that elect to participate in the mid-bid process. Not all specialties or positions may be available for participation in a given mid-bid process.

Participation in the mid-bid process is completely voluntarily, unless otherwise dictated by the Department. Any previously approved Short-term vacation will not be secured or guaranteed by the Department and therefore will require a resubmission of the dates by the employee should the vacation dates not coincide with their new schedule.

Any trades that are open in which neither of the employees has worked their portion of the trade will be void if the new schedule causes conflict. Any trade that has been partially worked, where an employee owes time will be rescheduled if in conflict due to the employee’s new schedule. This will be done according to the Department’s needs for staffing.

Personnel will be obligated to fulfill any extra-duty assignment or Department training associated with the new seat assignment.

O. Job Share
Personnel participating in a job share program will be scheduled according to departmental needs. As with other benefits, personnel returning to a full-time position will receive ½ credit for each year of job share or part time duty. Notification of intent to return to full time must be made by sending an email to emsshiftbid@austintexas.gov prior to the timeline defined by the department at each bid.

P. Military Deployment / FMLA / OJI
All full-time personnel not actively at work during the bid process as a result of military deployment, FMLA, or OJI will have the opportunity to bid according to their ranking.

Q. Bid Day
Bidding for Medic I, Medic II and Captain will be conducted simultaneously by telephone in the Department Operating Center (DOC) at EMS Headquarters. (Emergency Communications will be handled separately and on a different date to be announced).

The Department will distribute the necessary information and bid schedule prior to every scheduled bid process.

1. Each employee or their proxy is responsible for:
   a. calling the designated bid number at their assigned bid time or,
   b. being at the DOC to bid at their assigned bid time or,
   c. emailing their bid choices in advance to emsshiftbid@austintexas.gov.
OP-06.02.00 Specialty Assignments

Authorized By: ____________________________      Date: ____________

Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to define the specialty teams that are used within Austin – Travis County EMS (ATCEMS). This procedure defines the eligibility, entry, training and education for each of these teams.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

Specialty Teams are not considered promotions within ATCEMS. All persons who have an interest in participation or are currently assigned to a specialty team will refer to the procedures defined below.

ATCEMS currently utilizes the following specialty teams:

  o Ambulance Strike Team
  o Bicycle Medic
  o Honor Guard
  o Motorcycle Medic
  o All Hazards
  o Tactical
  o Track Medic
  o Student Preceptor

Each specialty team will maintain a procedure manual that defines all of the elements related to each team.

See the appropriate manual related to each specialty team.

  o Ambulance Strike Team
  o Bicycle Medic
  o Honor Guard
  o Motorcycle Medic
  o Special Operations
    o All Hazards
    o Tactical
  o Track Medic
  o Student Preceptor
Procedure Purpose

The purpose of this procedure is to define the guidelines and requirements for guest observers, clinical internist and explorer observers participating in ride-outs on Austin – Travis County EMS (ATCEMS) emergency vehicles.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Definitions

A **Guest Observer** is a person(s) that is not affiliated with a clinical program. This would include family, friends, prospective employees, etc.

A **Clinical Internist** is a person(s) who is actively participating in a clinical Affiliation Agreement with ATCEMS. These persons can participate in clinical care as outlined within the Affiliation Agreement.

**Explorer Observers** are persons who are in an active status with the department sponsored Boy Scouts of America (BSA) youth program.

**Riders** include any Guest Observers, Clinical Internist, and Explorer Observers.

B. Eligibility

Riders must comply with all requirements outlined in this procedure and/or Affiliation Agreements prior to their ride-out. Ride requests are to be made no less than seven (7) calendar days prior to the requested ride date.

No one less than 18 years of age may ride, regardless of affiliation, without written permission from the EMS Chief or his designee.

Guest Observers may ride-out between the hours of 7:00 AM until Midnight.
The rider or designee must notify their point of contact for a cancellation 24 hours prior to their scheduled ride out. The Commander over Public Education or their designee will notify EMS Scheduling of the cancelation.

C. Guest Observer Request Process

1. Request for guest observers shall be made to the EMS Guest Observer email address. The request should include:
   - The rider's name
   - Requested unit
   - Return email address
   - Date/time of requested ride

2. The Commander over Public Education or their designee will email the required rider documentation packet back to the requestor. The required rider documentation packet includes:
   - Rider Release Form
   - Privacy/Confidentiality Agreement
   - Rider Rules and Regulations
   - Evaluation Forms
   - Maps and Addresses to the Stations
   - Rider Expectations Appearance and Attire

3. A Rider Release Form and Privacy/Confidentiality Agreement must be signed each time any individual participates in a ride-out and must be returned to the Commander over Public Education or their designee prior to the scheduled ride-out. The Commander over Public Education or their designee must insure that the following documentation is in place:
   - Signed Release Form
   - Name of rider
   - Scheduled time of the ride-out
   - Two emergency contacts for the rider (to include phone numbers)

4. The Commander over Public Education will approve or deny the request.

5. Upon approval of the request, the Commander over Public Education or their designee will forward the request to EMS Scheduling to have it added to the schedule.

D. Clinical Internist Request Process

Clinical Internist shall abide by all requirements outlined within their individual organization Affiliation Agreement.

1. The designated Professional Practices & Standards Division staff will send a rider packet to the affiliated organization contact. The required rider documentation packet must be completed for each participant and will be kept on file for the duration of the affiliation agreement. The rider packet includes:
   - Rider Release Form
   - Privacy/Confidentiality Agreement
   - Rider Rules and Regulations
   - Maps and Addresses to the Stations
   - Rider Expectations Appearance and Attire
The individual clinical internist will coordinate all requests through the designated Professional Practices & Standards Division staff that will coordinate through the Commander over Public Education for available assignments within the daily schedule.

E. Explorer Observer Request Process
Explorer Observers shall abide by all guidelines outlined within the Explorer Post and departmental policies/procedures. Explorer Observers will utilize processes defined within the Post to request and schedule ride-outs. The explorer advisor will coordinate through the Commander over Public Education for available assignments within the daily schedule.

F. Scheduling of Ride-Outs
The Commander over Public Education or their designee will be the primary contact for coordination of all ride-outs within ATCEMS. Ride-outs will be scheduled based upon available openings. Clinical Internist and system first responders will have priority should ride-along requests exceed the number available resources.

G. EMS Scheduling Responsibility
EMS Scheduling personnel shall ensure the daily schedule accurately reflects all scheduled ride-outs.

H. Crew Responsibility
It is the responsibility of the assigned crew to ensure the rider is in compliance with the rider rules and regulations and confirm the rider is scheduled within TeleStaff.

Any failure to meet the rider rules and regulations will be addressed with an EMS Commander. If uncorrected, the rider shall be removed from the unit.
OP-06.04.00 Abandoned Baby

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of the procedure is to convey pertinent information about the requirements of the law and define the specific responsibility and action required when managing abandoned babies.

The law allows a parent to give up the child to an EMS provider without legal consequences. This law requires an EMS provider to perform a number of specific functions when this occurs.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Pertinent Information
   o Any parent may deliver a child 60 days or younger to any “emergency infant care provider” with the intent of permanently relinquishing parental responsibilities.
   o The emergency provider is required to care for the child until such time as the Texas Department of Protective and Regulatory Services or the Texas Department of Family and Protective Services (DFPS) has been notified of the "abandonment".
   o Notification will be made no later than 24 hours after the close of business the day the child was given over to emergency personnel.

B. EMS Personnel Responsibilities:
   1. Assess the baby for life-threatening injury or illness and treat accordingly.
   2. The birth parent(s) shall be informed that voluntarily giving an infant up to EMS personnel with the intent of permanently relinquishing parental rights effectively grants them immunity from prosecution for child abandonment. The birth parent(s) will be notified that any information that is gathered will be used for medical care for the infant.
   3. Attempt to obtain or gather:
      o Relevant medical history of the parent(s) and the pregnancy, specifically alcohol or drug use during the pregnancy.
      o Basic information about the infant and the birth parent(s) including where the child was born, names and dates of birth of the birth parents, addresses and /or phone numbers for the birth parents (this is a
preference not a mandate, if the parent(s) resist, do not continue with the query).

4. Transport the infant to Dell Children’s Medical Center.

5. Notify a Commander.

6. Upon arrival at Dell Children’s Medical Center, EMS personnel will:
   - Notify Dell Social Services staff
   - Call the Texas Department of Family and Protective Services (DFPS) abuse hotline at 1-800-252-5400 and provide all information that is requested

C. EMS Commander Responsibilities:
   1. Assure that all notification steps have been followed.
   2. Coordinate with DFPS any follow-up interviews they may need to schedule with the transporting paramedics.
Procedure Purpose

The purpose of this procedure is to define the management and operational parameters of additional work assignments and overtime for uniformed staff of Austin – Travis County EMS (ATCEMS).

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Extra Duty Volunteer List

Employees may sign up on the volunteer list via WebStaff or by TeleStaff’s Automated Telephone Attendant for any date and period of time. If the request does not meet all requirements the employee will see why the request was denied.

B. Special Event/Stand-By Event Volunteer List

This list works the same as the Extra Duty Volunteer List but only applies to special events and standbys. Each special event and stand-by event will be classified as either a high work load or low work load assignment by the Special Events EMS Commander. The designation for each event will be noted in TeleStaff by scheduling personnel.

1. Events designated as Level 1 (One) or “high work load” are subject to shift rule requirements, in accordance with ATCEMS Policy 405 Shift Rules. These are typically outdoor events with large coverage areas or high call volume and minimal opportunities for downtime.

2. Events designated as Level 2 (Two) or “low work load” are not subject to shift rule requirements, in ATCEMS Policy 405 Shift Rules. Employees must have a minimum of 2-hour off prior to the start of the event to ensure the ability to report to the event on time. These are typically indoor events that provide adequate facilities, low call volume or rehab capabilities.

A special event assignment, regardless of the designation, will count as a work assignment for the purposes of an employee returning to Communications or Field assignments.

C. Removal from Volunteer List
An employee can remove themselves from the volunteer list any time **prior to taking an assignment**.

D. **Accepting or Declining an Assignment Offers**
When an employee is offered an additional work assignment, the employee has three options available on TeleStaff to accept or decline offers:

1. The employee may listen to all offers and accept one.

2. The employee may listen to all offers and use the “check” option which will allow ten (10) minutes for the employee to call TeleStaff and accept an offer. If the employee DOES NOT call back in ten (10) minutes, the offer is considered to have been declined by the employee. This cannot be undone and the employee assumes full responsibility.

3. The employee may listen to all offers and decline all offers.

E. **Commitment to Work**
Once the employee accepts an assignment, the date is considered a Duty Day and becomes part of the employee’s work commitment.

1. Shifts may be assigned as early as 14 days in advanced or as soon as the opening occurs.

2. Assignments from the Extra Duty Volunteer List will be offered to employees beginning with those having the lowest total cumulative hours.

3. If an employee’s volunteer request remains posted on the actual duty day, an assignment automatically becomes part of the employee’s work commitment and cannot be refused if coverage is needed beyond the overtime list.

F. **Giving Away Assignments**
Employees may give away the additional work assignment to another employee if there is no negative impact on unit availability or staffing levels. The employee assuming the additional work assignment must meet work rule eligibility requirements and be of equivalent rank and specialty. Exceptions require approval from an EMS Commander. Obtaining approval from an EMS Commander is the responsibility of the employee who is giving away the additional work assignment and not the responsibility of Scheduling personnel.

- Giving away additional work assignments up to 48 hours before duty assignment: During any period from acceptance to 48 hours prior to a voluntary duty assignment, an employee may initiate a giveaway of the assignment if there is no negative impact on unit availability or staffing levels by one of two options:

  1. **Option 1** – Assistance from Scheduling Staff: Request the assistance of Scheduling Operations to re-post the assignment. Scheduling will use TeleStaff to contact volunteers from the list a single time. If no one accepts the additional work assignment, the commitment to work remains with the employee. Option 1 is preferred if volunteers are present on the Volunteer List at the time that give away assistance is requested. If no volunteers are present on the list at the time that give away assistance is requested, the employee will be directed to utilize option 2.

  2. **Option 2** – Direct Give Away: An employee who is committed to an additional work assignment may give away the assignment to another employee through direct contact with that employee. The employee
assuming the additional work assignment must meet work rule eligibility requirements and be of equivalent rank and specialty. Exceptions require approval from a Commander. Obtaining approval from an EMS Commander is the responsibility of the employee initiating the give away and not the responsibility of Scheduling personnel.

- Giving away additional work assignment less than 48 hours from duty assignment: Less than 48 hours of the duty assignment employees may give away the additional work assignment to another employee if there is no negative impact on unit availability or staffing levels. There is no assistance available from scheduling personnel within this time period. The employee assuming the additional work assignment must meet work rule eligibility requirements and be of equivalent rank and specialty. Exceptions require approval from an EMS Commander. Obtaining approval from an EMS Commander is the responsibility of the employee initiating the give away and not the responsibility of Scheduling personnel.

G. **Phone Numbers**

Employees must provide TeleStaff one (1) working phone number by which they can be reached for work assignments. The phone number can be for a residential phone, cellular phone, or a pager. Optionally, employees may provide an email address as an additional contact method. Employees must update their contact phone number to ensure they can be contacted for work assignments.

Employees can update their contact number at any time via WebStaff or TeleStaff Automated Telephone Attendant. Failure to provide a reliable contact number or be responsive to work assignments may result in progressive disciplinary action.

H. **Entry of Additional Time Worked**

Any time worked in addition to that appearing on the daily roster (*holdovers for late calls, late relief*) must be entered in WebStaff by the employee **prior to leaving the work area or station**. An explanation of why the additional time was required must also be entered for review and approval.
OP-06.06.00 Benefit Leave

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to define the management, utilization and operational parameters of employee sick leave, vacation leave, exception vacation leave, personal holiday and shift trades beyond the scope of existing City Policies. Additionally, it provides the guidelines pertaining to work attendance.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Sick Leave

Sick leave can be requested any time an employee is scheduled to work but is too ill to perform their duties or if an immediate family member is ill and the employee must care for them. (See specific City policy for complete definition).

In order to use sick leave, personnel should notify EMS Scheduling directly, utilize the sick call feature of WebStaff or via the TeleStaff Automated Telephone Attendant.

Personnel are encouraged to make this notification as soon as they are aware of their illness and inability to meet their duty assignment. Sick notification should be given no later than 4:00 AM for day shift or 4:00 PM for night shift. Personnel assigned to a work assignment with a “non-traditional” start time (i.e. Peak Load Units or Special Events) sick call should be no later than two (2) hours prior to the scheduled start time.

B. Sick Call on Special Days and Holidays

Personnel that require sick leave during a designated “Special Day” (Veterans Day, Labor Day, Christmas, etc.) must contact EMS Scheduling directly by telephone for sick call. The sick call feature of WebStaff or the TeleStaff Automated Telephone Attendant will not be activated on these designated days.

C. Insufficient Sick Hours Available

Personnel that call out sick and with insufficient sick hours to cover their shift will be placed on “zero” time for the uncovered hours. Personnel may request the use of other benefit time to supplement these “zero” hours. This request must be made to their respective Division Chief (i.e. Communications, Operations, PPSD) via email. This request must be submitted by 10 AM of the following day of each date involved and justification/background information for the request to use other benefit must be included.
D. Requesting Change to Approved Vacation
In order to maintain accuracy in timekeeping and benefit usage records, personnel wishing to change approved vacation must submit a request via email to EMS Scheduling prior to 10 AM of the day following the approved vacation. Requests that fall outside of this timeline will result in approved vacation time being used as originally submitted. Example, employee was approved for regular vacation on Monday May 1st and now wishes to have it changed to exceptional vacation. This request must be submitted prior to 10 AM on Tuesday May 2nd.

E. Attendance
The department will monitor employee work attendance and will track the specific number of occurrences related to unscheduled absences. An unscheduled absence is defined as time off that is not scheduled, is necessitated by an emergency or is otherwise not planned or approved in advance.

Occurrence violations may be subject employee to disciplinary action (See specific City policy for complete definition of occurrence). The number of occurrences that constitute a violation is proportionate to the number of duty days an employee works in a standard work week. The specific occurrence violation thresholds are:

- Personnel assigned to 24 hour shift assignment – three (3) or more occurrences in a three month period.
- Personnel assigned to 12/24 hybrid shift assignment – four (4) or more occurrences in a three month period.
- Personnel assigned to 12 hour shift assignment – five (5) or more occurrences in a three month period.
- Personnel assigned to 8 hour shift assignment – six (6) or more occurrences in a three month period.

F. Short-Term Vacation (Within Current Bid Cycle)
Vacation, exceptional vacation and personal holiday leave can be requested by any full or part-time employee that has an adequate amount of accrued hours in the category being requested at the time of the request. The requested time may be approved or denied based on staffing levels, scheduled events (standby’s and training exercises) and specific needs within each section and area of specialty. Requests are processed on a first come, first served basis. Vacation requests should be submitted via WebStaff or by TeleStaff’s Automated Telephone Attendant prior to 72 hours of the requested vacation date.

A vacation request, submitted within 72 hours of the desired date will be listed as provisional and not automatically approved regardless if allotted slots are still available. Final approval for these requests will not occur until the morning of the requested vacation and only after EMS Scheduling has determined sufficient personnel are available either through volunteers or the Scheduled OT / On-Call List. **EMS Scheduling will not approve provisional vacation should it result in the use of On Call personnel (OCP) or assignment from the Cumulative List.**

Any personnel with a pending provisional vacation request should still expect to be at work unless released by EMS Scheduling.

1. Field Operations:
Vacation leave requests must be taken in 12 or 24 hour increments. Requests for 12 hours will be for the entire shift or must correspond with either the front half or the back half of a 24 hour shift. Personnel requesting 12 hours of leave for a 24 hour shift will need to contact EMS Scheduling staff for adjustment.
2. Communications Operations:
Vacation leave requests must be taken in at least 2 hour increments and cannot exceed the standard allotment of employees off on any given shift. Personnel requesting less than their designated shift length will need to contact EMS Scheduling staff for adjustment.

Personnel who take 12 hours or more of regular vacation during any week that there is built in overtime may utilize additional hours of regular vacation benefit time up to 4 hours to offset loss of premium wages that are part of their normal work week. The request must be made by sending an email to “EMS Scheduling” requesting the additional hours be added to their TeleStaff calendar. This request can be made up to the closing of payroll (Thursday by 10:00 am) of the same week of the approved vacation. Personnel must have enough regular vacation leave accrued at the time of request and cannot use other types of benefit leave in lieu of insufficient vacation leave time.

G. Long-Term Vacation (Outside of Current Bid Cycle)
Long-term vacation (LTV) is intended to provide allowances for those personnel with known travel plans or scheduled commitments that require extensive planning beyond an existing bid cycle (i.e. wedding, family vacation, cruise, etc…). Long-term vacation requests only apply outside of an existing bid cycle and will only run one bid cycle beyond an existing bid. Once normal vacation allotment is opened for submission (as current policy) after a bid process long term vacation requests may be submitted for the next bid cycle.

Example: May Bid Process 2007 was just completed for next bid cycle encompassing July 8, 2007 thru January 8, 2008. Once vacation is open for this bid cycle, long term vacation may occur for the following bid cycle of January 9, 2008 thru July 9, 2008.

The following criteria and limitations will be associated with long term vacation:

1. Long term vacation is requested and approved only in one or more consecutive blocks consisting of 1 work week (defined as Sunday through Saturday).
   a. Granting a request requires that all requested weeks are available when the request is made (e.g. if three consecutive weeks are requested, all three must be available for the request to be granted).
   b. You must have sufficient vacation hours available at the time of the request in order to be considered for approval, in addition, once committed, additional short or long term vacation requests may be denied if your benefit hours are not at an acceptable level at the time of the request.

2. Long term vacation is restricted to no more than four (4) paramedics per week and one (1) Communications Medic. The total must not exceed the standard allotment per specialty on a given day. (A week is defined by a normal Sunday thru Saturday work week)

3. Requests must be submitted by email to EMS Scheduling with the number of hours of benefit time the employee is requesting (example 24 hours of vacation and 24 hours of exception vacation), approval will be based on the time stamp of the submission and processed on a first come, first served basis.

4. Because of the limited availability, once submitted and approved, LTV is unable to be modified or released without express review by Command. If an employee violates the spirit of the use of LTV, their right to request LTV may be suspended for a period not to exceed 12 months at the discretion of the Assistant Director.
general, LTV may be modified only in the event extraordinary circumstance typically defined as beyond the control of the human intervention.

5. All overtime obligations will be removed during the requested time period(s)

**Note:** Holiday periods/weeks **cannot** be applied for as long term vacation, refer to Vacation Approval for Special Days and Holidays as outlined below.

Once shift bidding for the affected cycle is complete, including the open trade period, approved long term vacation will be synchronized with the employee’s schedule, the rest of the week will then be re-opened for normal, short term vacation requests.

**H. Find Your Own Coverage**

Associated with short term vacation and within the existing bid cycle, field staff may utilize “find your own coverage” (FYOC) vacation and will be approved on a “first come, first served basis”. The standard allotment of FYOC available leave each day will be defined by the Department for each bid cycle.

The employee providing coverage must meet work rule eligibility requirements and be of equivalent rank and specialty (exceptions require Command approval); this will be the responsibility of the employees involved, not EMS Scheduling. An email request must be submitted by the employee providing coverage to EMS Scheduling and will be considered approved only upon receipt of return confirmation from Scheduling.

**I. Vacation Approval for Special Days and Holidays**

Vacation request for the below days will be exclusively “find your own coverage” (FYOC) and will follow the normal process and parameters as defined FYOC with one exception; the number of FYOC is unlimited.

- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year’s Eve
- New Year’s Day
- July 4th

Any submitted FYOC between personnel outside of “rank or specialty” for the above dates will only be approved on the morning of the requested day (same as provisional vacation).

Vacation requests for other designated “Special Days” (Veterans Day, Labor Day and others) will be approved under the normal daily allotted slots for each specialty.

**J. Do Not Call Status**

The Do Not Call Status **ONLY** applies to personnel with approved leave. It is the employee’s responsibility to submit their Do Not Call Status if needed or desired during an approved vacation leave. The Do Not Call Status can apply from the end of an employee’s last duty assignment, prior to an approved leave date, through the first scheduled shift upon their return.

The submission of “Do Not Call Status” is considered a request and requires final approval by EMS Scheduling after review. Abuse of this status may result in suspension of the privilege for specific personnel.
K. **Shift Trades**

Shift Trades may occur between two employees of the same rank and within the same specialty:

- Medic I - Field
- Medic II - Field
- Captain – Field
- Commander - Field
- Medic I - Communications
- Medic II - Communications
- Captain – Communications
- Commander - Communications
- Rescue Operations
- Tactical Operations

Self-trades or the ability for an individual to trade with themselves for a different workday are not allowed.

Shift Trades may be requested anytime within the current bid cycle and a minimum of 3 days (72 hours) before the scheduled work shift. All trades will be structured in accordance with the rules that apply for short term vacation hours and must coincide with the scheduled hours for both the initial and pay-back shifts. Trades are not permitted for segments of less than 12 hours nor for the extension of normally scheduled shifts, except for Communications, but all trades must meet the terms of the Shift Rules for the division. Once submitted, shift trades must be approved by EMS Scheduling. A shift trade is not considered complete until this approval is received by the involved employees. Any approved shift trade must be completed within the bid cycle or prior to the next bid cycle.

Scheduling will not allow the submission of any additional shift trades until both halves of the trade have been scheduled and approved. Because the trade is an agreement between employees, it is invisible to the payroll system. If the trade occurs on a date such as Christmas, where additional benefit time and/or pay is given to an employee at work, the employee normally scheduled to work (*not the one working the trade*) will receive the benefit.

A trade request must be submitted by the employee that will be accepting/working the traded shift. This process can be completed via WebStaff or by TeleStaff’s Automated Telephone Attendant.

L. Any request for time benefit time that does not meet one of the defined practices (short term, long term, FYOC or trade) must be granted by the employee’s immediate supervisor.

M. Employees that do not have approved leave are considered Absence Without Authorization, which will be handled in accordance with COA policies (III Compensation B.1.D). The time will be coded and will remain as leave without pay until consultation with the supervisors respective Division Chief.
Procedure Purpose

The purpose of this procedure is to define the maximum shift lengths and the operational parameters for the assignments.

Austin – Travis County EMS (ATCEMS) has designated maximum shift lengths for individual field and communications assignments to help insure a safer work environment. Individual shift lengths are determined by the workload and fatigue factor of each assignment.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

The following shift rules will be used to manage work assignments within a duty day.

- Personnel must have an 8 hour rest period prior to the start of a duty day
- Maximum shift lengths:
  - Designated 12 hour station(s) – 14 hours
  - Designated 24 hour station(s) – 26 hours
  - Communications/Console – 16 hours
- Personnel may be moved between equivalent assignments during a duty day.
- Personnel may not work in an assignment for more than the maximum shift lengths designated for that assignment.
- Any deviation from this requires Division Chief approval.

For specific examples refer to the document entitled “Shift Rule Examples”.

A. Shift Rule Examples

In an effort to better illustrate the applications of the above shift rules the following examples have been provided.

1. Situation 1

Employee on a 12 hour shift assignment filling a 7a-7p day shift. This is the final shift before the employee begins their consecutive days off. During the shift, employee becomes aware of a 12 hour opening at a 24 hour station from 7p-7a and elects to volunteer for this shift to extend their duty day, thus resulting in a 24 hour work assignment.
Allowed: The employee is completing a duty day at a designated 24 hour station and their next assigned shift will not be impacted by the 8 rest rule, since they are beginning their “days off” cycle. However, had the 12 hour opening been at a designated 12 hour station; the request would be denied. Under normal operations, employees will not be allowed to complete more than 14 hours (12 hours plus the maximum safety margin of 2 hours) at any designated 12-hour station.

Considering consecutive days off, this similar situation could also be applied to an employee working the night shift on a 12 hour unit wanting to cover the first 12 hours at a designated 24 hour station.

2. Situation 2
Employee on a hybrid shift works Tuesday and Wednesday on 12 hour days followed by Thursday for 24 hours. The employee participates in a departmental training session on Monday during the day and would like to volunteer for a work assignment from 7 PM until 7 AM on the same day.

Denied: This request will violate the 8-hour rest rule for the following duty day; in which, they are already scheduled to work. If the employee was not working the Tuesday day shift, the 12 hour evening shift would have to be at a designated 24 hour station to be approved as the training would count towards duty hours.

3. Situation 3
Employee assigned to 24 hour shift volunteers to work additional 12 hour assignment at a 24 hour station on their second day off. During this same work day a nighttime vacancy becomes available at a designated 12 hour station. The employee feels rested and would like to work this additional overtime opportunity.

Denied: An employee will be allowed to work the first 12 hours of their duty day at a designated 12 hour station; however, any additional work assignment would have to be completed at a designated 24 hour station, regardless of the employee’s desire to work. Employees may start “busy” but must finish “slow” as a rule of thumb for any additional hours over a total of 14 hours.

4. Situation 4
An employee assigned to the night rotation of a 12 hour shift and wishes to volunteer for three consecutive duty days during their scheduled days off all of which are night time assignments. This would place the employee working six consecutive days.

Approved: The employee is not violating the 8 hour rest rule or any shift rules governing 12 hour stations. As a Department, we would not mandate such a schedule; however, the employee may elect to work additional consecutive duty days if they desire, without violating shift rules.

Currently there are no existing restrictions on the number of consecutive duty days an employee may work. As a department, we will continue to monitor these occurrences and adjust as needed.

5. Situation 5
An employee is scheduled for a 12 hour work assignment at a designated 12 hour unit. For staffing reasons, the employee is needed to be moved to another 12 hour unit for the
remainder of their duty day. The employee protests that this is a violation of the 8-hour rest rule as there has been no rest period between the two work assignments.

Incorrect: Moving an employee during a 12 hour work assignment from one station to another is not considered a separate work assignment, the employee is still within the rules of a 12 hour duty day.

6. Situation 6
An employee normally assigned to a 24 hour shift begins their work assignment as a 3-person crew at a designated 24 hour unit. Within the first hour of their duty day an unexpected vacancy develops on the day side at a designated 12 hour unit. The employee is requested to finish the remaining 12 hour work assignment at Medic 14 until 7 PM. The employee protests that this is a violation of the 8-hour rest rule as there has been no rest period between the two work assignments.

Incorrect: The employee can be moved to complete the remaining first 12 hours of the work assignment at the designated 12 hour unit, but not work at that station beyond 14 hours and must complete the remainder of their duty day at a designated 24 hour unit.
OP-06.08.00 Scheduled Overtime, On-Call & Cumulative Lists

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to define the management and operational parameters of personnel work assignments. These work assignments include but are not limited to those assigned to the Scheduled Overtime List, On Call List, and Cumulative List.

The policy will address the following items:
- Define Scheduled Overtime List, On-Call List, and Cumulative List
- Selection for Extra Duty Assignments
- Assignment to On-Call List
- Utilization of the Cumulative List
- Employee Responsibilities

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Scheduled Overtime List
   The Scheduled Overtime List is generated prior to each bid cycle. Once seats are selected via the bid process, personnel will have their Scheduled Overtime List dates added to TeleStaff.

   The function of the Scheduled Overtime List is to secure personnel for extra duty assignments (EDA) as needed to meet staffing required on a daily basis. The Scheduled Overtime List provides equitable distribution and advanced notice of work opportunities, and minimal disruption of an individual scheduled time off.

   Personnel on the Scheduled Overtime List may receive a duty assignment, may be placed in an On-Call status, or be released from obligation by EMS Scheduling personnel.

   The number of personnel on the daily Scheduled Overtime List per shift will be determined during each bid cycle and is available by EMS Scheduling.

B. Assignment to On-Call List
   The Scheduled Overtime List will be used to create an On-Call list each day. On-Call personnel may be used by EMS Scheduling for any assignment for which they are qualified but will typically be used within their specialty. On Call Lists Assignments will appear on TeleStaff.
If available the minimum number of personnel placed on the On-Call List per day as allotted per bid cycle. However, the number may vary each day depending upon staffing levels or trends identified by the EMS Scheduling Supervisor and the Field Operations Division Chiefs.

Personnel assigned to On-Call positions will receive On-Call Pay of $2.00 per hour for actual time spent in an On-Call status. On-Call status will be for a period which equates to the employee’s specific schedule, either 12 or 24 hours beginning at their normal shift start time. On-Call personnel will first be notified of an assignment via their contact information in TeleStaff.

An EDA from the On-Call List will be for a minimum of 2 hours and will be paid as Call-Back hours. When Call-Back pay begins, On-Call pay stops.

On-Call assignments will generally fall into two scenarios:

- An immediate opening occurs and the on-call personnel is contacted and must report to work immediately. These individuals are paid Call-Back pay from the time the person acknowledges receipt of their assignment; or
- For a future opening during the shift the On-Call personnel is contacted in advance and told to report for that time, these individuals are paid On-Call pay until the start of their assignment when call-back pay begins.

C. Cumulative List

The Cumulative list is a method of last resort to fill assignments in the field or in communications. It is computer generated from TeleStaff and ran by scheduling personnel on an as-needed basis. Individual appear on the list based on the number of additional hours worked in comparison to others on the same list (lowest to highest). Personnel that meet the following criteria for the day of the assignment appear on the list.

- **Field Operations** – Personnel on their second or third day off and a minimum of 8-hours off prior to the start of the assignment.
- **Communications** – Personnel off-duty and assigned to day shift (when the assignment is on day shift) and off-duty and assigned to night shift (when the assignment is on night shift), and a minimum of 8-hours off prior to the start of the assignment.

Training hours, meetings or any other non-ambulance or non-console specific hours are not included in this list. Should two individuals share the same total of accumulative hours; the tie-breaker will consider last time worked.

D. Process: Selection of Personnel for Extra Duty Assignment

Under normal circumstances every effort will be made to assign EDA by taking the following steps:

1. **First Tier**
   Assign personnel who are already “extra” on the shift followed by those who have placed themselves on the extra duty volunteer list in accordance with Department Policies and Procedures. EMS Scheduling personnel will solicit volunteers as needed. EMS Scheduling will assign volunteers on a daily basis.

2. **Second Tier**
   EMS Scheduling will notify all personnel of available work assignments via pager and email. Once these available work assignments are announced, they will be filled on a 'first come, first served' basis by EMS Scheduling. If necessary, EMS Scheduling will attempt to contact eligible personnel to solicit volunteers.
3. **Third Tier**
EMS Scheduling will use the scheduled overtime list to fill vacancies that occur within 48-hours of the beginning of an extra duty assignment. Personnel scheduled on the Overtime List will be responsible for any EDA until released by EMS Scheduling on the morning of their overtime/on-call obligation. Overtime assignments will generally be assigned according to specialty but may be for any assignment for which an individual is qualified.

EMS Scheduling will notify personnel of their EDA via their contact numbers as maintained in TeleStaff. However, it remains the employee’s responsibility to contact EMS Scheduling to confirm their overtime obligation for any EDA or OCP by 6:00 AM or 6:00 PM of the assignment day if they have not been previously contacted by EMS Scheduling.

4. **Fourth Tier**
EMS Scheduling may utilize the Cumulative List for additional coverage or to fill the on call list. Notification of the personnel from the Cumulative List will normally occur within 48 to 72 hours, of the extra duty assignment. This notification will be made via employees’ contact numbers in TeleStaff. Personnel are responsible for acknowledging assignments as soon as possible. These notifications are not required to be made while the employee is on duty. If the Cumulative List is utilized, personnel will be assigned regardless of specialty in order of appearance on the list.

E. **Employee Responsibility**
Employees are required to:
- Accept any EDA when pre-assigned from the Scheduled Overtime List or On-Call List.
- Contact EMS Scheduling by 6:00 AM or 6:00 PM to confirm their status.
- Notify a Commander or designee if, due to illness, injury or other circumstances, they are unable to be On-Call.
OP-06.09.00 Benefit Leave Timekeeping

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to define how Austin – Travis County EMS (ATCEMS) will comply with current City of Austin timekeeping practices related to the utilization of benefit leave and an extra duty assignment(s) during the same workweek.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Non-exempt Uniform Employees
If a non-exempt employee works additional hours in a workweek (from Sunday 07:00 – to 06:59 the following Sunday) and also has scheduled or unscheduled leave during that same workweek, benefit leave will only be deducted in the amount needed for the employee to meet their workweek requirement. **Example** – In a workweek, Medic “A” is scheduled to work their regularly scheduled 12-hour day shift on Monday and Tuesday and their 24-hour shift on Wednesday for a total of 48 hours. They use vacation for 12-hours on Monday and work an extra 12-hour shift on Friday. Medic “A” has met their 48-hour workweek requirement by being at work for 48 hours and their vacation time will not need to be used.

  o **Example** – In a workweek, Medic “B” is scheduled to work their regularly scheduled 24-hour shift on Monday and their 12-hour night shift on Tuesday and Wednesday. They have a late call on Monday and work an extra two (2) hours. They call in sick for 12-hours on Wednesday. Medic “B” will have 10-hours of sick leave deducted to meet their 48 workweek requirement.

B. Exempt Uniform Employees
If a exempt employee works additional hours in a pay period (from Sunday 07:00 – to 06:59 Sunday of week two of the pay period) and also has scheduled or unscheduled leave during that same workweek, benefit leave will only be deducted in the amount needed for the employee to meet their pay period requirement Commanders (communications 84 hours / field 96
**Procedure Purpose**

The purpose of this procedure is to define the responsibilities and use of the departmental issued pagers for personnel within Austin – Travis County EMS (ATCEMS).

The primary purpose of the pagers is for the Department to have the capability to provide timely communication of official information to personnel.

**Dependencies/Constraints/Limitations**

None

**Exceptions / Exemptions**

None

**Procedure**

A. **Permissible Use: Department**

ATCEMS issued pagers for personnel are primarily for the emergency provision of information immediately needed to facilitate the business of the department. In order to protect this primary function, the department will limit alternate uses by the department unless specific authorization is received from an employee.

Specific Permissible Use Examples:

- Notification of major incidents/events of a local, regional, state, or national impact.
- Notification of other emergent or potentially emergent situations which potentially impact on-duty or off-duty ATCEMS personnel.
- Provision of specific instructions to operations division personnel regarding department actions in the situations referenced above. This may include specific instructions regarding activation of the Emergency Staffing Plan, specific duty assignments, or other emergency actions.
- Recall of special teams/units (e.g. Special Operations, Disaster Medical Response Team, Bike Team, Honor Guard).
- Notification of on-call personnel for both key information and specific assignments.
- Routine department communications during times personnel are on-duty.
- Notification of personnel for routine scheduling information if specifically authorized by the personnel involved (this is achieved by entering the pager number in the TeleStaff system as a method of contact for the individual employee).
Exceptions to permissible use guidelines may be authorized by Division and Executive Command personnel.

The limitations referenced above only apply to the use of individual pager numbers and group calls. News groups (‘bottom line’ pages with the ability to have their notification activated or deactivated by each user) will be used more freely to provide informational updates for areas such as Scheduling Operations, Public Information, and Weather.

B. Permissible Use: Personal
Department personnel are permitted to provide their pager number, at their discretion, for non-commercial personal use. Specifically, personnel are not allowed to advertise or otherwise reference their Department issued pager number (either numeric or alpha-numeric access) in any advertising or other communication that refers to a commercial undertaking.

C. Personnel Responsibilities
The Chief may issue a pager to any employee within ATCEMS and set the expectation of its use on an as needed basis.

It is the responsibility of the employee to ensure the pager is carried, functional and available in a manner that allows them to be responsive to notifications and requests for actions as outlined in this policy. This includes routine checking of the pager battery.

It is expected that personnel respond to department pages within 15 minutes or per specific instructions provided in an individual message.
OP-07 Performance Standards  
OP-07.01.00 Operational Performance Standards

Authorized By: ____________________________      Date: ____________  
Ernesto Rodriguez, EMS Chief

Procedure Purpose

This procedure establishes the processes that are used by Austin – Travis County EMS (ATCEMS) for documenting and measuring the operational performance of the department. The procedure also defines the process that is used to track and monitor performance on a reoccurring basis.

ATCEMS will use established industry standards when available to identify, define, document, measure, monitor, track and trend the operational performance of the department.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

ATCEMS utilizes a variety of methods and tools in the management of operational standards for the department.

A. Definitions

**Operational Performance Standards** is a management-approved expression of the performance threshold(s), requirement(s), or expectation(s) that must be met to be appraised at a particular level of performance.

Whenever possible, and as available within the industry, ATCEMS will use “best practices” and industry standards to define the operational performance standards used within the department.

B. Measurement of Operational Performance Standards

ATCEMS will use electronic systems to store and retrieve data. The department utilizes an internal business unit (Business Analysis & Research) to design reports and measure data. This internal business unit reports to the EMS Chief. This anonymity allows ATCEMS the ability to insure that the measurement of data is consistent with industry best practices and not adversely influenced through an organizational structure.

C. Documentation of Operational Performance Standards

All documentation of operational performance that has a general release or is distributed outside of the department will be generated by the Business Analysis & Research (BAR) business unit. The department utilizes Business Intelligence (BI) software to research and analyze information and create reports. Reports that are used internally or for the purpose of seeking non-distributed data do not get processed by the BAR business unit.
D. Monitoring of Operational Performance Standards
The department uses a host of standard reports on a reoccurring basis to monitor operational performance. This reoccurring basis includes daily, monthly, quarterly and annually.

E. Tracking and Trending of Operational Performance Standards
All data is kept on electronic system(s) and is available to be tracked and trended.
Procedure Purpose

The purpose of this procedure is to set minimum standards that will be used for inspecting personnel, vehicles and stations by any of the inspection team members of Austin – Travis County EMS (ATCEMS).

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Definitions

Inspection Team - Members include Commanders or their designee, Division Chiefs, Assistant Chiefs and the EMS Chief.

Inspection Teams members will inspect the following equipment and spaces:

An Inspection Team member will perform the specific inspection within their command district at least one time monthly. The inspection team member will document the findings of the inspection in the ATCEMS Records Management System (RMS).

B. Personnel

Personnel will be inspected to the following standards:

- Dressed in appropriate uniform per ATCEMS Operations Procedure - Uniform and Apparel.
- ATCEMS Policy 200 Code of Conduct - Individual Responsibilities

C. Vehicle(s)

Personnel will be inspected to the following standards:

- Vehicle readiness per procedure – Field Operations - Vehicle Inspections
- Clean vehicle per procedure – Field Operations - Vehicle Cleanliness
- Stocked ambulance per procedure – field Operations - Equipment Inspection

D. Station(s)

Stations will be inspected to the following standards:

- Station maintenance and cleaning per procedure – Field Operations - Station Maintenance and Cleaning for the following areas:
  1. Living area
  2. Kitchen area
  3. Sleeping area(s)
4. Bathrooms
5. Garage area
6. Property and building
7. Safety equipment including:
   8. Fire Extinguishers
   9. Smoke Detectors
Procedure Purpose

To ensure that uniformed personnel are properly attired in an approved manner to maintain a safe, professional and identifiable appearance.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

This Procedure does not address the use of personal protective equipment (PPE). Specific use of PPE is addressed in a separate procedure document.

Procedure

A. Uniforms
Upon entry into an ATCEMS academy, each person will be provided a standard issuance of uniforms and equipment, based on their duty assignment. Personnel may obtain replacement items through their assigned Commander or other replacement system that the Department develops. Any uniforms deemed no longer wearable must be turned into the EMS warehouse for accountability and proper disposal.

B. ATCEMS Uniform Classifications
Items listed below will be the only items approved for wear by ATCEMS uniformed staff while on-duty. ATCEMS retains the exclusive rights to the ATCEMS logo and badge design. The use or display of the ATCEMS logo or badge on any item or garment not listed in this procedure is prohibited, unless otherwise approved by the EMS Chief, in writing and a copy placed in the employee’s personnel file.

C. Class B: Duty Uniform (Appendix G, H, I, J)
The Class B Duty Uniform is the standard uniform worn by all uniformed personnel in the Department, unless otherwise allowed in this procedure.

The Class B Duty Uniform includes:
- Long Pants: Navy Blue Cargo or Non-Cargo Type
- Short Sleeve or Long Sleeve Shirt; White or Navy with the following attachments:
  - ATCEMS Department Badge shall be worn on the left breast and attached using the provided method on the shirt.
  - Name Tag (silver or gold as appropriate) shall be worn on the flap of the right breast pocket and shall be centered ¼” below the top of the pocket flap
  - City Years of Service Pin may be displayed in a centered position on the left breast pocket midway between the button and top edge of the pocket.
  - Rank insignia shall be worn on the collar, parallel with upper collar line and 1”
from tip of the collar.

- Crew Neck T-Shirt: ATCEMS approved T-Shirts may be worn under the uniform shirt. T-Shirts must be the appropriate Color (white under white, black under navy). The Department must approve T-Shirt lettering or logos. T-Shirts must be in good condition (no visible stains, non-frayed collar).

- Belt: Black Leather Belt with silver or gold buckle (as appropriate). During ambulance, special event or front-line command assignments, a Black Nylon Webbing Rescue Belt or a Velcro faced belt worn underneath a utility belt is also acceptable. Utility belts must be worn in line with the beltline of the pants.

- Socks: Socks must be Navy or Black, if they are visible above the footwear when seated.


D. Optional Components: Class B Duty Uniform

These optional components may be added to the Class B Duty Uniform:

- Thermal Underwear or Turtle Neck; Personnel may choose to replace the T-Shirt with either thermal underwear or a turtle neck/mock turtle neck of appropriate color at their discretion at any time in which a Class B uniform is appropriate. Sleeve length must not exceed that of the uniform shirt under which the item is worn.

- Sweater/Fleece: Approved ATCEMS sweater may be worn at any time in which a Class B uniform is appropriate. A department approved uniform shirt is required to be worn under the sweater/fleece.

- Cap: Approved ATCEMS caps may only be worn outdoors any time a Class B Uniform is appropriate. The cap must be worn in the traditional ‘bill forward and centered’ position. Cap bills may only be worn in the factory pre-curved condition.

- Coat: Department Issued Coats are the only approved jackets to be worn while on duty.

E. Class B: Dress Uniform (Appendix E, F)

The Class B Dress Uniform is the standard uniform worn by all uniformed personnel when addressing elected officials, boards and commissions and during other formal, non-ceremonial events and presentations.

The Class B Dress Uniform includes:

- Long Pants: Navy Blue Dress Non-Cargo Type
- Long Sleeve Shirt; White or Navy with the following attachments:
  - ATCEMS Department Badge shall be worn on the left breast and attached using the provided method on the shirt.
  - Name Tag (silver or gold as appropriate) shall be worn on the flap of the right breast pocket and shall be centered ¼” below the top of the pocket flap
  - City Years of Service Pin may be displayed in a centered position on the left breast pocket midway between the button and top edge of the pocket.
  - Rank insignia shall be worn on the collar, parallel with upper collar line and 1” from tip of the collar.
  - Tie: approved navy color tie of either clip on or tie
- Crew Neck T-Shirt: ATCEMS approved T-Shirts may be worn under the uniform shirt. T-Shirts must be the appropriate Color (white under white, black under navy). The Department must approve T-Shirt lettering or logos. T-Shirts must be in good condition (no visible stains, non-frayed collar).

- Belt: Black Leather Belt with silver or gold buckle (as appropriate).
- Socks: Socks must be Navy or Black, if they are visible above the footwear when seated.
F. **Class C: Utility Uniform (Appendix K, L, M, N, O, P)**

The Class C Utility Uniform may be worn by uniformed personnel, in place of the Class B Utility Uniform when working in the field, communications center or during skills labs and training exercises. This provides a more functional alternative during physical activities. The Class C Utility Uniform includes:

- Long Pants: Navy Blue Cargo Type
- Short Sleeve Shirt; White or Navy. The shirt shall have the following features added by the uniform vendor:
  - Embroidered ATCEMS Department Badge shall be attached in a centered position above the left breast pocket (silver or gold as appropriate)
  - Embroidered name tag shall be attached in a centered position immediately above the right breast pocket (silver or gold lettering as appropriate)
  - Embroidered title tag shall be attached in a centered position immediately above the left breast pocket (silver or gold lettering as appropriate)
  - Embroidered rank insignia shall be attached on the collar as appropriate (silver or gold as appropriate)
- The ATCEMS Department Badge: (metal) awards ribbons rack and rank insignia (metal) are not authorized on this uniform.
- Crew Neck T-Shirt: ATCEMS approved T-Shirts may be worn under the uniform shirt. T-Shirts must be the appropriate Color (white under white, black under navy). The Department must approve T-Shirt lettering or logos. T-Shirts must be in good condition (no visible stains, non-frayed collar).
- Belt: Black Leather Belt with silver or gold buckle (as appropriate) or Black Nylon Webbing Rescue Belt or a Velcro faced belt worn underneath a utility belt is also acceptable. Utility belts must be worn in line with the beltline of the pants.
- Socks: Socks must be Navy or Black, if they are visible above the footwear when seated.

F. **Optional Components: Class C Utility Uniform**

Optional components for the Class C Utility Uniform include:

- Thermal Underwear or Turtle Neck; Personnel may choose to replace the T-Shirt with either smooth finish thermal underwear or a turtle neck/mock turtle neck of appropriate color at their discretion at any time and during any situation in which a Class C uniform is appropriate. Sleeve length must not exceed that of the uniform shirt under which the item is worn.
- Shorts: Approved Cargo Shorts (Navy Blue) may be worn during field ambulance assignments and pre-approved outdoor Stand-Bys and pre-approved outdoor Special Events only. The Special Events or Community Relations Commander may authorize shorts for an event.
- Sweater/Fleece Pullover: Approved outerwear may be worn at any time in which a Class C Uniform is appropriate. A department approved uniform shirt is required to be worn under the sweater/fleece.
- Cap: Approved ATCEMS caps may only be worn outdoors any time a Class C Uniform is appropriate. The cap must be worn in the traditional ‘bill forward and centered’ position. Cap bills may only be worn in the factory pre-curved condition.
- Coat: Department Issued Coats are the only approved jackets to be worn while on duty.
G. **Class A: Dress Uniform (Appendix C, D)**

The Class A Dress Uniform is worn by uniformed personnel for formal occasions and assignments. Personnel will be advised by their supervisor of those situations in which a Class A Dress Uniform is required. The Class A Dress Uniform includes:

- Long Pants: Navy Blue Dress Non-Cargo Type
- Long Sleeve Shirt; White or Navy with the following attachments:
  a. ATCEMS Department Badge: shall be worn on the left breast and attached using the provided method on the shirt.
  b. Name Tag (silver or gold as appropriate) shall be worn on the flap of the right breast pocket and shall be centered ⅛” below the top of the pocket flap.
  c. City Years of Service Pin: may be displayed in a centered position on the left breast pocket midway between the button and top edge of the pocket.
  d. Awards and Ribbons Rack shall be worn ⅛” above the right breast pocket and shall be centered.
  e. Rank Insignia: shall be worn on the collar, parallel with upper collar line and 1” from tip of the collar.
- Tie: Approved navy color tie of either clip on or tie.
- Crew Neck T-Shirt: ATCEMS approved T-Shirts may be worn under the uniform shirt. T-Shirts must be the appropriate Color (white under white, black under navy). The Department must approve T-Shirt lettering or logos. T-Shirts must be in good condition (no visible stains, non-frayed collar).
- Belt: Black Leather Belt with silver or gold buckle (as appropriate).
- Socks: Socks must be Navy or Black, if they are visible above the footwear when seated.
- Footwear: Highly Polished Black ANSI Compliant Safety Footwear: as defined in ATCEMS Operations Procedure – Personal Protective Equipment (PPE) or Highly Polished Black Dress Uniform Footwear.

H. **Class A Formal Dress Uniform (Appendix A)**

The Class A Formal Dress Uniform shall only apply to those personnel who have been issued this uniform and is worn at formal occasions and assignments. Personnel will be advised by their supervisor of those situations in which a Class A Formal Dress Uniform is required. The Class A Uniform includes:

- Long Navy Blue Dress Type Pants: with blue leg stripe
- Long Sleeve White Shirt: with the following attachments:
  a. Gold ATCEMS Department Badge: shall be worn on the left breast and attached using the provided method on the shirt.
  b. Name Tag: shall be worn on the flap of the right breast pocket and shall be centered ⅛” below the top of the pocket flap.
  c. Department patch: will be displayed on the left and right shoulder sleeve.
  d. Rank Insignia: shall be worn on the collar, parallel with upper collar line and 1” from tip of the collar.
- Tie: approved navy color tie of either clip on or tie.
- Crew Neck T-Shirt: ATCEMS approved white T-Shirts may be worn under the uniform shirt. The T-Shirt must be in good condition (no visible stains, non-frayed collar).
- Belt: Black Polished Leather Dress Belt with gold buckle.
- Formal Blue Uniform Jacket with the following attachments:
  a. Gold star embossed buttons
  b. ATCEMS Department Badge shall be worn on the left breast and attached using the provided method on the jacket.
  c. Gold Name Tag shall be worn on the flap of the right breast pocket and shall be centered ⅛” below the top of the pocket flap.
d. Awards and Ribbons Rack shall be worn ¼” above the right breast pocket and shall be centered.

e. City Years of Service stripes: One blue star-of-life service stripe for each three years of uniform service in the Department.

f. Rank Insignia: yellow Rank Insignia shall be worn on both sleeves.
   o Blue Cover: with gold strap and gold cover device in the center.
   o Socks: Socks must be Navy or Black.
   o Footwear: Highly Polished Black Dress Uniform Footwear.

I. Class A Formal Dress Uniform - Honor Guard (Appendix B)
The Class A Formal Dress Honor Guard Uniform shall only apply to Honor Guard Members and is worn at formal occasions and assignments. Personnel will be advised by their supervisor of those situations in which a Class A Formal Dress Honor Guard Uniform is required. The Class A Formal Dress Honor Guard Uniform includes:
   o Long Navy Blue Dress Type Pants: with yellow leg stripe.
   o Long Sleeve White Shirt: with the following attachments:
     a. Gold ATCEMS Department Badge: shall be worn on the left breast and attached using the provided method on the shirt.
     b. Name Tag: name tag shall be worn on the flap of the right breast pocket and shall be centered ¼” below the top of the pocket flap
     c. Department patch: will be displayed on the left and right shoulder sleeve.
     d. Rank Insignia: shall be worn on the collar, parallel with upper collar line and 1” from tip of the collar.
   o Tie: approved navy color tie of either clip on or tie.
   o White cotton gloves
   o Crew Neck T-Shirt: ATCEMS approved white T-Shirts may be worn under the uniform shirt. The T-Shirt must be in good condition (no visible stains, non-frayed collar).
   o Belt: Black Polished Leather Dress Belt with gold.
   o Formal Blue Uniform Jacket: with the following attachments:
     a. Gold star embossed buttons
     b. ATCEMS Honor Guard Badge shall be worn on the left breast and attached using the provided method on the jacket.
     c. Name Tag: gold Honor Guard Name Tag shall be worn on the flap of the right breast pocket and shall be centered ¼” below the top of the pocket flap.
     d. Awards and Ribbons Rack shall be worn ¼” above the right breast pocket and shall be centered.
     e. Rank Insignia: shall be worn on both sleeves.
     f. Blue Honor Cord on left shoulder.
     g. Honor Guard Patch on both left and right shoulder sleeves.
   o White Cover: with gold strap and gold cover device in the center.
   o Socks: Socks must be Navy or Black.
   o Footwear: Highly Polished Black Dress Uniform Footwear.

J. Bicycle Uniform (Appendix Q)
The Bicycle Uniform may be worn by qualified Bicycle Medic personnel, in place of the Class B and C Uniform anytime a Department bicycle is being operated. The Bicycle Uniform provides higher visibility and greater mobility, improving safety for the employee. The Bicycle Uniform includes:
   o Cargo Shorts: Navy blue Department issued Cargo Shorts
   o High Visibility Short Sleeve Shirt; yellow top with navy bottom. The shirt shall have the following additional features added by the uniform vendor:
     a. Embroidered ATCEMS Department Badge shall be attached in a centered
position above the left breast pocket (silver or gold as appropriate)

b. Embroidered name tag shall be attached in a centered position immediately above the right breast pocket (silver or gold lettering as appropriate)

c. Embroidered title tag shall be attached in a centered position immediately above the left breast pocket (silver or gold lettering as appropriate)

d. Embroidered rank insignia shall be attached on the collar as appropriate (silver or gold as appropriate)

e. Department Patch on the Left Shoulder sleeve and Texas Certification Patch on the Right Shoulder sleeve.

K. Motorcycle Uniform (Appendix R)

The Motorcycle Uniform will be worn by qualified Motorcycle Medic personnel, in place of the Class B or C Uniform anytime a Department motorcycle is being operated. The Motorcycle Uniform provides higher visibility, additional layers of safety and unique communications options for the employee. The uniform includes:

- Padded Motorcycle Pants: Black, over the uniform style padded motorcycle pants
- High Visibility Short Sleeve Shirt: yellow top with navy bottom. The shirt shall have the following additional features added by the uniform vendor:
  a. Embroidered ATCEMS Department Badge shall be attached in a centered position above the left breast pocket (silver or gold as appropriate)
  b. Embroidered name tag shall be attached in a centered position immediately above the right breast pocket (silver or gold lettering as appropriate)
  c. Embroidered title tag shall be attached in a centered position immediately above the left breast pocket (silver or gold lettering as appropriate)
  d. Embroidered rank insignia shall be attached on the collar as appropriate (silver or gold as appropriate)
  e. Department Patch on the Left Shoulder sleeve and Texas Certification Patch on the Right Shoulder sleeve.
- High Visibility Winter Motorcycle Safety Jacket: The jacket shall have the following additional features added by the uniform vendor:
  a. Embroidered ATCEMS Department Badge shall be attached in a centered position above the left breast pocket (silver or gold as appropriate)
  b. Department Patch on the Left Shoulder sleeve and Texas Certification Patch on the Right Shoulder sleeve.
- High Visibility Summer Motorcycle Safety Jacket: The jacket shall have the following additional features added by the uniform vendor:
  a. Embroidered ATCEMS Department Badge shall be attached in a centered position above the left breast pocket (silver or gold as appropriate)
  b. Department Patch on the Left Shoulder sleeve and Texas Certification Patch on the Right Shoulder sleeve.
- Motorcycle Helmet: with built-in communications gear.
- Socks: Socks must be Navy or Black, if they are visible above the footwear when seated.
- Footwear: Black ANSI Compliant Safety Footwear as defined in ATCEMS Operations Procedure – Personal Protective Equipment (PPE); or approved alternative footwear is a black motorcycle boot with ankle protection. Final approval of motorcycle boot is required by the Special Event Commander.
L. Tactical Medic Uniform (Appendix S)
The Tactical Medic “Call Out” Uniform may be worn by qualified Tactical Medic personnel, in place of the Class B or Class C Uniform when working law enforcement incidents in the tactical environment or related training. This provides a more functional alternative to wearing the Class B or C uniform in the tactical environment. The “Call Out” Uniform includes:

- Long Pants; OD Green BDU Style
- Long Sleeve Shirt; OD Green BDU Style: The shirt shall have the following additional features added by the uniform vendor:
  a. Embroidered name tag shall be attached in a centered position immediately above the right breast pocket (OD Green tape with black stitching)
  b. Embroidered title tag shall be attached in a centered position immediately above the left breast pocket (OD green tape with black stitching)
  c. Tactical State Paramedic Patch on right sleeve of the BDU Shirt.
  d. Tactical Department Patch on left sleeve of the BDU Shirt.
- Crew Neck T-Shirt: ATCEMS approved T-Shirts may be worn under the BDU shirt. T-Shirts must be the appropriate Color (black). The Department must approve T-Shirt lettering or logos. T-Shirts must be in good condition (no visible stains, non-frayed collar).
- Belt: Black Leather Belt with silver or gold buckle (as appropriate) or Black Nylon Webbing Rescue Belt or a Velcro faced belt worn underneath a utility belt is also acceptable. Utility belts must be worn in line with the beltline of the pants.
- Socks: Socks must be Navy or Black, if they are visible above the footwear when seated.

M. Optional Components: Training Uniform (Appendix T)
- Long Pants: Woodland Green Camo BDU Style
- Long Sleeve Shirt: Woodland Green Camo BDU Style
- Crew Neck T-Shirt: ATCEMS approved T-Shirts may be worn under the BDU Blouse. T-Shirts must be the appropriate Color (black). The Department must approve T-Shirt lettering or logos. T-Shirts must be in good condition (no visible stains, non-frayed collar).
- Belt: Black Leather Belt with silver or gold buckle (as appropriate) or Black Nylon Webbing Rescue Belt or a Velcro faced belt worn underneath a utility belt is also acceptable. Utility belts must be worn in line with the beltline of the pants.
- Socks: Socks must be Navy or Black, if they are visible above the footwear when seated.

N. All-Hazard and Ambulance Strike Team Training and Deployment Uniform (Appendix V)
Training Uniform may be worn by qualified All-Hazard and Ambulance Strike Team personnel who are current members of the All-Hazard and Ambulance Strike Teams, in place of the Class B or Class C when working in the training environment or on deployment. This provides a more functional and durable alternative to wearing the Class B or C uniform in austere environments. The Training and Deployment Uniform includes:

- Long Pants; Navy Blue BDU Style
- Long Sleeve Shirt; Navy Blue BDU Style: The shirt shall have the following additional features added by the uniform vendor:
  a. Embroidered name tag shall be attached in a centered position immediately above the right breast pocket (Navy tape with white stitching).
b. Embroidered title tag shall be attached in a centered position immediately above the left breast pocket (Navy tape with white stitching)

- Crew Neck T-Shirt: ATCEMS approved T-Shirts may be worn under the BDU Shirt. T-Shirts must be the appropriate Color (White or black or Grey). The Department must approve T-Shirt lettering or logos. T-Shirts must be in good condition (no visible stains, non-frayed collar).
- Belt: Black Leather Belt with silver or gold buckle (as appropriate) or Black Nylon Webbing Rescue Belt or a Velcro faced belt worn underneath a utility belt is also acceptable. Utility belts must be worn in line with the beltline of the pants.
- Socks: Socks must be Navy or Black, if they are visible above the footwear when seated.

Optional Components: Training and Rescue Uniform

- Swimsuit: Swimsuit will be worn during designated water training and deployments. Swim trunks must be department issued and worn with Department approved T-shirt. Females will wear a one piece style swimsuit (Black or Navy) with the issued swim trunks over the one piece.

O. Academy PT Uniform (Appendix U)

To ensure proper identification and mobility during physical fitness (PT) training at the EMS Training Academy, Cadets and PT Instructors assigned to the Academy will wear a Department issued PT uniform during PT.

- Gray T-shirt or grey sweatshirt: (sweatpants issued based on weather) with the EMS logo on front left.
- Black mesh workout shorts or sweatpants: (sweatpants issued based on weather).
- Individual running or workout shoes with socks.

P. Non-Uniform Personnel (Appendix W)

The Polo Shirt and Cargo Pants Uniform only applies to those non-uniform personnel who are Department Instructors, Warehouse and Vehicle Make-Ready Employees, Recruiting Employees and individuals designated by the Chief to represent the Department at a public functions.

- Department non-uniform Instructors and Recruiting Employees
  - White pullover polo-type shirt: with embroidered Department Logo centered immediately above where the left breast pocket. No additional text under the logo or on the shirt is allowed.
  - Khaki Cargo pants.

- Warehouse and Fleet Make-Ready Employees
  - Grey pullover polo-type shirt: with embroidered Department Logo centered immediately above where the left breast pocket. No additional text under the logo or on the shirt is allowed.
  - Navy Cargo pants or approved Cargo Shorts (Navy Blue) may be worn.
  - Black Belt.
  - Socks must be Navy or Black, if they are visible above the footwear when seated.
  - Black ANSI Compliant Safety Footwear as defined in ATCEMS Operations Procedure – Personal Protective Equipment (PPE).
  - Warehouse and Fleet Make-Ready Employees
o Staff designated by the Chief
Members of the Chief’s Executive Team and other employees designated by the Chief may wear the following types of shirts displaying the Department Logo, at approved functions. Approved functions include; while at work, while representing the Department at meetings, conferences, training, official social functions and Department approved travel. The shirt and Logo embroidering is at the employee’s expense.
  a. Light Blue or White Button Down Oxford Shirt long or short sleeve. Department Logo centered immediately above the left breast pocket. No additional text under the logo or on the shirt is allowed.
  b. White pullover polo-type shirt: with embroidered Department Logo centered immediately above where the left breast pocket. No additional text under the logo or on the shirt is allowed.

Q. Uniform Personnel (Appendix X)
Uniform staff specifically designated by the Chief may wear the following types of shirts displaying the Department Logo, at approved functions.
  a. Light Blue or White Button Down Oxford Shirt long or short sleeve. Department Logo centered immediately above the left breast pocket. No additional text under the logo or on the shirt is allowed.
  b. Medic I, Medic II and Captain; White pullover polo-type shirt: with embroidered Department Logo centered immediately above where the left breast pocket. No additional text under the logo or on the shirt is allowed.
  c. Command, Division Chief, Assistant Chief; Black pullover polo-type shirt: with embroidered Department Logo centered immediately above where the left breast pocket. No additional text under the logo or on the shirt is allowed.

R. Austin-Travis County Department Badge
The Austin-Travis County Department Badge is issued to each uniformed employee and worn on all Class A and Class B Uniforms:
  o Medic I, Medic II and Captain Badges will be Silver.
  o Command, Division Chief, Assistant Chief and Chief Badges will be Gold.

Black Mourning Bands should be worn across the ATCEMS metal badge when designated by the EMS Chief.

In addition to the official version of the ATCEMS Badge (metal) an embroidered representation is used on Class C, Motorcycle, Bicycle, Tactical, All-Hazard, Ambulance Strike Team and Fleece Pullover Uniforms (Silver or Gold), on the collar, parallel with upper collar line and 1” from tip of the collar.

S. Rank Insignia
  o Captain’s rank insignia will be silver.
  o Commander, Division Chief, Assistant Chief and Chief rank insignia will be gold.

T. Name Tag
The ATCEMS Nametag (Metal) is the only nametag authorized to be worn on the uniform. It will include the employee’s first and last name on the top line and the employee’s Department Rank (Medic I, Medic II, Captain, Commander, Division Chief, Assistant Chief and Chief)
  o Medic I, Medic II and Captain Nametags will be Silver.
  o Command, Division Chief, Assistant Chief and Chief nametags will be Gold.
In addition to the official ATCEMS Nametag (metal) an embroidered representation with last name and four digit employee number “1234” is used on Class C, Motorcycle, Bicycle, Tactical, All-Hazard, Ambulance Strike Team and Fleece Pullover Uniforms (Silver or Gold).

U. Title Tag
The ATCEMS embroidered Title Tag is used on Class C, Motorcycle, Bicycle, Tactical, All-Hazard, Ambulance Strike Team and Fleece Pullover Uniforms (Silver or Gold). The Title Tag will match the employee’s position in the Department: Medic I, Medic II, Captain, Commander, Division Chief, Assistant Chief and Chief.
  - Medic I, Medic II and Captain Title Tag will be Silver.
  - Commander, Division Chief, Assistant Chief and Chief Title Tag will be Gold.

V. Belt Buckle
  - Medic I, Medic II and Captain belt buckles will be silver.
  - Commander, Division Chief, Assistant Chief and Chief belt buckles will be gold.

W. Award and Ribbon Rack
The specific display of Award and Ribbon Racks are detailed within each uniform class description. Award and Ribbon Racks are required on Class A Dress uniform Shirts and Class A Formal Dress uniform Jackets.

X. Patches
Uniform patches will adhere to the following standards:
  - Uniform shirts, sweaters and fleece pullovers will have the State certification or licensure patch displayed on the right shoulder sleeve and the Department patch will be displayed on the left shoulder sleeve.
  - Patches are to be neatly and permanently sewn on.
  - If pressed, patches should be pressed down the middle.
  - Unless otherwise allowed in this procedure, no other patches are to be worn.

Y. Alterations
The Department will fund any request for uniform change or alteration due to maternity, an improvement in physical fitness, or medical condition. All other alterations will be at the employees’ expense.

Z. Uniform Accessories:
Key keepers, pager pouches, flashlight carriers, small waist packs, and other carrying accessories may be worn on duty or utility belts. They must be black and constructed of leather, canvas, or Gortex without decorative stitching, embossing, or logos.
  - Professionally made black leather Radio Straps with quick release safety buckles and an anti-swing strap, such as Boston Leather brand or similar are allowed.
  - Professionally made black lightweight Tactical Vest style carriers for portable radios and PPE are allowed with prior Department approval.

AA. T-Shirts:
To ensure proper identification and decrease uniform wear, the Department will provide one type/style of cotton T-Shirts for daily wear.
  - White with the ATCEMS logo on front left and Austin-Travis EMS on the back, to be worn with white uniform shirts.
  - Black with the ATCEMS logo on front left and Austin-Travis EMS on the back, to be worn with navy uniform shirts.
BB. Winter Coats:
A Department issued high-visibility winter coat may be worn at any time while on-duty and with any Uniform Class except Class A Formal Dress Uniforms. All coats will be identified with large block letter EMS centered on back.
Procedure Purpose

This procedure document provides an overview of the various tasks and processes performed by the Safety Staff at Austin – Travis County EMS (ATCEMS).

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Responsibilities of the ATCEMS Safety Staff

1. Safety Programs:
   a. Maintain written program documentation to reflect current practices and procedures.
   b. Perform an annual review/update of safety program.
   c. Communicate program information and requirements to personnel.

2. Injury/Exposures:
   a. Review all "on the job" injuries and exposures for the purpose(s) of further investigation as needed, data collection, cause charting, root cause identification and recommendation from a safety and risk management perspective.
   b. Coordinate with the Health Department any post-exposure requirements or needs with affected personnel.
   c. Manage injury/exposure cases, prepare and provide training relative to the overall safety needs and develop drafting procedures that will focus on the reduction of injuries and exposures within the Department.

3. Infection Control:
   a. Coordinate with the Office of the Medical Director (OMD) Infection Control Practitioner on current infection control practices.
   b. Manage the Department’s infection control program, recommend training, provide guidance on appropriate infection control practices, and develop policies/procedures for infection control.
4. Fleet Safety:
   a. Review all vehicle accidents/incidents for the purpose(s) of further investigation as needed, data collection, cause charting, root cause identification and recommendation from a safety and risk management perspective.
   b. Maintain the Driver Points Database.
   c. Coordinate with other departments to resolve claims related to vehicle accidents and investigations.
   d. Recommend training or education needs essential in the management of a vehicle operations program to include the drafting of policies/procedures that will foster safe driving practices.

5. Ride-outs:
   o Ride-out on emergency vehicles to monitor/assess the safety culture and practices within the Department.

6. Equipment Workgroup:
   o Participate on the Equipment Workgroup.

7. Safety Workgroup:
   a. Facilitate the Safety Workgroup to provide dialog on safety concerns, and make recommendations to the team’s Executive Sponsor regarding safety issues

8. Facilities and Fleet Assistance:
   o Coordinate with Facilities and Fleet staff for issues related to Facilities and Fleet safety.

9. Training:
   a. Assist in the instruction and development of training classes related to safety including, but not limited to:
      i. Scene Safety
      ii. Vehicle Safety
      iii. Emergency Vehicle Operations
      iv. Appropriate use of Personal Protection Equipment (reflective vests, respirators, bunker gear, etc)
      v. All Hazard Training
      vi. Swiftwater Training
      vii. Infection Control
      viii. Fire Scene Operations
      ix. Provider Safety
      x. Accident and Injury Investigation

10. Reporting:
    a. Track and trend safety related issues and report them as needed.
    b. Provide safety data as requested for internal and external reporting requirements.
    c. Periodically distributes a “Safety Summary” to all employees.
B. Regulations With Jurisdiction over EMS
   ATCEMS does not purchase or use any materials that are covered by this act. All of our materials are medications or consumer products (articles).

   - This regulation is applicable to ATCEMS.


4. Tier 2: 40CFR 370 Community Right to Know
   - ATCEMS does not have any reportable quantities of materials under this regulation.

5. Generators of Medical Waste: Texas Administrative Code, Title 30 Part 1, Chapter 330, Subchapter Y, RULE §330.1207

6. Fire Extinguishers in Vehicles: HB 564 relating to the maintenance of fire extinguishers in government owned vehicles became effective 5/27/2011. This act requires government entities that have chosen to provide portable fire extinguishers in their vehicles to ensure those fire extinguishers are subjected to annual maintenance at least equal to that required by NFPA 10, Portable Fire Extinguishers.

   NOTE: This law does not require government vehicles to be equipped with fire extinguishers. It only requires that fire extinguishers provided in vehicles receive annual maintenance.

C. Recordkeeping
   Safety staff is responsible for the maintenance of the following records:
   - Respirator Medical Exams
   - Respirator Fit Testing
   - Driver Points
   - Vehicle Accident / Incident Reports
   - Facility Inspections
   - Injury Reports
   - Drug testing
Procedure Purpose

The purpose of this procedure is to provide guidelines related to bloodborne pathogens within Austin – Travis County EMS (ATCEMS). The following exposure control plan is provided to help minimize exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.” Employees may also find additional information at www.osha.gov.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Definitions

Blood, certain other body fluids, or other Potentially Infectious Materials (PIM) are defined below in the context of Bloodborne Pathogens:

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

Bodily Fluids means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, 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.

Saliva, Urine, Vomitus, Fecal Matter, and Tears are normally not considered a potentially infectious material unless it is contaminated with blood or other bodily fluids. These materials may be considered as “potentially infectious”, but not in the context of a bloodborne pathogen exposure.

Exposure only includes the following: Contact with bodily fluids or blood to non-intact skin, percutaneous, oral, ocular, or mucous membrane. There are several routes/types of exposure to pathogens. However, in the context of Bloodborne Pathogen Exposure the definition above will be used.

Sharps

Within medicine, a pointed or cutting medical instrument that requires careful disposal, e.g. a hypodermic needle or surgical blade.
B. Program Administration

1. Program Administrator
The Chief of EMS shall assign a program administrator who will manage the Bloodborne Pathogen Protection Program, and maintain all records pertaining to the plan. The ATCEMS Safety Coordinator shall be designated as the Bloodborne Pathogen Protection Program Administrator (BPPPA).

2. Management
EMS will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no cost to the employees. EMS management will ensure proper adherence to this program through periodic audits.

3. Commanders / Supervisors
Commanders / Supervisors shall themselves follow and ensure that their employees are trained in and use proper work practices, universal precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.

4. Employees
All employees are responsible for employing proper work practices, universal precautions, personal protective equipment and cleanup/disposal techniques as described in this program. All employees are also responsible for reporting all exposure incidents to their supervisor immediately or immediately after transferring patient care.

5. Contractors
Contract employees shall be responsible for providing their own Bloodborne Pathogen Protection Program. This program must be reviewed and approved by the ATCEMS BPPPA.

6. Associates
Associates are defined as any external person not employed or contracted by EMS such as students, physicians, firefighters, riders, etc.

Associates shall be responsible for complying with this plan, and shall be provided with a copy of “EMS Safety Overview for Riders”. EMS is not responsible for providing post-exposure medical care for Associates.

C. Exposure Determination
ATCEMS Safety has evaluated the bloodborne exposure risk for all job classifications. Staff has identified the following job classifications as having the potential for Occupational Exposure (risk of bloodborne exposure as the direct result of performing aspects of job duties)

- Employees involved in patient care
- Safety Staff
- Supply Staff

Hepatitis B vaccinations shall be made available to all employees who have the potential for occupational exposure. This will occur after the employee has received bloodborne pathogen training and within 10 working days of initial assignment to tasks in which the potential for exposure exists. Hepatitis B vaccinations is not required if the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
D. Methods of Implementation and Control

1. Universal Precautions

Universal precautions shall be used at ATCEMS to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.

2. Engineering Controls

The engineering and work practice controls listed below shall be used to minimize exposures to ATCEMS employees. Note that additional controls and practices are listed in the Infection Control Procedure.

   a. All used sharps shall be placed in a sharps container as quickly as possible after use. All disposable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof. The individual who used the sharp is responsible for assuring it is safely placed in a sharps container. Sharps are never re-used and are single use.

   b. Auto-retracting syringes are to be used whenever practical. These are handled as sharps even after retracting. In the rare event that a syringe needs to be re-capped, it shall be performed using a 1-handed technique.

   c. Some medications can be administered intra-nasally, thereby eliminating the need for a needle.

   d. Retracting IV catheters are used to immediately sheathe the needle after use. These are handled as sharps even after retracting. The IV catheter shall not be used to obtain blood for a glucometer sample.

   e. Where practical, EMS has switched to luer-lock packaging of drugs thereby eliminating the need for needles.

   f. Any type of syringe or glass medication container is disposed of in a sharps container.

   g. Where feasible, IV access is established prior to the ambulance moving.

The following methods shall be used to review the effectiveness of the engineering controls and work practices.

   a. Safety staff will conduct ride-outs or observe work activities when relative concerns or questions exist.

   b. Evaluation by the Equipment Team.

   c. Evaluation by the EMS Safety Committee.

   d. Evaluation by the Executive Team.

   e. Reports to all employees to communicate how employees are injured and exposed to pathogens.

When engineering controls cannot completely eliminate the potential of a bloodborne pathogen exposure, personal protective equipment shall also be used.

3. Needles

Normal practice is that contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or purposely broken. Contaminated sharps shall be placed immediately into appropriate sharp containers after use.

   If needle recapping is absolutely necessary it should be performed using a one-handed technique.

4. Recordkeeping for Bloodborne Exposures
All Bloodborne Exposures are recorded in the Workers’ Compensation database; as well as the employee’s medical file. These records are maintained for the employee’s length of employment plus 30 years.

5. Hand Washing
Employees shall wash their hands after patient contact. Antiseptic hand sanitizer and antiseptic wipes are available on ambulances and command trucks.

6. Work Area Restrictions
Employees shall not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the patient compartment of an ambulance.

7. Contaminated Equipment
Equipment that has become contaminated with blood or other potentially infectious materials is disinfected using the disinfecting wipes prior to returning to service. If equipment cannot be feasibly decontaminated, the Safety Staff shall be consulted regarding alternative methods or proper disposal.

8. Personal Protective Equipment (PPE)
The vast majority of PPE used at ATCEMS is used for bloodborne pathogen protection and infection control. Refer to the PPE Program for details on PPE selection and use. In addition, the Clinical Operating Guidelines provide PPE guidance in Appendix A3.

9. Medical Waste Disposal
ATCEMS contracts with a Waste Disposal Contractor permitted by the Texas Commission on Environmental Quality for disposal of Medical Waste. All Medical Waste is contained in approved sharps containers and consists almost exclusively of sharps and wasted medications.

Wipes, bandages, gauze, or cleaning materials that are contaminated with blood/bodily fluids can be placed in the regular trash unless they fit the definition of “Red Bag Medical Waste” below.

   o “Red Bag Medical Waste”
   Red Bag Medical Waste is defined as materials used to clean up blood/bodily fluids that contain any free flowing blood/body fluid; or any human tissue. Employees dispose of Red Bag Medical Waste in the hospital’s medical waste containers.

   When the sharps container reaches its “full” mark, employees close the locking lid and transport the container to one of the designated ATCEMS supply stations or to Supply. Supply stocks these stations with replacement sharps containers. Supply restocks ATCEMS supply stations and transports full sharps containers to the main Supply facility. Supply employees package the containers in packaging provided by the waste disposal contractor per their instructions. Boxes of sharps containers are then weighed and labeled for pick up by the waste contractor. Supply is responsible for medical waste recordkeeping.

E. Hepatitis B vaccination & Post-exposure Evaluation and Follow-up
Refer to procedure – Safety - Infection Control.
F. **Labels and Signs**
All sharps containers and their shipping containers are labeled with the universal biohazard label. "Red Bag Waste" does not require a biohazard label as long as it is in a red bag and immediately transferred from the ambulance to the hospital’s medical waste containers. Any other colored bag of “Red Bag Waste” must include a universal biohazard label.

G. **Training**
Bloodborne Pathogens training is provided in conjunction with Infection Control training. This training is presented to field employees during the Academy, and includes the content required by OSHA.

Annual refresher training is included in the Continuing Education courses required for all field employees.

H. **Recordkeeping**
1. **Medical Records**
   ATCEMS Human Resources division maintains all employee medical records. The medical records are separate from the personnel files.

2. **Training Records**
   ATCEMS Professional Practices and Standards (PPSD) division maintains training records.

I. **Availability of Records**
Whenever an employee (or designated representative) requests access to a record, ATCEMS shall provide access to said employee’s records in a reasonable time, place, and manner in accordance with 29 CFR 1910.1020(e). An employee (or designated representative) will only be given access to his or her own records.

J. **Evaluation and Review**
The ATCEMS Safety staff shall review this program annually or as needed to incorporate modifications.
Procedure Purpose

This procedure provides guidelines and requirements designed to reduce the potential for, and severity of injury within Austin – Travis County EMS (ATCEMS).

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Areas of Responsibility

1. The ATCEMS Safety staff is responsible for the overall implementation of this program as it pertains to tracking of injuries, ensuring training and education is conducted and make recommendations for enhancements in practices, equipment or work environments that will reduce injuries.

2. Assistant Chiefs and Division Chiefs will support initiatives that enhance the ergonomic principles for health and wellness of employees in the design of vehicles, office workstations and furniture.

3. Commanders/Supervisors are responsible for the promotion and enforcement of proper lifting technique for all employees.

4. All personnel are responsible for maintaining their health, strength, and flexibility; as well as good lifting practices within their work areas.

B. Proper Lifting Technique

To minimize the likelihood of a back injury when lifting materials, the following steps shall be taken:

1. Plan ahead before lifting.

   Know what you're doing and where you're going to help prevent you from making awkward movements or turning awkwardly while holding heavy object. Clear a path, and if lifting something with another person, make sure both of you agree on the plan.

2. Stand Close to the Load:

   Stand close to the load with your feet spread apart about shoulder width. Place one foot slightly in front of the other for balance.

3. Bend at the Knees:
Squat down bending at the knees (not your waist). Tuck your chin while keeping your back as vertical as possible.

4. Control the Load:
Get a firm grasp of the object before beginning the lift.

5. Lift with Your Legs:
Begin slowly lifting with your LEGS by straightening them. Never twist your body during this step.

6. Keep Load Close to Body:
Once the lift is complete, keep the object as close to the body as possible. As the load's center of gravity moves away from the body, there is a dramatic increase in stress to the lumbar region of the back. If you must turn while carrying the load, turn using your feet-not your torso. Keep your eyes up. Looking slightly upwards will help you maintain a better position of the spine.

Note: If the load is heavy, do not turn or pivot on one leg as this type of motion can cause knee injury.

When moving an item from a hard-to-reach place, position yourself as close to the item as possible. Slide it out to get it closer and be sure that you have adequate room for your hands and arms. Be aware of adjacent obstructions, on either side or above the load.

If an object is too heavy, or awkward in shape, make sure you have someone around who can help you lift. To place the object below the level of your waist, follow the same procedures in reverse order. Remember, keep your back as vertical as possible and bend at the knees. Think about where the item will be placed once you've lifted it: Will it be:
- Overhead?
- Under an overhang?
- In a narrow spot?

Try to allow yourself as much room as possible to set the load down. You can always shift it slightly later. Check your path from place to place - remove tripping hazards, protect openings, set up a "well wheel" or a "bucket and line" if you need to get materials up a ladder. Make sure that the lighting is sufficient to see where you are going. Stabilize uneven or loose ground, or choose an alternate route. The shortest way isn't always the fastest, or the safest.

C. The Do's and Don'ts of Lifting
Always use both hands when lifting and lift slowly and deliberately. If possible, have someone or something to help you when lifting.

1. Following is a review list of dos and don'ts when bending and lifting:

**Dos**

- Place your feet and knees at least shoulder width apart or front to back in a wide step position. This will help you bend at the hips, keeping your back relatively straight and stress free.
- Lean over or squat with the chest and buttocks sticking out. If you do this correctly, your back will be flat and your neck will balance in a relaxed neutral position.
- Take weight off one or both arms if possible. When you squat down or push back up, use your hand or elbow as support on your thigh or any available structure. This takes some of the compression and strain off of the lower back.
- Balance your load on either side if possible, or switch sides so that both sides are equally stressed.
- Level the pelvis or tuck in your buttocks and suck in your abdomen, when reaching or lifting overhead. Keep your chest up and use a step stool to keep the low back and neck in neutral alignment.
- Walk around and use backward-bending and/or stomach-lying positions before or after bending or heavy lifting, especially if you've been sitting for a while.

**Don'ts**

- Lift things when your feet are too close together. If your feet are closer than shoulder width you'll have poor leverage, you'll be unstable, and you'll have a tendency to round your back.
- Lift with your knees and hips straight and your lower back rounded. This is the most common and stressful bad lifting move. Twisting the trunk during this bad move compounds the problem.
- Tense and arch the neck when lifting. This crams your neck joints together and causes pain especially if maintained for a long period of time.
- Twist or turn when carrying a heavy load.
- Lift and/or carry an unbalanced load.
- Lift and bend too much in a short period of time.
- Lift objects that are too heavy for you without assistance or proper equipment.
- Lift heavy objects directly following a sustained period of sitting, especially if you have been slouching.
- Lift things overhead with your neck and back arched, if possible.

**D. Equipment and Options for Lifting**

1. Administrative personnel have the following options available for reducing the risk of musculoskeletal disorders (MSDs), such as:
   - Utilizing an equipment dolly
   - Utilizing a co-worker for lift assistance
   - Utilizing an elevator instead of stairs for movement of items between floors

2. Field Providers have a number of tools and methods available for reducing the risk of MSDs, such as:
   - “Mega-mover” tarps for heavy patients and/or areas not suitable for stretchers
   - Utilizing the fire department for lift assists
   - Asking ambulatory patients to transfer themselves from stretcher to gurney
   - Utilizing hospital staff to assist with non-ambulatory patients
   - Utilizing workout equipment in stations to maintain strength and flexibility
   - Utilizing the “Stair Chair” to move patients down stairs or through areas not suitable for stretchers
   - The fitted stretcher sheet is only to be used for transferring patients from the stretcher to the hospital gurney. They are not used for lifting patients.

**E. Training**

For field providers, training in proper lifting techniques is included in the Safety presentation.
during the Academy. This presentation also stresses the importance of maintaining health, strength, and flexibility.
Procedure Purpose

The purpose of this procedure is to provide information about standards and requirements to improve ergonomics in the workplace.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Definitions

**Reactive Ergonomics** is when something needs to be fixed, and corrective action is taken.

**Proactive Ergonomics** is the process of seeking areas that could be improved and fixing the issues before they become a large problem. Problems may be fixed through equipment design, task design, or environmental design.

- Equipment design changes the actual, physical devices used by people.
- Task design changes what people do with the equipment.
- Environmental design changes the environment in which people work, but not the physical equipment they use.

B. Application

Austin-Travis County EMS will apply proactive ergonomics as our primary standard of practice and take corrective actions when necessary.

C. Area of Responsibility

- Safety Staff will perform an ergonomic evaluation for each new employee’s workstation. Where necessary, workstations and/or processes are altered to best suit the workstation to the employee and their tasks.
- Assistant Chiefs and Division Chiefs will pursue initiatives that enhance the ergonomic principles for health and wellness of employees in the design of vehicles, office workstations and furniture when possible.

D. Training

Training in ergonomics is included in the personalized ergonomic evaluations for all administrative and supply employees.
OP-09.05.00 Facility Safety

Procedure Purpose

This procedure provides standards and requirements necessary to insure that Austin – Travis County EMS (ATCEMS) facilities are operated and maintained in a manner that protects all occupants and visitors from recognized hazards.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Assignment of Responsibility

 o Safety staff is responsible for conducting regular inspections for all ATCEMS facilities, investigating complaints involving the safety or health risk(s) of a facility or designated work area and coordinating any repair with the ATCEMS Facilities Manager. Safety staff is responsible for maintaining the Emergency Plan Drawings for portions of the facilities occupied by ATCEMS Headquarters and the Professional Practice and Standards Divisions.

 o City of Austin (COA) Building Services is responsible for buildings in COA owned or leased facilities. This includes all ATCEMS facilities except Travis County Stations. The ATCEMS Facilities Manager coordinates with the various County organizations to resolve safety issues in their respective facilities.

 o The EMS Chief, Assistant Chiefs and Division Chiefs will promote a safe and healthy work area in all facilities occupied by ATCEMS personnel.

 o Commanders/Supervisors will promote a safe and healthy work area in all facilities occupied by ATCEMS personnel and enforce all safety programs and initiatives. They will ensure a safe and hazard free work area exist for employees by implementing the appropriate education, training, inspections, enforcement and reporting tool needed to ensure a safe working environment.

 o Employees shall participate in safety programs and are required to observe rules, regulations, and instructions as determined by management.

B. Inspections

Every year, ATCEMS safety and supervisory staff shall conduct inspections of all department facilities (except CTECC – a high security facility).

C. Reporting Hazards

Any employee may report a hazard by any of the following methods:

 o Submit an on-line Facilities Request Form

 o Report via phone or email directly to any of the ATCEMS safety or facilities staff
- Report the hazard to their Supervisor

D. **Emergency Plan Drawings**
   Emergency plan drawings at designated facilities will include evacuation routes, tornado shelter areas, fire extinguisher, and AED locations.

E. **Severe Weather**
   Stations located in trailers, portable buildings, or similar structures have severe weather instructions posted. These provide instructions for severe weather and tornado watches/warnings. Specific instructions are unique to each facility.

   All facilities are equipped with televisions to allow employees to monitor severe weather.

F. **Electrical Safety**
   Any electrical installations or repairs are conducted by COA Building Services licensed electricians or licensed contractors. All personnel are prohibited from performing any type of electrical work regardless of voltage.

   Building generators are maintained by COA Building Services or contractors.

G. **Visitor Safety**
   Visitors to EMS facilities are always accompanied by ATCEMS employees. The employee is responsible for directing them during an emergency and making them aware of any hazards or ATCEMS safety procedures applicable to their visit.
OP-09.06.00 Hazard Communication

Procedure Purpose

The purpose of this procedure is to provide the guidelines and requirements that will be used by Austin –Travis County EMS (ATCEMS) for hazard communication.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

Employees and visitors to ATCEMS shall understand the hazards of chemicals in the workplace; and comply with the following Federal, State and Local requirements including but not limited to:


A. Background

Both regulations above specifically exempt “consumer products” where the employer can show that it is used in the workplace for the purpose intended by the chemical manufacturer or importer of the product, and the use results in a duration and frequency of exposure which is not greater than the range of exposures that could reasonably be experienced by consumers when used for the purpose intended.

Drugs are not covered by either regulation, and all consumer products used by ATCEMS are used in the same manner as ordinary consumers. Therefore, ATCEMS does not use any chemicals covered under these regulations.

While technically exempt from the regulations, ATCEMS does use a small number of consumer products which are unfamiliar to the general public. Therefore, Attachment 1 contains MSDSs and/or hazard information for those products.

B. Lists of Products & Assignment of Responsibility

The Material Safety Data Sheet (MSDS) for the following products are available at the ATCEMS Supply Hub and in the ATCEMS Safety Office.
PDI Super Sani-Wipes
The primary disinfectant used for ambulances and equipment. It can irritate skin, lungs and eyes in high concentrations. Therefore, it should be used with gloves and adequate ventilation (gloves should be worn for disinfection with any product). IT DOES NOT CONTAIN CANCER-CAUSING CHEMICALS.

Steriphene II Disinfectant Deodorant spray
Used in ambulances primarily to eliminate odors after the patient is removed from the ambulance. This product is EXTREMELY FLAMMABLE. Do not use near ignition sources. Irritating to skin, eyes, and lungs. Direct exposure to eyes can cause substantial, but temporary eye injury. Avoid breathing vapors. Spray, then immediately leave the box until liquid has dried.

Vionex Healthcare Antiseptic Towelettes
Used for hand or skin cleaning when soap and water is not readily available. Contains 10% ethyl alcohol and surfactants. Is effective against several common types of bacterial and viruses; but not effective against the more resistant types such as tuberculosis and spores.
Procedure Purpose

This procedure provides standards and requirements necessary to assure that Austin – Travis County EMS (ATCEMS) drivers operate vehicles in a manner that protects our people, patients, and the public.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Background
Wherever applicable, the EMS Fleet Safety Program mirrors the City of Austin’s (COA) Driver’s Safety Program. As with the Austin Police Department and Austin Fire Department, the EMS program is independent of the COA program. This program reflects the unique requirements of Code 3 driving (lights and sirens), the extensive amount of driving, driving in inclement weather, and driving within unusual and sometimes difficult circumstances.

B. Areas of Responsibility
1. Safety staff is responsible for the overall management of this program. This includes investigations for all vehicle accidents/incidents, regular review of personnel driving records and licenses, and input into driver training as needed for personnel.

2. Professional Practices & Standards Division (PPSD) is responsible for conducting training and maintaining training records.

3. The ATCEEMS Fleet Manager is responsible for vehicle specifications, acquisitions, and maintenance.

4. Commanders/Supervisors are responsible for observing driver behavior, the reinforcement of fleet safety and involvement in any disciplinary actions that may be required for safety violations.

5. All personnel are responsible for the safe operations of an ATCEMS vehicle in a manner compliant with the department’s driver safety program and policies and/or procedures.
C. Driving Rules

1. General Safety
   ATCEMS vehicles shall be operated in a safe manner at all times. All unsafe vehicle conditions shall be reported to an EMS Commander/Supervisor as soon as possible.

2. Unsafe Conditions
   Employees shall immediately remove an unsafe vehicle from service and notify their Commander/Supervisor. Examples may include but are not limited to the following: no sirens, brake problems, defective tire tread or no emergency lighting. All fleet related problems will be reported via the ATCEMS Fleet Intranet web page.

3. Seat Belts
   Seatbelts are worn at all times by anyone in an ATCEMS vehicle. (The only exception is when providing care in the back of an ambulance and a seatbelt interferes with patient care.)
   - Patients on a stretcher are always secured with a minimum of three belts. Stretcher shoulder belts will be used unless they interfere with patient care.
   - Patients with spinal restriction in place will be secured to the backboard and to the stretcher.
   - Pediatric patients will be secured using an approved child safety restraint properly secured to the stretcher or captain’s chair as dictated with patient care.

4. Safety Restrictions for Front Seat Passengers
   All passengers riding in ATCEMS vehicles shall abide by the manufactures recommendations for safety restrictions including height and weight limits and airbag use.

5. Securing Equipment in Moving Vehicles
   Loose items in a vehicle are to be secured so that they do not become projectiles in a collision. Loose items shall not be placed on the cab’s dashboard.

6. Driving Record
   The driving records of all prospective employees who may be driving as part of their official capacity or who may be driving or operating COA vehicles will be verified with the Texas Department of Public Safety either prior to employment or at any time by the Safety Staff. All employees’ driving records are monitored by the COA every three months and are sent to ATCEMS Safety Coordinator.

   Employees are required to report to their Commander/Supervisor any changes to their driver’s license status.

7. Fitness for Duty
   Employees shall remain physically and mentally prepared to operate a vehicle. When a health condition, (either physical or mental) or medication may impair an employee’s ability to safely operate any vehicle in the ATCEMS fleet, the employee shall report the situation to their Commander/Supervisor or Safety Staff immediately.
8. Backing an Ambulance
If personnel are available and the use of a backer does not interfere with patient care a backer shall be used when an ambulance is backed.
   o If you lose sight of your backer, stop immediately.
   o Only proceed when you can see your backer.
   o Back-up cameras are not a substitute for a backer; they are only for use when a backer is not available.

9. Wheel Chocks
   a. Medium Duty Ambulances Without Air Brakes
      Wheel chocks shall be used whenever an ambulance is parked without a driver. One chock shall be placed on the downhill side of the rear wheel when parked on an incline, or one chock on each side of the rear wheel on flat ground.
      Ambulances parked in EMS Stations with built-in wheel humps are not required to be chocked. Ambulances without air brakes will be clearly marked as such in the cab and will be equipped with wheel chocks.
   b. Ambulances and Other Vehicles with Air Brakes
      Wheel chocks are not required for ambulances or other vehicles with air brakes.
      Ambulances and other vehicles with air brakes will be clearly marked as such in the cab.
   c. Other Department Vehicles Including Sprinters and F450 Ambulances.
      Wheel chocks are not required. Vehicle parking brakes shall be used on inclines.

10. Cell Phone Use
    The use of personal or department issued cell phones including voice, text, email and other internet or application-based programs while driving an ambulance is prohibited.

11. Code 3 Driving
    a. Regulations
       Employees driving with lights and siren (Code 3) shall comply with all applicable regulations including:
          o Chapter 546 of the Texas Transportation code that states drivers of emergency response vehicles are responsible for operating the vehicle with appropriate regard for the safety of all persons, and are subject to the consequences of reckless disregard for the safety of others.

12. Clearing an Intersection
    o When proceeding through a stop sign or red light, the vehicle shall come to a complete stop prior to entering the intersection and shall not proceed until confirmation can be made that the intersection is clear to enter.
    o When entering multi-lane intersections, the driver is responsible for clearing each lane. When the partner is in the cab, the partner is responsible for verbally clearing the lanes to the right. The driver shall proceed slowly to ensure visibility is not obstructed by other vehicles.
    o Where stopped traffic makes it impossible to clear a lane, the vehicle shall stop in the intersection until the light changes, or all lanes can be cleared. Note that even with a green light, the driver shall slow sufficiently to verify that the intersection is clear.
13. **“Pushing” Vehicles Into Intersections**
The siren or air horn shall not be used to “push” vehicles into intersections. When driving code 3 and positioned behind vehicles at a red light or stop sign and passing is not possible or unsafe; the siren and air horn shall be switched off until traffic begins moving, or the traffic light has changed. The emergency lighting should be left on at all times during the response in order to activate the Opticon located at selected intersections.

14. **Passing Other Vehicles**
Emergency vehicles shall respond in the left lane of travel when possible. Passing vehicles on the left is preferred, but passing on the right is permitted if it is the safest and most prudent route; but extreme caution should be taken to avoid a collision.

15. **Passing Other Response Vehicles**
There are rare circumstances when it may be necessary to pass another response vehicle. In these situations, the passing vehicle should communicate their intent and the vehicle being passed should acknowledge, prior to passing, preferably by radio on a common radio talk group.

16. **School Zones**
In an active school zone the speed will not exceed the posted school zone speed limit, regardless of an emergency response.

17. **School Buses**
When approaching a school bus that is displaying a stop sign or red lights all laws regarding passing will be followed. The sirens will be shut off and the vehicle shall come to a complete stop until the stop sign or red lights are no longer displayed or until the bus driver specifically indicates it is safe to pass. Use of the sirens should resume and the responding vehicle should proceed slowly and with caution until the bus is cleared.

D. **Collisions**
1. **Reporting Collisions**
A Commander/Supervisor shall be immediately notified any time an EMS vehicle is involved in a collision regardless of damage. A collision report form shall be submitted by the Commander/Supervisor when a vehicle impacts another vehicle or any object, such as a bay door or hospital bollard. Law enforcement shall be called whenever the collision involves another vehicle or non-City of Austin property damage.

2. **Areas of Responsibility**
a) Commander/Supervisor is responsible for the following:
   i. Ensure appropriate notifications has been made if necessary
      1. EMS Communications
      2. Law Enforcement
      3. EMS Safety
      4. On-Call Division Chief
      5. Additional Resources
   ii. Complete Initial Vehicle Collision Report
   iii. If applicable complete the exchange of information form
   iv. Take photographs (include damage, skid marks, street angles, etc.)
   v. Obtain and include driver statements, witness statements and contact information if available
vi. Submit initial collision report, photos and any addendums to EMS Safety within 24 hours of the event.

b) ATCEMS Safety staff is responsible for the following:
   i. Completing formal investigation
   ii. Writing summary of findings
   iii. Recordkeeping and tracking of accident details
   iv. Coordinating with law enforcement or city legal if applicable
   v. Assign Driver Points in consultation with EMS Fleet Manager
   vi. Provide investigation summary to EMS Fleet Manager

c) ATCEMS Fleet Manager is responsible for the following:
   i. Determine driver points with EMS Safety
   ii. Review investigation summary
   iii. Will make the determination if an incident/accident may warrant disciplinary action, remediation or other action
   iv. Coordinate any action with appropriate Commander, Division Chief, or other parties as needed.
   v. Coordinate with City of Austin Fleet Services as needed

E. Driver Points System

ATCEMS uses an internal points system to provide a quantitative evaluation of driver actions both on and off-duty. Points are not considered discipline. They serve as a “scorecard” to identify problem drivers that may be restricted from driving city vehicles.

1. Off-duty points - Every 3 months the City of Austin (COA) provides a download from the Department of Public Safety (DPS). This lists all citations from the previous 3 years for each of our drivers. The COA assigns a point value to various types of citations. The Safety Staff is responsible for maintaining the current COA driver point’s assignment list.

2. On-duty points - The ATCEMS Safety Coordinator assigns on-duty points in consultation with the department Fleet Manager. Points may be assigned for collisions, incident/accidents, near-misses, or any other actions inconsistent with the expectations presented during driver training.

3. Driver Points Assignment Guideline - All point determinations are influenced by the unique circumstances and consideration for the totality of all contributing factors for each incident/accident.

   o Incident: Generally results in minor damage and does not involve another vehicle.
   o Accident- Generally results in more significant damage and/or another vehicle.
   o 1 point: Normally resulting from misjudging the clearance of an object and contact preventable but circumstances greater some difficulty. (Example, minor scrapes with object in tight spaces, mirror, curb, or tree branch strike).
   o 2 points: Similar to the situations above, but the incident more easily preventable; or the evidence suggests less caution was used.
   o 3 points: Situations where the driver was not paying enough attention or operate the vehicle within recognized practices. (Example, rear-ending another vehicle with no damage or failure to pay attention to the backer).
   o 4-5 points: Exercising poor judgment. Moderately excessive speed. Pulling in front of an oncoming vehicle or other inconsiderate driving without a collision. Backing without a backer. Driver is at-fault for a minor to moderate collision.
   o 6-7 points: Driver is at-fault for a more serious collision. Willful violation of a
4. Cumulative Points - Cumulative points are the combination of on-duty and off-duty points over the previous 36 months from the date of the incident.
   - Uniformed drivers cannot exceed a total of 17 points within this 36 month period. Drivers with 18 points or greater will have their City of Austin driving privileges revoked and may be subjected to personnel action up to and including termination.
   - Non-uniformed drivers cannot exceed a total of 10 points within this 36 month period. Drivers with 10 points or greater will be prohibited from driving a City of Austin vehicle.

5. Points Removal: Points expire 36 months after the date of the associated incident/accident.

6. Crew Member Points: In some circumstances a crew member may be assigned points if their action contributed to the incident/accident. Example the crew member fails to dismount and spot the driver when backing.

F. Driver Training

All new field personnel attend the ATCEMS Academy. The Academy includes the Emergency Vehicle Operations Course (EVOC). This course consists of 8 hours of classroom instruction, 4 hours of closed course instruction in an ambulance, and 4 hours of city driving in a variety of vehicles.

The closed-course instruction involves familiarization with the ambulance and maneuvering it through a variety of exercises. It also includes driving the “Skid-truck”, where an ambulance is mounted on a hydraulic chassis. The instructor controls the chassis to simulate the effect of losing traction on wet or icy roads. The city driving portion is primarily geared towards familiarizing drivers with local roads and traffic patterns. The operational ride-out is conducted one-on-one with a Captain and another credentialed medic. The unit runs actual calls in regular service, but the cadet's role is limited to driving and other operational actions. Cadets do not engage in patient care so they can focus on mastering these other tasks.

After graduating from the Academy, cadets are again assigned to a Captain as during the operational ride-outs. During this time, the Captain can further coach the cadets with their driving skills. Cadets are not permitted to test for full credentialing until the Captain determines that they are proficient in all skills including driving.

Employees are required to successfully complete an ATCEMS Emergency Vehicle Driver Training Program prior to operating an emergency vehicle code 3.

Field personnel receive refresher training as part of the Department’s continuing education curriculum or whenever remediation may be identified by ATCEMS Safety or Command staff.

Non uniformed personnel driving their personal vehicle to conduct city business or drive a city vehicle are required to complete a department approved driver training course every 3 years.
Procedure Purpose

This procedure establishes the guidelines and requirements necessary to protect employees from infectious diseases.

Dependencies/Constraints/Limitations

This procedure does not specifically address infection control for patients, which is covered under the Office of the Medical Director Clinical Operating Guidelines.

Exceptions / Exemptions

None

Procedure

A. Definitions

An element of Infection Control is employee exposures. ATCEMS’s current injury reporting and Workers’ Compensation processes uses the term “exposure” to refer a variety of exposures such as chemical agents, poison ivy, insect stings, and potentially infectious agents. For the purposes of this procedure, the following definitions will be used:

1. **Exposure**: Contact with a potentially infectious agent which could reasonably result in the employee contracting a disease.

2. **Suspected or Reported Exposure**: A situation where an employee has submitted a report indicating they suspect they have been exposed to a potentially infectious agent.

3. **Confirmed Exposure**: A situation where EMS Safety staff follow-up indicates that an exposure has occurred. This includes an evaluation of several aspects of the exposure situation such as:
   - the route and duration of exposure,
   - the transmission substance,
   - the infectious agent,
   - the proximity to the patient,
   - source patient risk factors and test results

4. **Reportable Exposure**: A confirmed exposure to an infectious agent which is required to be reported to the Austin/Travis County Health and Human Services Department. These include:
   - HIV/AIDS
   - TB
   - Measles
   - Mumps
   - Rubella
5. **Universal Precautions:** An approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious.

6. **Standard Precautions:** Designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Standard precautions include the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated.

7. **Transmission-Based Precautions:** (i.e., Airborne Precautions, Droplet Precautions, and Contact Precautions), are recommended to provide additional precautions beyond Standard Precautions to interrupt transmission of pathogens.
   a. Transmission-based precautions can be used for patients suspected to be infected pathogens that can be transmitted by airborne or droplet transmission, or by contact with dry skin or contaminated surfaces. These precautions should be used in addition to standard precautions.
      i. Airborne Precautions used for infections spread in small particles in the air such as chicken pox.
      ii. Droplet Precautions used for infections spread in large droplets by coughing, talking, or sneezing such as influenza.
      iii. Contact Precautions used for infections spread by skin to skin contact or contact with other surfaces such as herpes simplex virus.

B. **Areas of Responsibility**
EMS Safety staff is responsible for overall implementation of this program as it pertains to the tracking of exposures, ensuring training and education to reduce or prevent exposures. Safety staff will maintain all record-keeping relative to ATCEMS personnel, investigate exposures as needed and make recommendations for enhancements in practices, equipment or training as warranted.

1. The Assistant Chief for Professional Practices & Standards Division (PPSD) or their designee works in conjunction with the Wellness Center on vaccinations and TB testing required for EMS personnel.

2. The Office of the Medical Director (OMD) Infection Control Practitioner is responsible for system-wide infection control issues and works with the ATCEMS Safety Staff on those issues affecting EMS.

3. Commanders/Supervisors are responsible for the promotion and enforcement of the infection control program. This includes ensuring their employees are trained, implement the proper work practices, standard precautions, don the appropriate protective equipment, and exercise proper cleanup and disposal techniques.

C. **Infectious Control Requirements**
1. The use of Standard Precautions is required for all patient contact.
2. Personnel will wear the appropriate PPE for all patient contacts.

3. Gowns are used for protection when Contact Precautions are warranted.

4. Personnel will appropriately clean and disinfect all medical equipment after use and between patient contacts, as defined in ATCEMS Operations Procedures – Vehicle Cleanliness.

5. Field personnel are required to have a complete second uniform with them while on duty in the event their uniform becomes contaminated, as defined in ATCEMS Operations Procedures – Uniform & Apparel.

6. Personnel are required to wash their hands regularly and after every call. Antiseptic hand sanitizer and antiseptic wipes are available on ambulances and command vehicles.

7. Field personnel should change gloves between patient contacts.

8. Employees shall not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the patient compartment of the ambulance or during patient care activities.

9. Safety features on any equipment or device shall not be defeated.

D. Vaccinations

The department recommends the following vaccinations based upon current CDC Recommendations for Healthcare Workers:

- Hepatitis A
- Hepatitis B
- Measles
- Mumps
- Rubella
- Varicella
- Tetanus
- Diphtheria
- Pertussis
- Influenza (seasonal and pandemic)
- Annual TB testing

All personnel are required to have a complete Hepatitis B series, as well as participate in the annual TB-PPD skin test or equivalent. These cannot be declined by uniform personnel.

Personnel may elect to formally decline other immunization offered by the Department by completing the appropriate form provided by ATCEMS Safety.

E. New Field Medics

New field employees provide their vaccination records to ATCEMS Safety and the Wellness Center prior to employment. A physical exam is also completed at the Wellness Center and includes tests for Hepatitis B, Hepatitis A, MMR and Varicella. The Wellness Center determines which vaccinations and/or additional tests are needed and provide these during the ATCEMS Academy. The ATCEMS Safety staff and wellness center maintain the vaccination records.

F. Deployment Teams
ATCEMS personnel who are assigned to specialized deployments teams may be required to have additional immunizations as required by the ATCEMS Department, the EMS Wellness Center, and other governmental agencies.

G. Tuberculosis Testing  
Each year, all uniform personnel are provided a mandatory tuberculosis test. Employees with a previous positive test fill out a questionnaire regarding any TB symptoms and additional testing may be required.

H. Administrative and Support Staff  
Administrative and Support Staff are eligible for annual influenza immunizations and other immunizations as deemed appropriate based upon their specific job assignments after review by ATCEMS Safety. Additionally, other vaccinations may be made available to administrative and support staff based for business continuity of operation’s needs.

I. Immediate Family Members of EMS Employees  
Based upon the availability of vaccines, ATCEMS may provide immunizations for immediate family members. Typically these will be for seasonal Influenza. Other vaccinations may be made available in the event of a public health emergency.

J. Reporting and Post Exposure Prophylaxis  
An exposure must be reported to a Commander/Supervisor immediately. The following situations require immediate reporting due to the time-sensitive nature of prophylaxis:

- Airborne exposures to suspected meningitis (specifically Neisseria M.)
- Bloodborne pathogen exposures

Post exposure prophylaxis is available to employees at no cost through a City of Austin fund administered by the Workers Compensation Program. Reported Exposures are recorded in the Workers’ Compensation database.

K. Bed Bugs  
Although bedbugs are not considered a true exposure, they are a parasitic insect capable of causing adverse health issues and are easily cross contaminated from residences or persons leading to an infestation.

The following procedures and guidelines will be implemented by ATCEMS personnel when a bedbug infestation is suspected involving a patient, their residence, or belongings:

- Spend as little time in the residence as possible and immediately remove any unnecessary equipment.
- Completely wrap the patient in a sheet to minimize the spread.
- Bag and seal their belongings.
- Notify the hospital prior to arrival that you suspect the patient has bed bugs; and re-inform them upon arrival.
- Notify your Commander.
- The Commander will contact ATCEMS Safety staff.
- ATCEMS Safety staff will determine if the ambulance will be placed out of service, advice the crew on personal decontamination and if necessary arrange for decontamination of the ambulance.

If an ambulance change out is required, the following instructions will be followed:
o Drive the contaminated ambulance to the reserve parking lot behind ATCEMS Supply Hub and obtain a Demand Ambulance from there. EMS Safety will instruct which ambulance to change into.

o Park the contaminated ambulance in the parking lot behind ATCEMS Supply and plug in the shoreline.

o Transfer only personal items, bunker gear and controlled narcotics (if applicable). All the other equipment will remain with the contaminated ambulance.

o Create two signs reading “Bed Bugs” and tape to the cab and patient care compartment.

o The ATCEMS Safety Coordinator will coordinate any needs for decontamination, conduct the final inspection and determine when the ambulance can be placed back into service.

L. Training

Infection Control training is provided during the ATCEMS Academy and within the curriculum for continuing education as needed for the department.
OP-09.09.00 Personal Protective Equipment (PPE)

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to provide guidelines and requirements that will be used by Austin – Travis County EMS (ATCEMS) regarding the accessibility and use of personal protective equipment (PPE).

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

In addition to any specific situation outlined below, all personnel are expected to assess each situation and determine if PPE is indicated and utilize the appropriate PPE.

A. Areas of Responsibility
   1. Program Administrator
      The Chief of EMS shall assign a program administrator for the Personal Protective Equipment Program who shall maintain all records pertaining to the plan.
   2. Assistant Chiefs / Division Chiefs
      The Assistant Chiefs and Division Chiefs will ensure that all required PPE is available to appropriate ATCEMS personnel. They will ensure proper adherence to this program through periodic audits.
   3. Commanders / Supervisors
      Commanders/Supervisors are responsible for the promotion and enforcement of the PPE program.
   4. Personnel
      All personnel shall use required PPE and participate in any required training or fit-testing.
   5. Contractors
      Contract employees shall be responsible for providing their own PPE Program.
   6. Associates
      Associates are defined as any external person not employed or contracted by EMS such as students, physicians, firefighters, riders, etc.

      Associates shall be responsible for complying with this plan, and utilizing the appropriate level of PPE with guidance provided by ATCEMS.
B. Hazard Assessment
EMS Safety performs hazard assessments for all job classifications. These assessments, along with industry-accepted practices, are the basis for identifying when and what type of PPE is appropriate.

C. Required PPE
The following items must be carried or readily available when providing patient care or transportation:
  o Gloves
  o Protective Eyewear, either glasses or the face shield/mask combination
  o N95 Particulate Mask
  o Gowns
  o Boots
  o Bunker Gear
  o Helmets
  o Ballistic Vests
  o Reflective Vests & Jackets

1. Gloves
Nitrile gloves are required to be worn for the duration of patient contact. Gloves shall be removed prior to entering the cab of the vehicle. Individuals with sensitivity to the accelerators used in the nitrile gloves are provided accelerator-free gloves. Latex gloves shall not be used due to allergy concerns with personnel and patients.

2. Protective Eyewear
Safety glasses are highly recommended for all patient contact but are *required* to be worn in all situations which present a risk of eye exposure to bodily fluids or other projectiles. Prescription eyeglasses or a mask with an integral eye shield may be worn as an alternative to safety glasses for the purpose of splash protection.

3. N-95 Mask with Safety Glasses
An N95 particulate mask and safety glasses are required to be worn in all situations which present a high risk for respiratory exposure or during high risk procedures. These include: intubation, extubation, deep tracheal suction, nebulizer respiratory treatment and active OB delivery.

4. Gowns
Gowns are required when a patient presents a high risk of general exposure to blood or body fluid, e.g. active OB delivery.

5. Boots
Safety boots are required to be worn on all incidents. All uniform personnel and supply personnel must provide their own safety boots. Department issued bunker boots may be worn in place of safety boots in hazardous situations. Safety boots must meet the following criteria:
   a. Steel or composite safety toe
   b. Ankle coverage (minimum of 5 inches from the top of the heel)
   c. Slip-on boots are permitted, but lace-up boots with a side zipper are recommended
   d. Soles shall be a non-skid design and resistant to hydrocarbons. No leather soles or slick rubber soles
   e. Black polishable upper material. Sides may be Gortex, Nylon, or other water-resistant material. Canvas or patent leather is not permitted.
   f. Specialty assignments (bike medics, motorcycle medics, special operations, swiftwater, etc.) may require specialized or alternative footwear.
6. **Bunker Gear**

   Bunker gear (coat, pants, gloves, and helmet) are to be worn in the following circumstances:
   - Motor vehicle collisions in which extrication equipment is required and personnel are inside the “Hot Zone”, as defined as the area within 10’ of the involved vehicle, within 10’ of extrication equipment, or within 10’ of any fuel spill. Bunker gear must be worn until personnel and patient(s) are out of the hot zone.
   - Situations with a risk of injury from sharp objects.

7. **Helmets**

   Department issued bunker helmets are to be worn when entering or working in designated hardhat areas.

8. **Ballistic Vests**

   a. Ballistic vests are required to be worn in the following situations:
       - Forced entry of a structure
       - Potential riot / hostile crowds
       - Any incident involving staging due to safety concerns

   b. Ballistic vests are recommended to be worn in the following situations:
       - Incidents with a high potential of violence
       - Assaults
       - Unknown incident types
       - Psychiatric incidents with attempted suicide

9. **Reflective Vests and Jackets**

   Reflective vests or department issued reflective jackets are to be worn when on or near a roadway or a highway right-of-way to improve visibility both day and night.

D. **Training**

   PPE training is incorporated into many elements of the ATCEMS Academy, the credentialing process, and continuing education. Personnel must demonstrate proficiency in the use and application of PPE as required for the job in order to obtain medical credential from the Office of the Medical Director.

E. **Special Rescue Responses and Conditions**

   Special Operations and Tactical responses have a higher level of risk and may require specialized training and equipment to safely function within the environment. Rescue conditions include but are not limited to vehicle, high angle, swiftwater, trench, confined spaces, hazardous materials, and tactical. The appropriate PPE shall be donned for the environment specific to the rescue condition(s).
Procedure Purpose

The purpose of this procedure is to provide guidelines and requirements necessary to minimize the risk to patients while in the care of Austin – Travis County EMS (ATCEMS) personnel. This procedure will concentrate on patient safety as it relates to the moving, carrying and transporting patients safely.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Areas of Responsibility

1. ATCEMS Safety staff is responsible for the overall implementation of this program as it pertains to the tracking of injuries, recommending and providing input into the practice, procedures, equipment and training relative to ensuring patient safety.

2. Assistant Chiefs / Division Chiefs will pursue initiatives that enhance the safety of patients entrusted to our care.

3. Commanders/Supervisors are responsible for enforcement of standards and expectations of performance that ensures a high level of commitment towards patient safety.

4. All personnel are responsible for their actions and must be compliant with the department’s expectations of patient safety and this program.

B. Risk Assessment

The following patient movement activities have been identified as posing the greatest risk for patients:

- Loading/unloading patients on a stretcher into the ambulance
- Lifting and carrying patients
- Transferring patients from the stretcher to the hospital gurney
- Lifting patients from a bed or chair to the stretcher or stair chair
- Moving patients up or down stairs
- Assisting ambulatory patients in and out of the ambulance
- Rolling a stretcher on uneven or sloped surfaces
C. Patient Movement

1. Guidelines for Safe Lifting
   a. Consider the weight of the patient together with the weight of the stretcher or other equipment being carried and determined if additional help is needed.
   b. Know your physical ability and limitations, as well as your partner’s. If necessary ask for assistance, however, you or your partner must remain in charge and give the orders as needed.
   c. Lift without twisting. Avoid any kind of swing motion when lifting as well.
   d. Maintain proper lifting technique.
   e. The medic at the head of the patient will be responsible for the verbal communications required for the safe movement of the patient.
   f. Communicate clearly and frequently with your partner. Decide ahead of time how you will move the patient and what verbal commands will be used. Also, tell the patient what you will be doing ahead of time. A startled patient may reach out or grab something and cause a loss of balance.
   g. The patient should always be completely secured to the device being using with all of the straps provided for the equipment.

2. Guidelines for Stretcher Use
   a. Stretchers should be handled by two medics with both hands on the stretcher. Other personnel or bystanders may be asked to help carry additional equipment if necessary.
   b. Never leave the patient alone on the stretcher.
   c. Move the stretcher with the foot end leading direction of travel
   d. Position one medic at the foot and one medic at the head of the stretcher when rolling it. The medic at the foot should pull while the medic at the head should push.
   e. Always maintain a firm grip on the stretcher when rolling to prevent a tip-over.
   f. Use four medics, one at each corner, when moving a stretcher across extremely rough terrain.
   g. Turn corners slowly and squarely, avoiding sideways movements that might make the patient dizzy.
   h. Lift the stretcher over rugs, grates, door jams, and other such obstacles on the ground or floor.
   i. Keep the patient secured with belts at all times while on stretcher even if the stretcher is not being moved.
   j. Pay attention to the stretcher’s center of gravity when loaded with a patient. See section 8 below.

3. Guidelines for Loading/Unloading patients into the ambulance.
   a. Two (2) trained personnel are required to handle the stretcher at all times during the loading and unloading of the stretcher.
   b. Two (2) trained personnel are required to support the foot end of the stretcher for any patient greater than 220lbs.
   c. Frequent and effective communication of patient movement between all responders during the movement of the patient is essential.
4. Guidelines for moving patients up or down stairs
   a. A “stair chair” is the preferred method for moving a patient via stairs
   b. If a backboard is required, ensure an appropriate number of personnel are assisting with
      the carry or movement.
   c. Always carry patients head first up the stairs and feet first down the stairs.
   d. Frequent and effective communication of patient movement between all responders
      during the movement of the patient is essential.

5. Guidelines for moving patients on a backboard
   a. The patient will be secured to the backboard with straps across the chest, pelvis and
      knees at a minimum.
   b. Use at least four responders to lift a patient greater than 220lbs.

6. Frequent and effective communication of patient movement between all responders during the
   movement of the patient is essential.

7. Guidelines for transferring patients to or from ATCEMS stretcher
   a. If the patient can transfer themselves, or with assistance, there is no need to manually
      transfer them.
   b. Ensure the EMS stretcher is locked/secured from sudden movement.
   c. Transferring a non-ambulatory patient will be performed by at least 2 responders.
   d. Ensure adequate personnel are available for assistance.
   e. Stretcher sheets, bed sheets or blankets should not be used to lift patient but only for
      lateral transfer of the patient.
   f. Frequent and effective communication of patient movement between all responders
      during the movement of the patient is essential.

8. Guidelines for rolling a stretcher on uneven or sloped surfaces
   a. Lower the stretcher half-way down on sloped surfaces. This lower center of gravity
      reduces the potential for the stretcher tipping over.
   b. Always move the stretcher with the long dimension aligned to the path of travel (don’t roll
      the stretcher sideways).
   c. On rough or uneven terrain, there should be a responder at each corner of the stretcher
      to assist with movement and balance of the stretcher.
   d. Frequent and effective communication of patient movement between all responders
      during the movement of the patient is essential.

9. Guidelines for Bariatric Patient Movement
   a. For patients greater than 450lbs, an ambulance with the bariatric lift should be
      requested.
   b. The stretcher will not be elevated more than half its maximum height during movement.
   c. A minimum of 4 responders will be utilized to assist with movement and balance of the
      stretcher.
   d. The stretcher will always move with the long dimension aligned to the path of travel
      (don’t roll the stretcher sideways).
   e. Consider the use of straps from the bariatric ambulance to assist the leading medic with
      pulling/steering of the stretcher.
   f. For patients greater than 600lbs, the stretcher will be moved in its lowest position.
   g. Frequent and effective communication of patient movement between all responders
      during the movement of the patient is essential.
D. Equipment for Patient Safety
Field Providers have a number of tools and equipment available for reducing the risk of injury to patients. All have unique design and capabilities to assist with the safe movement, extrication and transport of patients if used correctly. Equipment includes the following:
  o Backboard
  o Kendrick Extrication Device (KED)
  o Scoop Stretcher
  o Stair Chair
  o Mega-Mover
  o SKED Stretcher
  o Stokes Basket

E. Training
Training for patient safety training is incorporated into many elements of the ATCEMS Academy, continuing education, and within the roll out of any new equipment.
OP-09.11.00 Disposable Respirator

Authorized By: ____________________________      Date: ____________
Ernesto Rodriguez, EMS Chief

Procedure Purpose

The purpose of this procedure is to provide the guidelines and requirements that will be used by Austin – Travis County EMS (ATCEMS) to ensure that all employees required to wear respiratory protection as a condition of their employment are protected from respiratory hazards through the proper use of disposable respirators.

All respirator use will occur within the context of a comprehensive program in accordance with the standards set forth by OSHA, the CDC, the City of Austin, the Office of the Medical Director, and the EMS Department.

This requires a written program, medical evaluation, training, and fit testing. See OSHA standard 29 CFR 1910.134 or www.osha.gov for additional information. Resources on pandemic flu planning are available at https://www.osha.gov/dsg/topics/pandemicflu/index.html

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Program Components
   o Program Scope/Application
   o Program Administration
   o Identifying Work Hazards
   o Respirator Selection
   o Medical Evaluations
   o Fit Testing
   o Proper Respirator Use
   o Cleaning and Disinfecting
   o Inspection and Storage
   o Respirator Training
   o Evaluating/Updating Program
   o Roles and Responsibilities
   o Documentation and Record-keeping
B. **Program Scope and Application**  
This program applies to all employees who may require respiratory protection for infection control purposes during work operations. This program addresses only the use of disposable particulate respirators (N95 Filtering Face-piece Respirators). This program is a component of a larger respiratory protection program that includes other situations and respiratory protection equipment.  

The types of work activities which require employees to wear disposable N95 respirators for infection control purposes are outlined in the table below.

<table>
<thead>
<tr>
<th>Work Activity to be Performed</th>
<th>Where, When, Other Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having any patient contact</td>
<td>When entering the home, room, or quarters of a patient suspected to have an airborne illness (such as TB)</td>
</tr>
<tr>
<td>Providing direct patient care and/or having close patient contact</td>
<td>In patient care areas where patients who meet CDC or OMD recommendations for respiratory protection are present including, but not limited to, ambulances, homes, bedrooms, bathrooms, small spaces, hospital rooms, and other care areas.</td>
</tr>
</tbody>
</table>

C. **Program Administration**  
The department Safety staff is responsible for the administration of the respiratory protection program and is the Respiratory Protection Program Administrator.  

1. **Roles and Responsibilities**  
a. Respiratory Protection Program Administrator  
The Respiratory Protection Program Administrator (RPA), appointed by the Chief of EMS is responsible for administering the respiratory protection program.  

Duties of the RPA include, but are not limited to, the following:  
- Identifying work areas, processes, or tasks that require respiratory protection.  
- Monitoring standards for changes and revising this program as needed.  
- Monitoring CDC and other recommendations and guidelines as they relate to respiratory protection and other recommended infection control measures.  
- Selecting respiratory protection products involving users in the selection process whenever possible.  
- Monitoring respirator use to ensure that respirators are used in accordance with this program, training performed under this program, and manufacturer’s instructions.  
- Coordinating medical evaluations with a licensed healthcare professional(s).  
- Arranging for and/or conducting training and fit testing.  
- Ensuring proper storage and maintenance of respiratory protection equipment.  
- Conducting a periodic evaluation, at least annually, of the program and revising as needed.
Commanders, Division Chiefs, and Assistant Chiefs are responsible for ensuring that the respiratory protection program is implemented in their particular units. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed. Duties of the Supervisor include, but are not limited to, the following:

- Knowing the hazards in the area in which they work.
- Knowing types of respirators that need to be used.
- Ensuring the respirator program and procedures are followed.
- Ensuring employees receive medical evaluations.
- Ensuring employees receive training and fit testing.
- Ensuring staff use respirators, as required.
- Notifying Respiratory Protection Program Administrator of any problems with respirator use or changes in work processes that would impact program.
- Ensuring proper storage and maintenance of respirators in their work area.

b. Employees

- Participate in all training and fit testing.
- Comply with all requirements in this program including facial hair restrictions, fit testing, general use, etc.
- Wear respirator when indicated.
- Maintain equipment.
- Inspect respirator and perform user seal check before every use.
- Report malfunctions or concerns.

D. Identifying Work Hazards

The respirators selected will be used as personal protection as part of an overall infection control plan which incorporates use of other personal protection equipment, engineering, and procedures.

The department will follow the most current CDC recommendations on appropriate infection control practices. Routine infection control and isolation practices for typical work situations are well known and tend to remain consistent over time. However, during an outbreak of a new virus type or pandemic flu, infection control guidance may change, as the situation unfolds, based on available epidemiological data. In these situations, it will be the responsibility of the respiratory protection program administrator to keep current with CDC recommendations. The program will be adjusted and employees will be kept informed as changes occur.

E. Respirator Selection

Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) and by the Food and Drug Administration (FDA) will be selected and used. This assures that devices meet particulate and surgical requirements respectively. In making the determination of which respirators to select, the RPA will consider the type of settings and job activities employees will perform; the capabilities and limitations of the respirator; and duration of respirator use.
Disposable N95 Respirators currently approved for use are as follows:

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model / Description</th>
<th>Work Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>3M</td>
<td>1870 Health Care Particulate Respirator and Surgical mask, Fluid Protection. One Size.</td>
<td>Patient Care Environments and Direct Patient Care.</td>
</tr>
</tbody>
</table>
F. Medical Evaluation
Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator. The department provides medical evaluations upon entry into the department to determine the employee’s ability to use a respirator. A physician or other licensed health care professional approved by the department, such as through the Wellness Center, performs the medical evaluations. This medical evaluation is only administered one time; however, certain circumstances may require a re-evaluation.

Re-evaluation will be conducted for certain circumstances including, but not limited to, the following:
- Employee reports physical symptoms that are related to the ability to use a respirator. (i.e. wheezing, shortness of breath, chest pain, etc.); or
- Employee has a medical problem during respirator use or during fit testing; or
- The healthcare professional performing the evaluation determines an employee needs to be periodically re-evaluated; or
- A change occurs in the workplace conditions that may result in an increased physiological burden on the employee; or
- Employee facial size/shape/structure has changed significantly for any reason.

G. Fit Testing
Fit testing is conducted to determine how well the seal of a respirator “fits” on an individual’s face and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection. The department is prepared to provide both qualitative and quantitative fit tests as required for specific devices, uses, and other factors. Employees required to wear a respirator shall be fit-tested using the Qualitative or Quantitative method as determined by the Respiratory Protection Program Administrator.

Employees shall be fit-tested with a disposable respirator of the same make, model, style, and size as that of the respirator that will be used by the employee. If it is determined that the employee needs a different style or size of disposable respirator, employees shall be given a reasonable opportunity to select a different disposable respirator, and be re-tested.

Fit testing will be conducted prior to initial use of a respirator and at least annually thereafter (1910.134(f)(2)). Fit testing may be repeated under certain circumstances including, but not limited to, the following reasons:
- The model of respirator available for use changes; or
- The employee has a significant change in body weight (for example, by 10% or more); or
- The employee has any changes in physical conditions, such as, facial structure, dental changes, cosmetic surgery, or facial scarring.

Records of fit testing shall be maintained by the Respiratory Protection Administrator for at least 3 years.

H. Proper Respirator Use
1. General Use
Employees will use their respirators under the conditions specified by this program and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which it is not certified by the National Institute for Occupational Safety and Health (NIOSH) or by its manufacturer.

All employees shall conduct user seal checks according to manufacturer recommendations each time they wear a respirator. Employees who wear respirators
cannot have facial hair that comes between the sealing surface of the face piece and the face, or that interferes with the respirator functions.

All employees shall leave a potentially contaminated work area if the respirator is causing physical symptoms or the respirator no longer offers adequate protection (for example – strap breaks, becomes saturated with fluid, etc.)

2. Cleaning and Disinfecting
A disposable particulate respirator cannot be cleaned or disinfected. There is no specific time-limit for how long an N95 respirator can be used. If the medical condition requires only airborne isolation precautions (e.g., TB):
   o Discard the respirator if it is soiled, if breathing becomes labored, or if structural integrity is compromised.
   o Discard the respirator at the end of the shift, at the very least.

3. Contact or Droplet Precautions
If the condition also requires contact and/or droplet precautions:
   o The respirator must be discarded after a single use. All PPE should be removed and disposed of in a receptacle prior to or upon exiting a patient contact area and hand hygiene performed immediately.
   o In times of shortage, consideration can be given to extended use or reuse if special training is provided. This decision will be made by the Respiratory Protection Program Administrator based on the available supply and current epidemiological data and will be communicated clearly to staff.

4. Inspection and Storage
Employees will inspect the respirator prior to use:
   o Examine the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
   o Check the respirator straps to be sure they are not cut or otherwise damaged.
   o Make sure the metal nose clip is in place and functions properly (if applicable).

Respirators will be stored in a clean, dry area away from direct sunlight and extreme heat. The Respiratory Protection Program Administrator will periodically inspect a representative sample of respirators in storage to ensure they are in usable condition.

I. Respirator Training
Employees shall be provided respiratory protection training upon initial assignment to jobs where a respirator has been determined to be necessary and at least annually thereafter unless it is determined through a workplace re-evaluation that respiratory protection is no longer necessary. The Respiratory Protection Program Administrator shall be responsible for ensuring completion of training.

Employees shall be trained prior to the use of a respirator. At minimum, training will include:
   o Why the respirator is necessary
   o Identify hazards, potential exposure to these hazards, and health effects of hazards
   o Other required PPE if needed
   o Respirator fit, improper fit, usage, limitations, and capabilities
   o Usage and storage
   o Inspecting, donning, removal, seal check and trouble shooting
   o Explaining the respirator program (policies, procedures, OSHA standard, resources)
The Respiratory Protection Program Administrator shall maintain records indicating when employees complete the required initial and continuing education training.

J. Evaluating/Updating Program
The Respiratory Protection Program Administrator will complete an annual evaluation of the respiratory protection program. At minimum, the annual evaluation should include the following:

- Review of any feedback or surveys;
- Review any new hazards; and
- Review any changes in CDC recommendations that would affect respirator use.

The Respiratory Protection Program Administrator will make recommendations to the Director and implement any changes needed in the respiratory protection program.

K. Documentation and Record-keeping
A written copy of this program can be found in the office of the Respiratory Protection Program Administrator. In addition, the department may post an electronic copy or distribute copies of this program using available electronic and online tools.

If the Respiratory Protection Program Administrator collects any medical information for any employees covered under the respiratory program, the information and any documented medical recommendations are confidential. Any medical information gathered by healthcare providers as part of the respiratory protection program is strictly confidential. Any medical information that is provided to the department during administration of the respiratory protection program shall be considered strictly confidential.
Procedure Purpose

The purpose of this procedure is to establish the guidelines and requirements necessary to ensure that all employees required to wear respiratory protection as a condition of their employment are protected from respiratory hazards through the proper use of non-disposable respirators.

All respirator use will occur within the context of a comprehensive program in accordance with the standards set forth by OSHA, the CDC, NFPA, the City of Austin, the Office of the Medical Director, and the EMS Department.


Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Program Components
   o Program Scope/Application
   o Program Administration
   o Identifying Work Hazards
   o Respirator Selection
   o Medical Evaluations
   o Fit Testing
   o Facial Hair
   o Proper Respirator Use
   o Cleaning and Disinfecting
   o Inspection and Storage
   o Respirator Training
   o Evaluating/Updating Program
   o Roles and Responsibilities
   o Documentation and Record-keeping
B. Program Scope and Application

This program applies to all employees who may require respiratory protection for safety and infection control purposes during work operations. This program addresses only the use of non-disposable air purifying respirators (APR), powered air purifying respirators (PAPR), and atmosphere-supplying respirators (SCBA) including but not limited to: Millennium® CBRN Gas Mask, Scott C420 Model PAPR and Scott NXG Series Respirators. This program is a component of the Department’s larger respiratory protection program that includes other situations and respiratory protection equipment.

The types of work activities which require employees to wear non-disposable respirators for safety and infection control purposes are outlined in the table below.

<table>
<thead>
<tr>
<th>Work Activity to be Performed</th>
<th>Where, When, Other Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaining access, providing patient care, evacuation and transport.</td>
<td>When working in a hazardous environment.</td>
</tr>
<tr>
<td>Gaining access, providing patient care, evacuation and transport.</td>
<td>When performing Special Operations duties during; Rescue, Tactical &amp; Haz-Mat incidents &amp; training.</td>
</tr>
<tr>
<td>Gaining access, providing patient care, evacuation and transport.</td>
<td>May be used in place of a disposable respirator when entering the home, room, or quarters of a patient suspected to have an airborne illness (such as TB)</td>
</tr>
</tbody>
</table>

C. Program Administration

The ATCEMS Safety Coordinator is responsible for the administration of the respiratory protection program and is the Respiratory Protection Program Administrator.

1. Roles and Responsibilities
   a. Respiratory Protection Program Administrator

   The Respiratory Protection Program Administrator (RPA) is responsible for administering the respiratory protection program.

   Duties of the RPA include, but are not limited to, the following:
   o Identifying work areas, processes, or tasks that require respiratory protection.
   o Monitoring standards for changes and revising this program as needed.
   o Monitoring CDC, OSHA, NFPA, and other recommendations and guidelines as they relate to respiratory protection and other recommended infection control measures.
   o Selecting respiratory protection products involving users in the selection process whenever possible.
Monitoring respirator use to ensure that respirators are used in accordance with this program, training performed under this program, and manufacturer’s instructions.

- Coordinating medical evaluations with a licensed healthcare professional(s).
- Arranging for and/or conducting training and fit testing.
- Ensuring proper storage and maintenance of respiratory protection equipment.
- Conducting a periodic evaluation, at least annually, of the program and revising as needed.

b. Commander / Supervisor

Supervisory personnel are responsible for ensuring that the respiratory protection program is implemented in their particular units. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed. Duties of the Supervisory Personnel include, but are not limited to, the following:

- Knowing the hazards in the area in which they work.
- Knowing types of respirators that need to be used.
- Ensuring the respirator program and procedures are followed.
- Ensuring employees receive medical evaluations.
- Ensuring employees receive training and fit testing.
- Ensuring employees comply with all requirements in this program including facial hair restrictions, fit testing, general use, etc.
- Notifying Respiratory Protection Program Administrator of any problems with respirator use or changes in work processes that would impact program.
- Ensuring proper storage and maintenance of respirators in their work area.

c. Employee

- Participate in all training and fit testing.
- Comply with all requirements in this program including facial hair restrictions, fit testing, general use, etc.
- Wear respirator when indicated.
- Maintain equipment.
- Inspect respirator and perform user seal check before every use.
- Report malfunctions or concerns.

D. Identifying Work Hazards

The respirators selected will be used as personal protection as part of an overall hazardous environment control plan, which incorporates use of other personal protection equipment, engineering controls, operational and administrative procedures.

The department will follow the most current recommendations on appropriate hazardous environment control practices. During an elevated hazard, guidance may change as the situation unfolds, based on available data. In these situations, it will be the responsibility of the respiratory protection program administrator to keep current with hazardous environment recommendations. The program will be adjusted and employees will be kept informed as changes occur.

E. Respirator Selection

The Respiratory Protection Program Administrator will continually evaluate respiratory hazards encountered in the field and potential hazards including airborne particulates, chemical,
biological, radiological, and nuclear. In making the determination of which respirators to select, the RPA will consider the type of settings and job activities employees will perform; the capabilities and limitations of the respirator; and duration of respirator use. Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used. All types of respirators must be approved by EMS Safety prior to purchase and use.

Respirators currently approved for use are as follows:

<table>
<thead>
<tr>
<th>Manufacture</th>
<th>Model / Description</th>
<th>Work Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott</td>
<td>Scott C420 Model PAPR</td>
<td>Used by Special Operations Rescue, Tactical &amp; Haz-Mat Personnel</td>
</tr>
<tr>
<td></td>
<td>The Scott Safety C420 can be used for CBRN and non-CBRN applications. The C420 is ideal for first responders for use in CBRN-related operations that are not considered IDLH. The C420 offers air-purified respiratory protection for extended durations or during physical exertion.</td>
<td></td>
</tr>
<tr>
<td>MSA</td>
<td>Millennium® CBRN Gas Mask</td>
<td>Used by all field personnel in an environment where there is a risk of airborne exposure to airborne particulates, hazardous chemical, biological, radiological, or nuclear agent.</td>
</tr>
<tr>
<td></td>
<td>One-piece polyurethane lens bonded to the durable Hycar rubber face piece. An internal nose cup with two check valves deflects air from the lens and reduces fogging. A fully elastic, six-point head harness promotes easy on/off and adjustment, with no hair pulling. The CBRN canister contains chemical sorbents and a P100 filter to attract, retain and neutralize contaminants. The mask may also be fitted with an adaptor to convert into a PAPR.</td>
<td></td>
</tr>
<tr>
<td>Scott</td>
<td>Scott NXG Series</td>
<td>Used by Special Operations Rescue, Tactical &amp; Haz-Mat Personnel</td>
</tr>
<tr>
<td></td>
<td>The SCOTT AIR-PAK self-contained breathing apparatus (SCBA) is a respirator intended to provide respiratory protection to an individual when entering into, working in and exiting an oxygen deficient, unknown, and/or an unbreathable (toxic) atmosphere.</td>
<td></td>
</tr>
</tbody>
</table>
F. Medical Evaluation
Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator. The department provides medical evaluations upon entry into the department to determine the employee’s ability to use a respirator. A physician or other licensed health care professional approved by the department, such as through the Wellness Center, performs the medical evaluations. This medical evaluation is only administered one time; however, certain circumstances may require a re-evaluation.

Re-evaluation will be conducted for certain circumstances including, but not limited to, the following:
- Employee reports physical symptoms that are related to the ability to use a respirator. (i.e. wheezing, shortness of breath, chest pain, etc.); or
- Employee has a medical problem during respirator use or during fit testing; or
- The healthcare professional performing the evaluation determines an employee needs to be periodically re-evaluated; or
- A change occurs in the workplace conditions that may result in an increased physiological burden on the employee; or
- Employee facial size/shape/structure has changed significantly for any reason.

G. Fit Testing
1. Quantitative Fit Testing
Quantitative fit testing for full-face respirators, powered air purifying respirators and SCBA face pieces is performed with the Porta-count using a passing fit-factor of 2000 (per CBRN respirator requirements). Fit-test procedures follow those outlined in OSHA 1910.134 appendix A: Fit Testing Procedures.

The Special Operations Section, under the direction of the Respiratory Protection Program Administrator will conduct quantitative fit-testing for all Special Operations employees.

The Respiratory Protection Program Administrator conducts/coordinates fit-testing for all other applicable employees.

Fit testing records are maintained for 3 years.

H. Proper Respirator Use
1. General Use
Employees will use their respirators under the conditions specified by this program and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which it is not certified by the National Institute for Occupational Safety and Health (NIOSH) or by its manufacturer.

All employees shall conduct user seal checks according to manufacturer recommendations each time they wear a respirator. Employees who wear respirators cannot have facial hair that comes between the sealing surface of the face piece and the face, or that interferes with the respirator functions.

All employees shall leave a potentially contaminated work area if the respirator is causing physical symptoms or the respirator no longer offers adequate protection (for example – strap breaks, becomes saturated with fluid, etc.)
2. Procedures for Proper Use
   o MSA Millennium full-face air purifying respirator with CBRN cartridge and PAPR respirators: Responders will receive official notification when to use these respirators in response to an elevated hazard. Responders may choose to use these based on their on-scene determination of an elevated hazard. Cartridges have a 4 year shelf life unopened, and 1-year life after opening. The cartridges can be utilized for multiple patient contacts or until cartridge saturation is determined (e.g. breathing resistance increases; integrity of the mask seal is breached)

   In the event that these are used in an actual CBRN environment, Respiratory Protection Program Administrator will evaluate the circumstances and determine if the respirator is appropriate for continued use based upon the specific hazardous environment.

   o SCBA respirators: Special Operations Rescue, Tactical and Hazmat personnel working in situations where respiratory-threatening atmospheres exist (Immediate Danger to Life or Health – IDLH) or where such atmospheres are likely to develop shall utilize SCBA respirators.

3. Respirator Maintenance
   o MSA Millennium full-face air purifying respirator with CBRN cartridge: The Safety Staff inspects and maintains them during fit testing. These are not normally used; therefore we do not encourage users to perform maintenance. If used, the Safety Staff will provide guidance on maintenance, decontamination, etc. These are stored in their original clamshell cases inside gear bags.

   o PAPR Respirators: Special Operations Rescue, Tactical and Hazmat employees are responsible for the inspection of their assigned respirator face pieces.

   o SCBA Respirators: Special Operations Rescue, Tactical and Hazmat employees are responsible for the inspection of their assigned SCBA face pieces and equipment. SCBA inspection should be conducted at every shift change (daily) by the on-coming crew.

   o The Special Operation Captain assigned to training is responsible for providing oversight for SCBA respirator maintenance, and is assisted by the Fire Department Air Shop. Continuing maintenance issues and concerns should be brought to the attention of the Respiratory Program Administrator.

   Respirators will be stored in a clean, dry area away from direct sunlight and extreme heat. The Respiratory Protection Program Administrator will periodically inspect a representative sample of respirators in storage to ensure they are in usable condition.

I. Respirator Training
   Employees shall be provided respiratory protection training upon initial assignment to jobs where a particular respirator has been determined to be necessary and at least annually thereafter. The Respiratory Protection Program Administrator shall be responsible for ensuring completion of training.
Air Purifying Respirator Training:

Employees shall be trained prior to the use of a respirator. At minimum, training will include:
- When and why the respirator is necessary
- Identify hazards, potential exposure to these hazards, and health effects of hazards
- Other required PPE if needed
- Respirator fit, improper fit, usage and storage
- Limitations, and capabilities of air purifying respirators
- Inspecting, donning, removal, seal check and trouble shooting
- Explaining the respirator program (policies, procedures, OSHA and NFPA standards, resources)

Self-Contained Breathing Apparatus (SCBA) Respirator Training

Employees shall be trained prior to the use of a SCBA respirator. At minimum, training will include:
- When and why the SCBA respirator is necessary
- Identify hazards, potential exposure to these hazards, and health effects of hazards
- Other required PPE as appropriate
- Respirator fit, improper fit, usage and storage
- Limitations, and capabilities of SCBA respirators
- Inspecting, donning, removal, seal check and trouble shooting
- Cylinder inspection and replacement procedures
- Low air alarms, distress alarms, regulator operations and operational features including inspection of the respirator facepiece, hoses, and operational testing of the unit
- Explaining the overall respirator program (policies, procedures, OSHA and NFPA standards, resources)

The Respiratory Protection Program Administrator shall maintain records indicating when employees complete the required initial and continuing education training.

J. Evaluating/Updating Program
The Respiratory Protection Program Administrator will complete an annual evaluation of the respiratory protection program. At minimum, the annual evaluation should include the following:
- Review of any feedback or surveys;
- Review any new hazards; and
- Review any changes in recommendations that would affect respirator use.

The Respiratory Protection Program Administrator will make recommendations to the Director and implement any changes needed in the respiratory protection program.

K. Documentation and Record-keeping
A written copy of this program can be found in the office of the Respiratory Protection Program Administrator. In addition, the department may post an electronic copy or distribute copies of this program using available electronic and online tools.

If the Respiratory Protection Program Administrator collects any medical information for any employees covered under the respiratory program, the information and any documented medical recommendations are confidential. Any medical information gathered by healthcare providers as part of the respiratory protection program is strictly confidential. Any medical information that is provided to the department during administration of the respiratory protection program shall be considered strictly confidential.
Procedure Purpose

This procedure provides guidelines and requirements necessary to insure that Austin – Travis County EMS (ATCEMS) has processes in place in regard to fire safety to protect all occupants and visitors from fire dangers.

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. Assignment of Responsibility

1. The ATCEMS Safety staff is responsible for overseeing regular inspections for all ATCEMS facilities to include the monitoring of working smoke alarms, fire alarms, and fire extinguishers wherever applicable. The ATCEMS Safety Coordinator is also responsible for maintaining the Emergency Plan Drawings for portions of facilities occupied by EMS Headquarters and the Professional Practice and Standards Divisions (PPSD). This includes the monitoring of all drills to ensure the evacuation plan is implemented appropriately.

2. City of Austin (COA) Building Services is also responsible for buildings in COA owned or leased facilities. This includes all ATCEMS facilities except Travis County Stations. The ATCEMS Facilities Manager coordinates with the various County organizations to resolve safety issues in their respective facilities.

All personnel are expected to participate in fire drills or other training exercises intended for the safe evacuation and accountability during a fire. Personnel are expected to be familiar with posted emergency drawings, evacuation routes and adhere to all warning devices. Personnel are required to observe rules, regulations, and instructions as determined by management.

B. Fire Drills, Alarms and All Hazards Response

1. Fire Drills

These are not conducted at EMS stations. Stations are often attached to a fire station; or are small, low occupancy facilities where drills are not warranted.

The COA Building Services Department is responsible for conducting annual fire drills, at EMS Headquarters, PPSD, and the Public Service Training Facility. An unintended alarm or false alarm will serve as the annual drill as long as everyone evacuated...
2. Fire Alarms
In the event of a fire alarm, the senior uniformed officer on the site will sweep the EMS areas to verify that everyone has evacuated. If they encounter smoke, they will abandon the sweep and evacuate immediately.
   a. Headquarters: ATCEMS Safety staff will coordinate with the fire department to determine the cause and will announce an “all-clear” to EMS employees. In the event of a building evacuation during inclement weather, EMS employees will assemble in the RBJ Tower entryway directly north of the Dental Clinic.
   b. PPSD: Senior PPSD Staff coordinates with the fire department to determine the cause and will announce an “all-clear” to EMS employees.

3. All Hazards Response
All uniformed personnel (and some non-uniformed) are trained to varying degrees in the Incident Command System / NIMS. As an emergency response organization; we are well-trained and equipped to respond to any type of emergency situation.

C. Fire Sprinkler and Smoke Alarm Systems
The COA Building Services Department is responsible for the testing and maintenance of these systems.

D. Emergency Plan Drawings
The ATCEMS Safety staff is responsible for maintaining the Emergency Plan Drawings posted at Headquarters and PPSD. These include evacuation routes, tornado shelter areas, fire extinguisher, and AED locations.

E. Electrical Safety
Any electrical installations or repairs are conducted by COA Building Services licensed electricians or licensed contractors. ATCEMS employees are prohibited from performing electrical work regardless of voltage. All personnel are responsible for the safe operation and use any device that has electrical warning requirements.

Building generators are maintained by COA Building Services or contractors.

F. Visitor Safety
Visitors to EMS facilities are always accompanied by an EMS employee. The employee is responsible for directing them during an emergency and making them aware of any hazards or ATCEMS safety procedures applicable to their visit.
Procedure Purpose

The purpose of this procedure is to define the management and operational parameters of adding and removing access within the TriTech CAD system for new personnel and personnel no longer employed with Austin – Travis County EMS (A/TCEMS).

Dependencies/Constraints/Limitations

None

Exceptions / Exemptions

None

Procedure

A. A work order will be submitted to the EMS CAD workgroup through MAGIC any time an employee is hired by the Department that requires access into the TriTech CAD system. Once notified the team will do the following in the TriTech CAD system.
   1. Build a new profile in the Personnel Manager.
   2. Set the access in the Password/Security Manager to the appropriate level for the employees’ position within the organization.

B. Once notification is received, or on the date an employee is no longer employed with Austin – Travis County EMS, the EMS CAD workgroup will do the following in the TriTech CAD system.
   1. In the Personnel Manager change the employees status to “Inactive”.
   2. In the Password/Security Manager CAD change the employees functionality group to “No CAD Access”.
OP-Appendices
Appendix A – Class A Formal Dress Uniform
Appendix B – Class A Formal Dress Uniform (Honor Guard)
Appendix C – Class A Dress Uniform (Command)
Appendix D – Class A Dress Uniform (Medic)
Appendix E – Class B Dress Uniform (Medic)
Appendix G – Class B Duty Uniform (Command)
Appendix H – Class B Duty Uniform (Command)
Appendix I – Class B Duty Uniform (Medic)
Appendix J – Class B duty Uniform (Medic)
Appendix L – Class C Utility Uniform / Pullover (Command)
Appendix M – Class C Utility Uniform / Fleece (Command)
Appendix O – Class C Utility Uniform / Pullover (Medic)
Appendix P – Class C Utility Uniform / Fleece (Medic)
Appendix Q – Bike Uniform
Appendix R – Motorcycle Uniform
Appendix S – Tactical Call-Out Uniform
Appendix U – Academy PT Uniform
Appendix W – Civilian Instructor Uniform
Appendix X – Civilian Shirt
Appendix Y – Rider Release Form

In consideration of being allowed to accompany City of Austin / Travis County Emergency Medical Services ("EMS") personnel on EMS calls and otherwise participate in the Emergency Medical Services Program:

I, the undersigned, binding my heirs, executors, administrators, and assigns, do hereby release and agree not to hold liable, the City of Austin, Travis County, its officers, agents and employees and Medical Director from any and all actions, causes of actions, claims, injuries or death sustained by me or my property while participating in the EMS Program. I further agree binding my heirs, executors, administrators, and assigns, to indemnify, hold and save harmless the City of Austin, Travis County, its agents, officers and employees, and Medical Director from any liability, action, claim, damage, award or judgment incurred or suffered by the above City, County or individuals as a result of any act or omission by me or caused by me while participating in the above named Program.

In addition, I make the following representations and acknowledgements upon which I intend the City and County to rely:

1. I understand and agree that while accompanying any EMS employee during his/her duties, my participation in patient care, if any, shall be at the direction of the Medical Director or designee. I further agree that I will not initiate any patient care under any circumstances without the prior approval of the Medical Director or designee. I realize the current EMS Standards of Care serve as the basis for all treatment;

2. I realize and agree that while participating in this project, I will not be an agent, servant or employee of the City of Austin or Travis County and therefore will not be covered by the City of Austin or Travis County for any worker’s compensation, death, or disability benefits;

3. I realize that as an inherent incident of this Program, I will at unpredictable times be placed in both foreseeable and unforeseeable positions of considerable danger and agree that neither the City, County nor any of its officers or employees shall be obligated to take any steps or action to protect my person or provide a means of withdrawal or retreat for me, and release them of any duty to do so;

4. I agree that any information I may gain, through participation in this Program will be used by me only for my personal educational purposes except where I am summoned as a witness in any administrative or court proceeding;

5. I understand that my participation in the above named Program is a privilege subject to revocation at any time by the EMS Director or Medical Director.

___________________________________  _______________________
Signature or Rider   Date  Command Approval Signature

___________________________________  _______________________
Printed name of Rider     Command Approval Printed

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I understand that during my contact with Austin-Travis County EMS I will witness and have access to confidential patient communication and information. I understand that all medical and Individually Identifiable Health Information concerning any patient is to be kept strictly confidential. Unauthorized access or disclosure of patient information is a violation of Austin-Travis County EMS policies regarding patient Privacy and Confidentiality. Additionally, revealing confidential information without proper authorization may subject me to civil and criminal liability for invasion of privacy.

I have read and understand the above statements, and I agree to maintain confidentiality for the information to which I may be granted access.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>City, State Zip</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

I have reviewed the above statement and the Department’s standard in-field safety procedures with the rider.

A/TCEMS Paramedic / Command –
Printed Name

A/TCEMS Paramedic / Command –
Signature

Date
Hello and welcome to the Austin – Travis County EMS student and observer rider information packet.

This document will provide you information on how to sign up for ride outs with Austin- Travis County EMS (ATCEMS). It will also provide you with the expectations, policies/procedures, and contact information for your ride outs with ATCEMS. It may be helpful to print this page out for future reference and / or to bring with you to your ride out.

Steps to sign up for a ride out with ATCEMS

1. Read this information.
2. Clinical Internists must sign up through the on-line scheduling system (fisdap),
3. Know the location of your station using the station list below
4. Call the ATCEMS scheduling rider line (512-978-1180), at least 45 minutes prior to your shift. You can start calling at 0515. The location of your ride out may have changed due to sick call, vacation, etc.
5. Arrive at your station prior to your scheduled time, no more than 30 minutes early. If you need to call off sick you must call ATCEMS scheduling at least 1 hour prior to your shift starting.
6. Read the expectations and policies/procedures area
7. Introduce yourself to the crew and enjoy your ride out.

Sign Up Info

There are three classifications of riders that may ride with ATCEMS.

1. Clinical Internist – persons that are obtained clinical hours as part of an EMS education program. Your school must have a contract with ATCEMS. Students are classified as either BLS or ALS.

2. Explorer Observers – persons that cleared through the Austin – Travis County EMS Office of the Medical Director. You may preform skills up to your credentialed level, with proper ID, while riding out.

3. Guest Observers – persons that are not allowed to preform patient care while during their ride out. This would include MD’s, RN’s, LVN’s, friends, family, prospective employees, press, city employees, providers from other systems, students from non-contracted schools, etc.

Spots are filled on a first come, first serve basis. Don’t wait to the last minute.

Clinical Internists
ALS students require an ALS Student Preceptor or Captain; BLS students or observers (RN, MD, family, friends, others) do not require a Captain or Student Preceptor.

Any changes after you sign up for your shift must be made through your school, coordinator.
We only have a certain number of rider spots available, especially ALS spots, so you may not get your first choice.

ATCEMS staffs both 12 and 24 hours units. 12 hour units start at either 0600 or 0700 and 1800 or 1900. 24 hour units start at either 0600 or 0700.

ATCEMS also staffs demand units. Starting times for these units varies and the shifts last 12 hours. You may request one of these units but your start time can be from 1100-1600 depending on staffing and day.

BLS students and observers are normally assigned to busier 12 hour units.

ALS students may be assigned to any shift depending on the number of hours needed.

You will be assigned 12 or 24 hours and are expected to stay the entire time. You may need less hours but if you are assigned for a number of hours you must stay.

We do not schedule half or reduced hour shifts.

Guest Observers
We do not schedule half or reduced hour shifts.
May only ride during the hours of 0600 - midnight

Expectations

These are Austin-Travis County EMS expectations. They may be different than your school or agency’s policies.

Riders are expected to show up on time, well rested, and ready for your shift.

Riders are expected to act in a professional manner at all time.

If you are a Clinical Internist you are expected to interact and assist the crew with patient care, station duties, etc. This means you will be obtaining vital signs, performing assessments and treatments when possible and / or requested. If you do not know how to do something that is asked of you, ask one of the Paramedics and they will show you. The purpose for these ride outs is to obtain hands on experience, not to sit back and watch.

If you are a Guest Observer you cannot perform patient care. In the event of a cardiac arrest an observer that is trained and certified in CPR may, “respond to and deliver CPR and rapid defibrillation (AED) of cardiac arrest patients”.

All Riders are responsible for own meals. It is suggested to bring money and food. You might be on calls all day and may not be able to return to your station or in station all day and not able to go get food.

If you cannot make your shift, you or your coordinator are expected to contact ATCEMS in some way, within 1 hour for sick call and 24 hours for any other reason. For sick call, contact the ATCEMS scheduling department at 512-978-1180. Clinical Internists this may be in addition to contacting your school’s or agency’s contact person. Any other time, contact your clinical coordinator or the ATCEMS clinical coordinator.
If you do not contact ATCEMS prior to your shift and notify us of your absence you may be banned from riding out and / or signing up for ride outs for a period of time.

Riders must be at least 18 years old. Anyone under 18 years of age must have specific prior approval from the EMS Chief or his designee.

Guest Observers are to wear neat, clean, and professional looking clothes. No jeans, t-shirts, scrubs, shorts, sandals, open toe or high heel shoes. A collared shirt with no marks symbols, logos, names, etc., Clinical Internists should wear EMS pants or slacks, collared shirt and black boots or closed toed black shoes are required.

No outside department uniforms unless you are a cleared provider in the ATCEMS system or have prior approval by the Commander over Public Education or his designee.

Observers must sign the ATCEMS Rider privacy and confidentially agreement and the ATCEMS rider / observer release. They are included in this packet. You must print, sign, and bring the paperwork to your assignment. Students normally sign this paperwork prior to shifts starting with their school coordinator.

Riders will not operate the stretcher if a patient is on it, even if they know how to use it. This is due to insurance and liability reasons. They may operate the stretcher without a patient at the Paramedic’s request.

Riders will not enter an unsafe scene unless an ATCEMS Paramedic clears you. This would include violent scenes such as assaults, shootings, stabbings, etc. This would also include vehicle rescues, high angle rescues, confined space, etc. Even if you have the proper training and / or equipment you will not enter these scenes until directed to by a Paramedic. Riders are not to perform any type of rescue even if trained.

The Paramedics on the ambulance are in charge of all decisions and are responsible for Riders at all times. Please listen to them.

The Paramedics on the ambulance may send Riders home for inappropriate behavior to include, but not limited to, illness, not well rested, use of language, uniform appearance, inappropriate patient care, safety issues, attitude, etc. If applicable, If you are sent home any clinical hours will not be counted.

You must leave the station when your shift is done unless you are on a call.
Contact Info

ATCEMS Professional Practices & Standards

Office: 512-978-0100

ATCEMS Rider Hotline – Must be called prior to your shift
This number is updated at approximately 0515 each day with rider assignments.

512-978-1184

ATCEMS Scheduling

Staffed 0400-2000. Only call this number if you are calling off sick or there is an issue the day of your shift.

512-978-1180
Appendix AB – Evaluation Form

Employee Information

<table>
<thead>
<tr>
<th>Crewmembers:</th>
<th>Date: / /</th>
<th>Shift time: to</th>
<th>Your Name (Optional):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commander:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paramedics were skillful and knowledgeable</th>
<th>(5) Strongly Agree</th>
<th>(4) Agree</th>
<th>(3) Neutral</th>
<th>(2) Disagree</th>
<th>(1) Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramedics were courteous and professional</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Paramedics explained system procedures</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Paramedics explained various hospital policies</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Paramedics reviewed various aspects of calls run and procedures performed</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Scheduling staff was courteous and professional</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I received ride out time/ date in a prompt manner</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Experience was informative</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Experience met overall expectations</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Crew/ Commander reviewed privacy agreement with me
| Yes □ | No □ |

I received a copy of department ride out policy/ procedure
| Yes □ | No □ |

Additional Comments:

Please return completed forms to
Austin-Travis County EMS
P.O. Box 1088, Austin, TX 78767
## Appendix AC – Address to Stations

<table>
<thead>
<tr>
<th>Station</th>
<th>Address (All Austin Unless Noted)</th>
<th>Phone</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station 1</td>
<td>3616 S. 1st St</td>
<td>512-978-1201</td>
<td>With Command, Stand-alone station</td>
</tr>
<tr>
<td>Station 2</td>
<td>6601 Manchaca Rd</td>
<td>512-978-1202</td>
<td>Behind AFD station, go East on Miles St</td>
</tr>
<tr>
<td>Station 3</td>
<td>1305 Red River St</td>
<td>512-978-1203</td>
<td>Under Parking garage at Brack. Enter main parking garage, get ticket and park in first few spots on right with EMS signs on them. Station is door to right of parking spots.</td>
</tr>
<tr>
<td>Station 4</td>
<td>1201 Webberville Rd</td>
<td>512-978-1204</td>
<td>With Command, Next to AFD station. Call station for gate code</td>
</tr>
<tr>
<td>Station 5</td>
<td>5710 N. Lamar Blvd</td>
<td>512-978-1205</td>
<td>With Command, Stand-alone station</td>
</tr>
<tr>
<td>Station 6</td>
<td>401 E. 5th St</td>
<td>512-978-1206</td>
<td>With AFD station. Call station for gate code.</td>
</tr>
<tr>
<td>Station 7</td>
<td>8989 Research Blvd</td>
<td>512-978-1207</td>
<td>With AFD station, on right side</td>
</tr>
<tr>
<td>Station 8</td>
<td>5211 Balcones Dr</td>
<td>512-978-1208</td>
<td>With AFD station</td>
</tr>
<tr>
<td>Station 9</td>
<td>1211 Lohmans Crossing Lakeway</td>
<td>512-978-1209</td>
<td>With Fire Station</td>
</tr>
<tr>
<td>Station 10</td>
<td>5228 Duval Rd</td>
<td>512-978-1210</td>
<td>With AFD station, use back door on right side</td>
</tr>
<tr>
<td>Station 11</td>
<td>5401 McCarty Ln</td>
<td>512-978-1211</td>
<td>With AFD station, on left side</td>
</tr>
<tr>
<td>Station 12</td>
<td>5309 E. Riverside Dr</td>
<td>512-978-1212</td>
<td>With AFD station, on left side. Turn south on Faro Dr to get to station</td>
</tr>
<tr>
<td>Station 13</td>
<td>1330 E. Rundberg Ln</td>
<td>512-978-1213</td>
<td>With AFD station, use back door on left side</td>
</tr>
<tr>
<td>Station 14</td>
<td>7200 Berkman Dr</td>
<td>512-978-1214</td>
<td>Stand-alone station. Call station for gate code</td>
</tr>
<tr>
<td>Station 15</td>
<td>400 Ralph Ablanedo Dr</td>
<td>512-978-1215</td>
<td>With AFD station, left side</td>
</tr>
<tr>
<td>Station 16</td>
<td>7701 River Place Blvd</td>
<td>512-978-1216</td>
<td>With AFD station, on left side. At the end of the road</td>
</tr>
<tr>
<td>Station 17</td>
<td>2307-A. Foster Ave</td>
<td>512-978-1217</td>
<td>Stand-alone station</td>
</tr>
<tr>
<td>Station 18</td>
<td>1021 W. Braker Ln</td>
<td>512-978-1218</td>
<td>With AFD station, on left side</td>
</tr>
<tr>
<td>Station 19</td>
<td>10111 Anderson Mill Rd</td>
<td>512-978-1219</td>
<td>With AFD station, on right side</td>
</tr>
<tr>
<td>Station 20</td>
<td>911 W. Pflugerville Pkwy Pflugerville</td>
<td>512-978-1220</td>
<td>With Fire station. At corner of Pflugerville Pkwy and Picadilly. Map may not be correct. Address may not work correctly in GPS.</td>
</tr>
<tr>
<td>Station 21</td>
<td>1295 S. Capital of TX West Lake</td>
<td>512-978-1221</td>
<td>With Fire station, middle bay</td>
</tr>
<tr>
<td>Station 22</td>
<td>3605 Allegiance Ave Lago Vista</td>
<td>512-978-1222</td>
<td>With Fire station. Very dark at night. Bring something to study</td>
</tr>
<tr>
<td>Station 23</td>
<td>13419 US Hwy 290 East Manor</td>
<td>512-978-1223</td>
<td>In a strip mall type area.</td>
</tr>
<tr>
<td>Station 24</td>
<td>5412 Hwy 183 South</td>
<td>512-978-1224</td>
<td>Stand-alone station. Off road a bit. In a tan trailer with ATCEMS sign on it. Look at link to map, address wrong on many GPS’s. Call station for gate code if needed.</td>
</tr>
<tr>
<td>Station</td>
<td>Address (All Austin Unless Noted)</td>
<td>Phone</td>
<td>Notes</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------</td>
<td>-------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Station 25</td>
<td>18310 Park Dr Jonestown</td>
<td>512-978-1225</td>
<td>Stand-alone station</td>
</tr>
<tr>
<td>Station 26</td>
<td>22404 State Hwy 71 West Bee Cave</td>
<td>512-978-1226</td>
<td>With Fire station</td>
</tr>
<tr>
<td>Station 27</td>
<td>10041 Lake Creek Pkwy</td>
<td>512-978-1227</td>
<td>With AFD station. Park in back and use back door</td>
</tr>
<tr>
<td>Station 28</td>
<td>5905 Nuckols Crossing Rd</td>
<td>512-978-1228</td>
<td>Next to AFD station. With Command. Call station for gate code</td>
</tr>
<tr>
<td>Station 29</td>
<td>12711 Harris Glen</td>
<td>512-978-1229</td>
<td>With AFD station, on left side</td>
</tr>
<tr>
<td>Station 30</td>
<td>2454 Cardinal Loop</td>
<td>512-978-1230</td>
<td>With AFD station, on right side</td>
</tr>
<tr>
<td>Station 31</td>
<td>11401 Escarpment</td>
<td>512-978-1231</td>
<td>With AFD station, on left side</td>
</tr>
<tr>
<td>Station 32</td>
<td>3621 South FM 620 Bee Cave</td>
<td>512-978-1232</td>
<td>Stand-alone station. Follow road across from Home Depot and make right at dead end. See Map. Call station for gate code</td>
</tr>
<tr>
<td>Station 33</td>
<td>Mueller Development</td>
<td>512-978-1233</td>
<td></td>
</tr>
<tr>
<td>Station 34</td>
<td>9421 Spectrum Drive</td>
<td>512-978-1234</td>
<td>With AFD Station, on left side</td>
</tr>
<tr>
<td>Station 35</td>
<td>12265 Harris Branch Pkwy</td>
<td>512-978-1235</td>
<td>With AFD station, on left side. Park in back. At corner of Harris Branch and St Merryn. Map is wrong.</td>
</tr>
<tr>
<td>Station 36</td>
<td>2301 Kelly Lane Pflugerville</td>
<td>512-978-1236</td>
<td>Behind Pflugerville Fire Station</td>
</tr>
<tr>
<td>Demand 1</td>
<td>2006 E. 4th St</td>
<td>512-978-1291</td>
<td>Stand-alone station. Call station for gate code</td>
</tr>
<tr>
<td>Demand 2</td>
<td>7200 Berkman Dr</td>
<td>512-978-1214</td>
<td>At station 14. Call station for gate code</td>
</tr>
<tr>
<td>Demand 3</td>
<td>1705 S. Congress</td>
<td>512-978-1214</td>
<td>With AFD station</td>
</tr>
<tr>
<td>AMLI</td>
<td>415 W. 2nd St</td>
<td>512-978-1256</td>
<td>In parking garage under building</td>
</tr>
<tr>
<td>DC 1</td>
<td>5905 Nuckols Crossing Rd</td>
<td>512-978-1251</td>
<td>Station 28</td>
</tr>
<tr>
<td>DC 2</td>
<td>5710 N. Lamar</td>
<td>512-978-1252</td>
<td>Station 5</td>
</tr>
<tr>
<td>DC 3</td>
<td>12711 Harris Glenn</td>
<td>512-978-1253</td>
<td>Station 29</td>
</tr>
<tr>
<td>SO 4</td>
<td>3616 S. 1st</td>
<td>512-978-1254</td>
<td>Station 1</td>
</tr>
<tr>
<td>DC 5</td>
<td>1201 Webberville Rd</td>
<td>512-978-1255</td>
<td>Station 4</td>
</tr>
<tr>
<td>SO 6</td>
<td>7701 River Place Blvd</td>
<td>512-978-1256</td>
<td>Station 16</td>
</tr>
<tr>
<td>HQ</td>
<td>15 Waller St</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPSD</td>
<td>7201 Ed Bluestein</td>
<td></td>
<td>Wrong on Map. At northeast corner of Ed Bluestein and Techni Center Dr.</td>
</tr>
</tbody>
</table>
Riders are expected to conduct themselves in a professional manner at all times. Due to the nature of the EMS profession, riders should be prepared to arrange for their own meals either by bringing food or money to cover the cost of purchasing meals. Riders are required to maintain patient confidentiality at all times and recognize that certain procedures or access may be restricted or prohibited.

- Clothing must be neat, clean, and professional in appearance.
- Appropriate attire is business casual. Slacks or pants with a collared shirt are considered appropriate.
- Sturdy shoes, preferably boots are recommended.
- Blue jeans, T-shirts, shorts, sandals, open-toe shoes, and high-heeled shoes are not permitted.
- The appropriateness of any rider’s attire and/or conduct is judged solely at the discretion of ATCEMS personnel.

Riders who do not comply with the above standards and guidelines will not be permitted on AT
Appendix AE – Controlled Medications

Ordering of Schedule II controlled medication – Office of the Medical Director

The medications identified as controlled Medications by the DEA or by ATCEMS are:

- Fentanyl/fentanyl citrate – Schedule II
- Versed/Midazolam – Schedule IV

Upon receipt of a request from an approved system organization to order Schedule II controlled medications, the Office of the Medical Director (OMD) will complete a DEA 222 form for the amount of Schedule II medications requested on the official purchasing record that is to be submitted to the vendor. Once the DEA 222 is completed and signed by the Medical Director (or Power of Attorney designee, if enacted), the OMD will verify accuracy of documents and submit to the appropriate vendor for purchase. The OMD will maintain copies of the following documents:

- Purchase Order (and any accompanying required purchasing documents)
- DEA 222, where applicable
- Shipping Receipt

The original completed Blue DEA 222 and any accompanying purchasing and shipping documents shall be maintained at the medication storage location. Copies (with signatures) of the shipping documents, DEA 222 (if applicable – blue purchaser’s copy) will be forwarded to the OMD. Originals will be maintained in accordance with ATCEMS record retention requirement (minimum of 5 years).

The ordering of Schedule III-V medications shall be done in accordance with standard medication ordering procedures and will not require DEA forms to process the order.

Receipt of shipment of controlled medications by EMS Supply

Receipt of the medications from the shipper will require verification of the shipment by EMS Supply approved individuals. Once the shipment has been verified, it will be signed by the individuals receiving the shipment and secured in the designated storage safe. The EMS supply personnel will notify the EMS Division Chief responsible for controlled medication inventory or the on-call EMS Division Chief of receipt of medication.

Receipt of shipment of controlled medications by EMS Division Command

Receipt of the medications from the shipper will require verification of the shipment by two (2) individuals, prior to adding into stock. One of these individuals will be the EMS Division Chief responsible for controlled medication inventory, or designee. Once the shipment has been verified, these individuals will sign the shipping documents and the shipment will be added into stock and documented on the Controlled Medication Storage Accounting Log.

The invoice or shipping documents should be cross referenced with the purchase order and DEA 222 to ensure accuracy. In the event of a discrepancy, the vendor and OMD shall be notified immediately. It will be the vendor’s responsibility to rectify any discrepancy. ATCEMS will complete the DEA Form 106 – Report of Theft or Loss of Controlled Substances, specifically the section related to Loss in Transit.
Storage of controlled Medication – Division Chief – Master Inventory Safe

Medications will be stored in an area with a minimum of 2 locking mechanisms, at least one of which may be a combination lock and one of which may be keyed. Par and restock levels will be established based on historical need and availability of the drug.

Knowledge of the combination will be limited to the Operations Division Chiefs (2) and the Chief of Staff of the Office of the Medical Director. A **Confidentiality Agreement** shall be signed by all persons with knowledge of such combination and placed in their respective personnel file with copies to the Office of the Medical Director. Schedule II medications must not be stored on the same shelf with Schedule III – V. They may be in the same location but must have a physical separation.

**Controlled Medication Verification – Master Inventory Safe (EMS HQ)**

Any time the safe is opened by authorized personnel they are required to verify the existing Controlled Medication counts, any changes to the inventory and to document these counts on the **Controlled Medication Log**. The log should then be signed (along with employee number) and witnessed.

In the event that the count cannot be rectified, the EMS Chief of Staff, Medical Director/Deputy Medical Director and OMD Chief of Staff will be notified and all persons involved will report for a **Mandatory** urine drug screen. If ATCEMS is unable to make contact with an individual for count rectification, the provider will be required to report for mandatory urine drug screen immediately upon returning to work. It will be at the discretion of the Medical Director/Deputy Medical Director as to what level of investigation will occur to rectify any discrepancies.

In the event of a discrepancy with the **Master Inventory Safe Controlled Medication Log** all persons having access to medications since the last verification will report to the OMD Performance Improvement Coordinator to rectify the count.

Storage of controlled Medication – Division Chief – Knox Box Vaults (EMS HQ)

Medications will be stored in a Knox Box-type vault safe containing an electronic entry system that records time and personnel entry of the vault. This vault system must also be located in a secure locked area. Par levels and restock levels will be established based on historical use. There will be separate Knox Box Vaults for each of the “controlled” medications.
Access to the Knox Box Vaults will be limited to the authorized Division Chiefs (2) and the District Commanders. A list of these personnel will be maintained by ATCEMS administration. A *Confidentiality Agreement* shall be signed by all persons having access and placed in their respective personnel file with copies to the Office of the Medical Director.

**Requisition and Issuance of controlled medication(s) (re-supply) – Commander**

When a Commander’s controlled medication stocking level reaches the minimum accepted level, Commanders will restock from the Knox Box vaults located at EMS Headquarters. Commanders must enter their unique Knox Box access code to gain access to the appropriate Knox Box medication vault. Upon opening the Knox Box vault, the Commander must confirm the medication count in the specific Knox Box vault prior to removing any medication. This count must be confirmed on the vault’s *Controlled Medication Log* to ensure the medication count is correct.

The amount of controlled medication(s) removed will be listed on the *Controlled Medication Log* using the appropriate IN and OUT boxes with TOTAL counts (see example).

The commander must secure the vault by closing the door and locking the vault door.

<table>
<thead>
<tr>
<th>Line</th>
<th>Date</th>
<th>Fentanyl</th>
<th>Total</th>
<th>Employee Signature With ID</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If any Commander discovers a discrepancy with the Knox Box vault or the Controlled Medication Log, they must notify the on-call Division Chief immediately. The on-call Division Chief will notify the Division Chief responsible for controlled medication inventory. The on-call Division Chief must notify the EMS Chief of Staff and the Medical Director/Deputy Medical Director and the OMD Chief of Staff. It will be at the discretion of the Medical Director/Deputy Medical Director as to what level of investigation will occur to rectify any discrepancies.

In the event that the count cannot be rectified, all persons involved will report for a *Mandatory* urine drug screen. If ATCEMS is unable to make contact with an individual for count rectification, the provider will be required to report for mandatory urine drug screen immediately upon returning to work.

**Storage of controlled medication – Commander**

Commanders will ensure that the controlled medications are secured under lock at all times in the appropriate container and location on the command vehicle.
Daily controlled Medication verification – Commander

Each day at shift change the off-going and the on-coming Commander will verify the controlled Medications, document the counts on the *Controlled Medication Log* and sign (along with employee number).

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

Austint/Travis County Emergency Medical Services

**Individual Controlled Medication Log**

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Controlled Medication</th>
<th>Description</th>
<th>Count</th>
<th>Initials</th>
<th>Date Administered</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the event of a discrepancy with the *Controlled Medication Log* all persons having received medications since the last verification will report to the Division Chief to rectify the count.

In the event that the count cannot be rectified, the Chief of Staff, Medical Director/Deputy Medical Director and OMD Chief of Staff will be notified and all persons involved will report for a *Mandatory* urine drug screen. If ATCEMS is unable to make contact with an individual for count rectification, the provider will be required to report for mandatory urine drug screen immediately upon returning to work. It will be at the discretion of the Medical Director/Deputy Medical Director as to what level of investigation will occur to rectify any discrepancies.

Requisition and Issuance of controlled Medication (re-supply) – Individual Paramedic

When the individual paramedic’s issued controlled medication(s) requires restocking, the crew will request restocking via the appropriate Commander (does not apply to OCA Commanders). The crew will present the Commander with the *Controlled Medication Accountability and Supply Requisition Form*.

<table>
<thead>
<tr>
<th>Date</th>
<th>Explanation</th>
<th>Fentanyl Used/Unused</th>
<th>Xyloclam Used/Unused</th>
<th>Versed Used/Unused</th>
<th>Medic</th>
<th>Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Restocked

Commander Level

Date of Request: ___________________________ Medic Unit: ___________________________ A / B Shift: ___________________________

Employee Requesting Re-supply: ___________________________ Employee Number: ___________________________

Date Requisition filed: ___________________________ District: ___________________________

Requisition filed by: ___________________________ Employee Number: ___________________________

__________________________________ ___________________________
Division Chief/Commander Signature Receiving Signature

The Commander will confirm a properly completed *Controlled Medication Accountability and Supply Requisition Form* and issue the requested controlled medication(s) only if there is a completed requisition form and call number that can be verified.

Both individuals will sign the *Controlled Medication Accountability and Supply Requisition Form* verifying the amount of controlled medication(s) issued to the paramedic.
The amount of controlled Medication(s) issued will be listed on the *Controlled Medication Log* using the appropriate IN and OUT boxes with TOTAL counts (see example).

Both individuals will then verify the remaining medications contained within the Commander’s controlled medication supply, and both will sign (along with employee number) the *Controlled Medication Log*. Once verified and secured, the commander’s controlled medication supply will be stored and secured in the designated location.

The *Controlled Medication Accountability and Supply Requisition Form* will be retained by the Commander and will be placed in the Knox Box Vault upon restocking their supply. The original will be maintained by the EMS Division Chief and used for auditing and accountability.

**Storage, verification and exchange of controlled Medication – Individual Paramedics**

All controlled medications will be issued to Paramedics in an EMS Department approved container. Each container shall have a permanent unique identification (ID) number. The following medications and amounts will be in each container:

- 600 mcg fentanyl
- 30 mg midazolam

At the beginning of each shift, both personnel exchanging custody shall inspect the Controlled Medications together to confirm:

- Inventory of each Controlled Medication,
- Condition of the Controlled Medications (i.e., expiration date, clarity, integrity of vial container, etc.),
- Completion of the administration log where indicated,
- Accurate reflection of any transactions (e.g., administration, restock, loss, damage/broken, tampered, etc.) that occurred during the custody of the previous provider.

Both providers should document the controlled medication count on the *Controlled Medication Log*. If the log is accurate, the provider accepting custody of the Controlled Medications should:

- Sign as the responsible provider.
- Document their employee number.
- Document the count of each Controlled Medication in its respective column.

The on-coming provider should sign as the provider receiving custody and the off-going provider should sign as the provider releasing custody and relinquish the Controlled Medications to the provider accepting custody. These signatures are verifying accuracy of the count of the medications, integrity of the medication and container, and accuracy of the logging of transactions that occurred during the custody of the previous provider.

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Individual Controlled Medication Log</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Change is complete when the Controlled Medications have changed custody and both personnel have signed the log documenting the exchange.
In the event that the unit is dispatched on a call prior to completing the exchange of custody, any crew member who has not completed transfer of custody shall remain on the unit until such time as they are able to complete the transfer.

In the event that there is a discrepancy with the Controlled Medication Log, the assigned District Commander and the on-call Division Chief will be notified immediately. All persons having access to the medications within the past 72 hours will immediately report to the Division Chief to rectify the count.

In the event that the count cannot be rectified, the Chief of Staff, Medical Director/Deputy Medical Director and OMD Chief of Staff will be notified and all persons involved will report for a Mandatory urine drug screen. If ATCEMS is unable to make contact with an individual for count rectification, the provider will be required to report for mandatory urine drug screen immediately upon returning to work.

**Controlled Medication container breakage**

In the event a controlled Medication container is broken the person(s) responsible for the breakage should immediately notify his/her partner and the assigned District Commander. The responsible party should complete a incident report detailing the events leading to the breakage and have his/her partner sign as a witness to the event. If the breakage was unwitnessed, (i.e while driving) the partner is merely signing to the effect that they were immediately notified of the event and that there is no suspicion of misuse.

The original incident report form will be given to the respective commander and a copy sent via fax or email to the OMD (Attn: Jeff Hayes or jeff.hayes@austintexas.gov).

The controlled medication that was damaged will be replaced by the Commander and the Controlled Medication breakage will be documented on the Controlled Medication Log as “Breakage” and on the Controlled Medication Accountability and Supply Requisition Form as “Breakage.” The original incident report should accompany the Controlled Medication Accountability and Supply Requisition Form.

**Expiration of Controlled Medication**

When controlled substances have expired, the medication and quantity should be documented on the Controlled Medication Log (e.g., Master Safe Inventory, Knox Box Vault, Commander or Individual Paramedic Logs, depending on the location of the expired medication) as “Expired.” Medications should be returned to the Assigned District Commanders inventory and entered as “Expired” and subsequently returned to the Master Inventory Safe where it will be logged in to the inventory as “Expired.” The expired medications will be reconciled prior to transport for disposal.

**Wasting of unused controlled substance after patient use – Individual Paramedic**

When controlled medications are used on a patient there may be unused medication remaining that will require wasting. The medication shall be wasted immediately after the call in the presence of both crew members. The crew members will document the wasted amount on the ePCR (e.g., at the bottom of PCR narrative “…40 mcg fentanyl wasted and witnessed by #1520), the Controlled Substance Log and Controlled Medication Accountability and Supply Requisition Form. The logs will be signed by both crew members attesting to wasting of the controlled substance. (Witness signature is only attesting to wasting of substance remaining in controlled substance container).

In the event the crew members do not waste the unused medication prior to the end of their duty shift, and the unused medication is discovered by another crew, then the assigned District Commander and the On-call Division Chief will be notified. The On-call Division Chief will conduct an investigation in order to verify counts of controlled substances and to determine the circumstances under which the remaining medication was not appropriately wasted. The On-call Division Chief may require mandatory urine drug screening of all personnel involved if circumstances cannot be verified by counts and patient documentation.
Lost or Unaccounted Controlled Medication

In the event a controlled Medication is lost or cannot be accounted for the person(s) responsible for the loss should immediately notify the assigned District Commander and the on-call Division Chief. The responsible party should complete a incident report detailing the events leading to the loss, including attempts at recovery and have his/her partner sign as a witness to the event. The partner is merely signing to the effect that they were immediately notified of the loss and that there is no suspicion of misuse.

The original incident report form will be given to the respective commander for submission to the EMS Division Chief and a copy sent via fax or email to the OMD (Attn: Jeff Hayes or jeff.hayes@austintexas.gov).

The suspected lost medication will be replaced by the Commander and the Controlled Medication loss will be documented on the Controlled Medication Log as “Loss.” The original incident report should accompany the Controlled Medication Accountability and Supply Requisition Form. The Division Chief will complete the DEA Form 106 – Report of Theft or Loss of Controlled Substances. At the discretion of the Medical Director/Deputy Medical Director, EMS Division Chief or the EMS Chief of Staff, an investigation may be initiated.

At the discretion of the EMS Division Chief, Chief of Staff, Medical Director/Deputy Medical Director all persons involved will report for a Mandatory urine drug screen.

Suspected Tampering with Controlled Medications

In the event a controlled Medication container appears to have been tampered with the person(s) discovering the possible tampering will immediately notify his/her partner and the assigned District Commander and the on-call Division Chief. The discovering party should complete an incident report detailing the events leading to the discovery of tampering including a detailed description of the condition of the container (if possible, include pictures of the damage). All parties that are witness to the tampering will sign as a witness to the event on the incident report form.

The original incident report form will be given to the respective commander for submission to the EMS Division Chief and a copy sent via fax or email to the OMD (Attn: Jeff Hayes or jeff.hayes@austintexas.gov).

The suspected tampered medication will be replaced by the Commander and the controlled Medication tampering will be documented on the Controlled Medication Log as “Tampered.” The original incident report should accompany the Controlled Medication Accountability and Supply Requisition Form. The Division Chief will complete the DEA Form 106 – Report of Theft or Loss of Controlled Substances. At the discretion of the Medical Director/Deputy Medical Director, EMS Division Chief or the EMS Chief of Staff, a Law Enforcement investigation may be initiated.

At the discretion of the EMS Division Chief, Chief of Staff, Medical Director/Deputy Medical Director all persons involved will report for a Mandatory urine drug screen.

End of the Month Inventory and Audits

At the end of each month, all of the Controlled Medication Logs will be removed from the Controlled Medication Log Book and replaced with a blank set of forms. The new forms must be updated with the current Controlled Medication levels.

The completed Controlled Medication Log forms will be forwarded to their Division Chief via the appropriate Commander. Monthly Controlled Medication Log forms should be filed by the Division Chief with the Supply Requisition Form.
Commander Drug Log Review

Commanders shall frequently audit their units Controlled Medication Logs to confirm that the amount administered and amount wasted equals the amount packaged per unit dose carried on each line of the Controlled Medication Logs. Verification of these random audits by the Commander will be reflected by a Commander Signature and date at the bottom of the Controlled Medication Logs.

All errors will be highlighted on the Controlled Medication Logs and will be forwarded to their Division Chief. Errors will be immediately reported to the Division Chief and the OMD Chief of Staff by sending copies of forms. The OMD, at their discretion, may conduct an audit of all medication transactions by the personnel where errors have been recorded.

Division Chief Drug Log Review

A Division Chief must audit all the controlled medications at the end of each month. This audit will be accomplished by comparing the amount of each controlled medication requisitioned by each provider to the amount documented in ePCR emscognos Controlled Medication for the same provider. Any discrepancies will be reviewed and reported the EMS Chief, EMS Chief of Staff, EMS Assistant Chief, EMS Medical Director, Deputy Medical Director and OMD Chief of Staff.